

# 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.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	2023 calendar year, or tax year beginning	and	ending		
<b>B</b> c	heck if pplicable	C Name of organization			D Employer identific	cation number
	Addres	FAMILYWORKS				
	Name change	- · · ·	91-17572	77		
	Initial return	Number and street (or P.O. box if mail is not delivered to str	E Telephone numbe			
	]Final return/	PO BOX 85420			206-647-	
	termin- ated	City or town, state or province, country, and ZIP or fore	G Gross receipts \$	4,620,557.		
	Ameno return	SEATTLE, WA 90145	H(a) Is this a group re			
	Application	F Name and address of principal officer: MARCIA W	for subordinates	? Yes X No		
	pendin	SAME AS C ABOVE			H(b) Are all subordinates in	
<u> 1 T</u>	ax-exe	empt status: X 501(c)(3) 501(c) ( ) (insert	no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
	Vebsit				H(c) Group exemptio	n number
		organization: X Corporation Trust Association	Other	L Year	of formation: 1995 N	M State of legal domicile: WA
Pa	ırt I	Summary				
•	1	Briefly describe the organization's mission or most significant	activities: NUTR	ITION:	FOOD DISTR	IBUTION IN
ű		WALLINGFORD AND GREENWOOD, FOOD	DELIVERY,	STUDE	NT WEEKEND	FOOD
Governance	2	Check this box if the organization discontinued its	operations or dispos	sed of more	than 25% of its net ass	sets.
ove	3	Number of voting members of the governing body (Part VI, lin	e 1a)		3	13
Ğ	4	Number of independent voting members of the governing boo	dy (Part VI, line 1b)		4	13
8	5	Total number of individuals employed in calendar year 2023 (l	Part V, line 2a)		5	29
Ìţi	6	Total number of volunteers (estimate if necessary)			6	312
Activities &		Total unrelated business revenue from Part VIII, column (C), li				0.
<u> </u>	b	Net unrelated business taxable income from Form 990-T, Part	t I, line 11		7b	0.
Φ					Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)			3,554,208.	4,584,259.
ğ	9	Program service revenue (Part VIII, line 2g)			0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			1,748.	2,505.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, a		-116,111.	-101,885.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, c	olumn (A), line 12)		3,439,845.	4,484,879.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3	3)		1,240,538.	1,327,739.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
Ś	15	Salaries, other compensation, employee benefits (Part IX, col	umn (A), lines 5-10)		1,083,980.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) $\dots$			0.	0.
g	b ·	Total fundraising expenses (Part IX, column (D), line 25)	330,3	33.		
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			649,574.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column	(A), line 25)		2,974,092.	3,506,657.
	19	Revenue less expenses. Subtract line 18 from line 12			465,753.	978,222.
Net Assets or Fund Balances				Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)			4,091,231.	6,049,545.
ASS	21	Total liabilities (Part X, line 26)			1,251,879.	2,231,971.
E.E.	22	Net assets or fund balances. Subtract line 21 from line 20			2,839,352.	3,817,574.
Pa	ırt II	Signature Block				
Und	er pena	lties of perjury, I declare that I have examined this return, including a	ccompanying schedules	s and stateme	ents, and to the best of my	knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based of	on all information of wh	nich preparer	has any knowledge.	
Sigi	า	Signature of officer			Date	
Her	е	MARCIA WRIGHT-SOIKA, EXECUTIVE	DIRECTOR			
		Type or print name and title				
		Print/Type preparer's name Preparer's			Date Check C	PTIN
Paid			TA TUCK, CI	PA 0	7/16/24 self-employ	
Prep	arer	Firm's name COHNREZNICK LLP			Firm's EIN 2	2-1478099
Use	Only	Firm's address 350 GRANITE STREET, SU	TE 1200			
		BRAINTREE, MA 02184			Phone no. 78	1-380-3520
May	the IF	RS discuss this return with the preparer shown above? See in:	structions	<u></u>		X Yes No

Par	Till Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  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.
	10 HQUIII, BUILD BIADER COMMONITIES, AND IMMIVE.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$2, 110, 626. including grants of \$1, 227, 445. ) (Revenue \$\$
	FOOD BANK:
	FAMILYWORKS SERVED MORE THAN 4,500 HOUSEHOLDS WITH FOOD BANK SERVICES
	IN 2023. WE DISTRIBUTED 698,898 LBS OF FOOD AND HAD MORE THAN 42,000
	VISITS TO FOOD ACCESS PROGRAMS. OUR MOBILE FOOD PANTRY PROGRAM GREW BY
	114%. WE LAUNCHED OUR FARM TO PRESCHOOL PROGRAM, INCREASING THE NUMBER
	OF SITES OUR MOBILE FOOD PANTRY VISITS TO 14. THE FOOD BANK CONTINUED
	TO ADD FARM PARTNERS AND CULTURALLY RESPONSIVE VENDORS FROM WHICH TO
	PROCURE FOOD, INCREASING OUR SPENDING WITH BIPOC-OWNED FARMERS AND FOOD
	DISTRIBUTORS FROM 13% TO 41%. THE HOME DELIVERY PROGRAM DELIVERED MORE
	THAN 9,000 BAGS OF FOOD TO PARTICIPANTS IN 2023, AND REACHED MORE THAN
	340 HOUSEHOLDS DUE TO FAMILYWORKS' CONTINUED PARTNERSHIP WITH UNITED
	WAY OF KING COUNTY AND DOORDASH. IN 2023 WE LAUNCHED A CAPITAL CAMPAIGN
4b	(Code:) (Expenses \$
	RESOURCE CENTER: THE FAMILY RESOURCE CENTER (FRC) MOVED TO A BRAND-NEW LOCATION IN 2023
	THROUGH THE SUPPORT OF OUR NOURISHING COMMUNITIES CAPITAL CAMPAIGN.
	EVEN WITH THIS RELOCATION AND A PAUSE IN PROGRAMMING TO FACILITATE THE
	MOVE AND GRAND OPENING, THE FRC STAYED ON COURSE WITH THE PREVIOUS
	YEARS' NUMBER OF HOUSEHOLDS SERVED & SERVICES PROVIDED. THE FAMILY
	RESOURCE CENTER SERVED 768 HOUSEHOLDS THROUGH ITS PROGRAMS AND SERVICES
	IN 2023. FRC CONTINUED TO INCREASE ITS COMMUNITY OUTREACH PROGRAMS AND
	ONE-ON-ONE NAVIGATION FOR PUBLIC AND COMMUNITY BENEFITS. COMMUNITY
	CONNECTORS ENROLLED 423 HOUSEHOLDS IN PUBLIC AND COMMUNITY BENEFITS
	THAT HELPED THEM ACHIEVE GREATER FINANCIAL STABILITY IN 2023. THE FRC
	ADDED MORE OPTIONS FOR PLAY AND LEARN GROUPS TO ITS SCHEDULE, OFFERING
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	,
4.:	(Expenses \$ including grants of \$ ) (Revenue \$ )  Table two grants of \$ 1.1.4.0.
40	Total program service expenses 3,011,440.

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# Form 990 (2023) 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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	L,		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b> '-		
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?			<b>.</b>
	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	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	- 1.5		
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10		16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<del>  ^</del>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	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,"			177
	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

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Part IV	Ch	ecklist of Required Schedules	(continued)

	· (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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			l
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
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			37
	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	00-		
<b>L</b>	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		x
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	_25		$\vdash$
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
-	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			1
	Note: All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			igspace
			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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		7.7	
	(gambling) winnings to prize winners?	1c	X OOO	(0055)
332004	l 12-21-23	⊢orm	<b>330</b>	(2023)

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Form 990 (2023)

023) FAMILYWORKS
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				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 29			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line $3b$ , provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
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 Advanced in the Financi	counts (FBAR).			
5a			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
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				.,
_	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	· ·	۵.		
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	vices provided to the pover	7-	X	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a	X	
b		o voguired	7b	Λ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•	7.		х
d	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year	7d	7c		25
e	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	•	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
	and the second of the second o		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the arranging agreement or really agree to take the distributions and a realized 40000		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40-		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
h	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the				
b	organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
	Pid the consciention and in a conscient for indeed to the description of the description	100	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		x
	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 ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes." complete Form 6069.				

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 1b 13			
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			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b				
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses 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
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
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	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by 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)	availal	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	finan	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			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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)	(B)	(C) Position						(D)	(E)	(F)		
Name and title	Average hours per	(do	(do not che		(do not check more than one box, unless person is both an					Reportable compensation	Reportable compensation	Estimated amount of
	week		cer ar					from	from related	other		
	(list any	ector						the	organizations	compensation		
	hours for	Individual trustee or director	ap.			ated		organization	(W-2/1099-MISC/	from the		
	related	ustee	truste		9	bens		(W-2/1099-MISC/	1099-NEC)	organization		
	organizations below	lual tr	tional		nploye	st con		1099-NEC)		and related organizations		
	line)	ndivic	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) MARCIA WRIGHT-SOIKA	40.00	<u> </u>	_	_		"						
EXECUTIVE DIRECTOR				Х				143,990.	0.	18,553.		
(2) ALISON PARSONS	8.60									-		
PRESIDENT		Х		Х				0.	0.	0.		
(3) BILLY VILUAN-MCLENDON	1.10											
VICE PRESIDENT		Х		Х				0.	0.	0.		
(4) ABDUL Q. SUBEDAR	0.50											
TREASURER		Х		Х				0.	0.	0.		
(5) CAROLINE MBURU	3.20											
SECRETARY		Х		Х				0.	0.	0.		
(6) ALESSANDRA POLLACK	2.00								_	_		
DIRECTOR		Х						0.	0.	0.		
(7) ANINDITA CHATTERJEE	1.50											
DIRECTOR		Х				_	_	0.	0.	0.		
(8) BRIANNA JACKSON	1.00	ļ										
DIRECTOR	0.50	Х						0.	0.	0.		
(9) JOHN OLSON	0.60								•	•		
DIRECTOR	1 50	Х				_	<u> </u>	0.	0.	0.		
(10) MARCELLA MENEGALE	1.50	<b>.</b> ,							0	0		
DIRECTOR VIEW N	0.50	Х				┝	-	0.	0.	0.		
(11) RICHARD NEELY DIRECTOR	0.50	X						0.	0.	0		
(12) RUCHIKA GUPTA TRUITT	0.80	A				-		0.	0.	0.		
DIRECTOR	0.80	X						0.	0.	0.		
(13) SENANU AGGOR	0.80	^						· ·	0.	<u></u>		
DIRECTOR	0.00	x						0.	0.	0.		
(14) SHANDA BOYETT	1.00	Α				$\vdash$		0.	0.	<u></u>		
DIRECTOR	1.00	х						0.	0.	0.		
		122				$\vdash$	<del>                                     </del>	1	· ·	<u>_</u>		
		1										
		1										
									_			
	•									= 000 (2222)		

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title	(B) Average hours per	(do not check more than one				(D) Reportable	(E) Reportable		(F) Estimate			
	week (list any hours for related	offic	unles cer and		recto	r/trust		compensation from the organization (W-2/1099-MISC/	compensation from related organizations (W-2/1099-MIS( 1099-NEC)		amount other compensa from th organizat	ation ie
	organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-NEC)		and relations organiza		ted
								142 000		0	10 F	<u> </u>
1b Subtotal c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)	, Section A							143,990. 0. 143,990.		0. 0.	18,553. 0. 18,553.	
Total number of individuals (including but no compensation from the organization										<u> </u>	2075	1
3 Did the organization list any <b>former</b> officer,		ee, k	ey e	mpl	oye	e, or	hig	hest compensated empl	loyee on		Yes	No
line 1a? If "Yes," complete Schedule J for si  For any individual listed on line 1a, is the su	m of reportable	е со	mpe	nsa	tion	and	oth	•	ne organization		3 V	X
<ul> <li>and related organizations greater than \$150</li> <li>Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>com</i></li> </ul>	ccrue compen	satio	on fr	om a	any	unre	late	ed organization or individ	dual for services		4 X	Х
Section B. Independent Contractors	piete Scriedule	<del>;</del>	JI SU	CIIĻ	<i>Jers</i>	<i>011</i> .					<u> </u>	
Complete this table for your five highest conthe organization. Report compensation for the organization.	•	•								ensat	ion from	
(A) Name and business	address							(B) Description of s	ervices	С	(C) ompensatio	n
J.R. ABBOTT CONSTRUCTION 3408 1ST AVE SOUTH, SEATT	LE, WA	98	134	4			- 1	CONSTRUCTION SERVICES		1	,273,8	<u>40.</u>
							-					
							$\dashv$					
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation 1												

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Form 990 (2023) FAMILYW
Part VIII Statement of Revenue

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a					
ant			Membership dues	1b					
S S			Fundraising events	1c	69,879.				
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations	1d					
ية إق				1e	1,298,702.				
Sir			Government grants (contributions) All other contributions, gifts, grants, and		1,250,702.				
utic er		T		1f	3,215,678.				
ë Đ		_	similar amounts not included above		985,926.				
no Dd		_	Noncash contributions included in lines 1a-1f	1g  \$	,	4,584,259.			
OB		h Total. Add lines 1a-1f  Busin				1,301,233.			
	_	_			Business Code				
ice		a							
er ue		b							
Program Service Revenue		С							
		d							
ľo		e							
ъ.			All other program service revenue						
-			Total. Add lines 2a-2f						
	3		Investment income (including divide			2 505			2 505
	_					2,505.			2,505.
	4		Income from investment of tax-exen	-					
	5		Royalties	() D I					
				(i) Real	(ii) Personal				
			Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
					//» O.:				
	7	а	aroso amount nom outso or	Securities	(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
e			and sales expenses						
ě.			Gain or (loss) 7c						
her Revenue			Net gain or (loss)						
he	8	а	Gross income from fundraising events (						
δ			including \$ 69,879.	of					
			contributions reported on line 1c). S	I .					
			Part IV, line 18		15,075.				
			Less: direct expenses		135,678.				
			Net income or (loss) from fundraisin			-120,603.			-120,603.
	9	а	Gross income from gaming activities						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming ac						
	10	а	Gross sales of inventory, less return	<b>I</b>					
			and allowances						
			Less: cost of goods sold						
		С	Net income or (loss) from sales of in	ventory					
တ					Business Code				
e Je	11	а							
Miscellaneous Revenue		b							
cell Sev		С							
Mis			All other revenue		900099	18,718.	18,718.		
$\perp$		е	Total. Add lines 11a-11d			18,718.			
	12		Total revenue. See instructions			4,484,879.	18,718.	0.	-118,098.

#### 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 1,327,739. 1,327,739. 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, 131,308. 6,895. 162,543. 24,340. 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) 864,031. 740,740. 39,403. 83,888. Other salaries and wages 7 Pension plan accruals and contributions (include 18,783. 15,534. 736. 2,513. section 401(k) and 403(b) employer contributions) 117,763. 101,873. 4,824. 11,066. Other employee benefits 9 80,537. 70,090. 3,320. 7,127. 10 Payroll taxes Fees for services (nonemployees): 156,381. 75,718. 19,742 60,921. Management Legal 26,320. 26,320. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 145,377. 11,583. 218,020. 61,060. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 137,457. 87,640. 10,406. 39,411. Office expenses 13 Information technology 14 15 Royalties 303,030. 234,639. 35,143. 33,248. 16 Occupancy 8,291. 6,205. 996. 1,090. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 2,398. 1,998. 400. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 51,805. 51,805. Depreciation, depletion, and amortization 22 20,065. 16,714. 2,065. 1,286. 23 Other expenses. Itemize expenses not covered 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.) 11,494. 4,060. 3,451. 3,983. DUES AND SUBSCRIPTIONS All other expenses 3,506,657. 3,011,440. 164,884. 330,333. 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)

91-1757277 Page **11** FAMILYWORKS

Form 990 (2023)
Part X Balance Sheet

Par	τχ	Balance Sneet					
		Check if Schedule O contains a response or note	to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			2,081,350.	1	1,547,922
	2	Savings and temporary cash investments			275,219.	2	277,724
	3	Pledges and grants receivable, net	463,231.	3	508,100		
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current or t					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these		5			
	6	Loans and other receivables from other disqualifie					
		under section 4958(f)(1)), and persons described		6			
တ္က	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use	57,609.	8	51,123		
ĕ۱	9	5			11,592.	9	7,063
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,882,269.			
	b	Less: accumulated depreciation	10b	159,264.	204,433.	10c	1,723,005
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 11	1			12	
	13	Investments - program-related. See Part IV, line 1	1		979,985.	13	1,916,796
	14	Intangible assets	angible assets				
	15	Other assets. See Part IV, line 11		17,812.	15	17,812	
	16	Total assets. Add lines 1 through 15 (must equa	l line 3	3)	4,091,231.	16	6,049,545
	17	Accounts payable and accrued expenses	202,320.	17	193,848		
	18	Grants payable		18			
	19	Deferred revenue		64,932.	19	98,113	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P	art IV o	of Schedule D		21	
Se	22	Loans and other payables to any current or former					
≝∣		trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of these		22			
-	23	Secured mortgages and notes payable to unrelat				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24).	Complete Part X	004 607		1 040 010
				·····	984,627.	25	1,940,010
+	26	Total liabilities. Add lines 17 through 25			1,251,879.	26	2,231,971
<sub>s</sub>		Organizations that follow FASB ASC 958, chec	k here	X			
) 2		and complete lines 27, 28, 32, and 33.			2 720 042		2 650 210
<u>aa</u>	27	Net assets without donor restrictions	2,729,042.	27	3,659,210		
ĕ	28	Net assets with donor restrictions	110,310.	28	158,364		
<u> </u>		Organizations that do not follow FASB ASC 95					
<u></u>		and complete lines 29 through 33.					
ا <u>ک</u> و	29	Capital stock or trust principal, or current funds			29		
sse	30	Paid-in or capital surplus, or land, building, or equ				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			2 020 252	31	2 017 574
₽ 	32	Total net assets or fund balances			2,839,352.	32	3,817,574
	33	Total liabilities and net assets/fund balances			4,091,231.	33	6,049,545

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	4,48	4,8	<u>79.</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,50			
3	Revenue less expenses. Subtract line 2 from line 1	3		8,2		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,83	9,3	52.	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	3,81	7,5	74.	
Pai	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	Ο.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	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	edule O.				
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?		. 3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			
			Form	990	(2023)	

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

### **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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization FAMILYWORKS

Employer identification number 91-1757277

Pa	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							
The	organ	ization is not a private found						
1		A church, convention of ch					)(A)(i).	
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990).)			
3		A hospital or a cooperative		•		(b)(1)(A)(ii	i).	
4		A medical research organiz					•	the hospital's name,
		city, and state:	•					•
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental unit describe	ed in
•		section 170(b)(1)(A)(iv). (C		,		, , ,		
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that norma	-				•	oublic described in
		section 170(b)(1)(A)(vi). (C	•	a. part or no capport	o a go		arms or morn and gonerar p	
8		A community trust describe		(1)(A)(vi). (Complete Part	· 11.)			
9	Ħ	An agricultural research org				ed in coni	inction with a land-grant	college
Ĭ		or university or a non-land-g				-	-	-
		university:	jiani conege or agno	artaro (000 motraotrono).		idino, only	, and class of the comoge	. 01
10		An organization that norma	Ily receives (1) more:	than 33 1/3% of its supp	ort from c	ontribution	ns membership fees and	d aross receipts from
		activities related to its exen						
		income and unrelated busin		·			• •	-
		See section 509(a)(2). (Con		(1000 000 mont of the table) mo		ooo aoqaa	ou by the organization o	
11		An organization organized a	•	vely to test for public saf	etv. See	section 50	)9(a)(4).	
12	一	An organization organized a	· ·	•	•			purposes of one or
		more publicly supported or	•	•	•			•
		lines 12a through 12d that	-					
a		Type I. A supporting orga	* *					giving
		the supported organization	· · · · · · · · · · · · · · · · · · ·	•		_		
		organization. You must o						0
k	, [	Type II. A supporting org	-		ion with its	s supporte	d organization(s), by hav	ring
		control or management o	•					-
		organization(s). You mus	t complete Part IV,	Sections A and C.	•			
c	; [	Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions)	). You must complete F	Part IV, Se	ctions A,	D, and E.	
c	ı 🗆	Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	rith its supported organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sati	sfy a distr	ibution rec	uirement and an attentiv	veness .
		requirement (see instructi	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	٧.	
e	, [	Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supportir	ng organiz	ation.		
f	Ente	er the number of supported o	organizations					
		vide the following information						
	(	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi		(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
Tot	ai						I	İ

332021 12-21-23

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Schedule A (Form 990) 2023 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2079362.	3087891.	3248047.	3686727.	4584259.	16686286.
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	2079362.	3087891.	3248047.	3686727.	4584259.	16686286.
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.						16686286.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	2079362.	3087891.	3248047.	3686727.		16686286.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	6,149.	7,071.	3,804.	1,748.	2,505.	21,277.
9	Net income from unrelated business	- , -	,	, , ,	,	,	<i>'</i>
·	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.	18,718.	23,088.
11	Total support. Add lines 7 through 10	3 7 7 1		_ /	_,		16730651.
	Gross receipts from related activities,	etc (see instructio	ins)			12	
	<b>First 5 years.</b> If the Form 990 is for th	•	,				_
	organization, check this box and <b>stor</b>	-					
Sec	ction C. Computation of Publi		_				
	Public support percentage for 2023 (I			olumn (f))		14	99.73 %
	Public support percentage from 2022					15	99.81 %
	33 1/3% support test - 2023. If the					ore, check this bo	x and
	stop here. The organization qualifies	-					
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on li				
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	_					
	meets the facts-and-circumstances te			=		3	
h	10% -facts-and-circumstances test	-		*	-		
_	more, and if the organization meets the	_					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization		-				
<u></u>		or look a l		., ,	, 5.1551 1.115 557 41		/Form 000\ 0002

#### 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
r	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.)						
		(a) 2010	<b>(b)</b> 2020	(a) 2021	(4) 2022	(2) 2022	(f) Total
	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,
	ction C. Computation of Publi						
15	Public support percentage for 2023 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	<u>%</u>
	Public support percentage from 2022					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20					17	<u>%</u>
18						18	<u>%</u>
19a	33 1/3% support tests - 2023. If the						7 is not
-	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2022. If the						
20	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	лт ини пот спеск а	DUX UITIIIIE 14, 19	a, OF TYD, CHECK TO	iis dux aiiu see ins	แนบแบที่	

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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		
	0-		
	3a		
	3b		
	OD.		
	3с		
	00		
	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	30		
	10a		
_	10b	000	
مار	A IEOrr	n aan)	・ノロンフ

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| 3b | | Schedule A (Form 990) 2023

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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Schedule A (Form 990) 2023

FAMILYWORKS

Part '	V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1 [	Check here if the organization satisfied the Integral Part Test as a qualify	ying trust on N	ov. 20, 1970 ( explain in	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations may		•	
Section	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 N	let short-term capital gain	1		
<b>2</b> R	lecoveries of prior-year distributions	2		
3 0	Other gross income (see instructions)	3		
4 A	dd lines 1 through 3.	4		
<b>5</b> D	Depreciation and depletion	5		
<b>6</b> P	ortion of operating expenses paid or incurred for production or			
C	ollection of gross income or for management, conservation, or			
	naintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	n B - Minimum Asset Amount	1	(A) Prior Year	(B) Current Year (optional)
1 A	ggregate fair market value of all non-exempt-use assets (see			
in	nstructions for short tax year or assets held for part of year):			
a A	verage monthly value of securities	1a		
b A	verage monthly cash balances	1b		
c Fa	air market value of other non-exempt-use assets	1c		
d T	otal (add lines 1a, 1b, and 1c)	1d		
e D	Discount claimed for blockage or other factors			
	explain in detail in Part VI):			
2 A	cquisition indebtedness applicable to non-exempt-use assets	2		
<b>3</b> S	subtract line 2 from line 1d.	3		
<b>4</b> C	ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	ee instructions).	4		
5 N	let value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 M	fultiply line 5 by 0.035.	6		
	ecoveries of prior-year distributions	7		
8 M	finimum Asset Amount (add line 7 to line 6)	8		
Section	n C - Distributable Amount			Current Year
<b>1</b> A	djusted net income for prior year (from Section A, line 8, column A)	1		
	inter 0.85 of line 1.	2		
3 M	finimum asset amount for prior year (from Section B, line 8, column A)	3		
	inter greater of line 2 or line 3.	4		
	ncome tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	mergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu	ed)	
Secti	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	T	<u> </u>	10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	s	(iii) Distributable Amount for 2023
_1_	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3_	Excess distributions carryover, if any, to 2023				
<u>a</u>	From 2018				
<u>b</u>	From 2019				
<u> </u>	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
<u> </u>	Carryover from 2018 not applied (see instructions)				
_ <u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c. Breakdown of line 7:				
<u>8</u>	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

Schedule A (Form 990) 2023

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: OTHER 500. 2019 AMOUNT: \$ 696. 2020 AMOUNT: \$ 1,002. 2021 AMOUNT: \$ 2,172. 2022 AMOUNT: \$ 2023 AMOUNT: \$ 18,718.

#### **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	rt I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		imilar Funds or <i>F</i>	Accounts. Complete if the
		(a) Donor advise	ed funds	(b) Funds 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 w	riting that the assets he	eld in donor advised fu	ınds
	are the organization's property, subject to the organization's e	exclusive legal control?		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	donor advisor, or for ar	y other purpose confe	erring
	impermissible private benefit?			Yes No
Pai	rt II Conservation Easements. Complete if the organic	anization answered "Ye	s" on Form 990, Part I	IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreati	ion or education)	Preservation of a his	storically important land area
	Protection of natural habitat		Preservation of a ce	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contrib	ution in the form of a	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				
С				
d	Number of conservation easements included on line 2c acquir	red after July 25, 2006,	and not	
	on a historic structure listed in the National Register	• • •		2d
3	Number of conservation easements modified, transferred, rele			
	year	-		-
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period		tion, handling of	
	violations, and enforcement of the conservation easements it I	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and en	forcing conservation e	easements during the year
8	Does each conservation easement reported on line 2d above s	satisfy the requirements	of section 170(h)(4)(B	B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's	financial statements t	that describes the
	organization's accounting for conservation easements.			
Pai	rt III Organizations Maintaining Collections of	Art, Historical Tre	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its rev	enue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education	, or research in further	rance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue	e statement and balan	ce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, o	r research in furtheran	ce of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(m)			<b>^</b>
2	If the organization received or held works of art, historical trea-	sures, or other similar a	ssets for financial gair	n, provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			<u> </u>
LHA	For Paperwork Reduction Act Notice, see the Instructions		<u></u>	Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 FAMILYWORKS 91-1757277 Page 2

	t III Organizations Maintaining Coll		Histo	rical Tre	asures. o	r Other			Continu	Page Z
	Using the organization's acquisition, accession,								COITLINE	ieu)
3	collection items (check all that apply).	and other records,	CHECK	arry or trie i	Ollowing that	. IIIake Sigi	illicant us	Se OI ILS		
_	Public exhibition		П.		hanaa nuaau					
a										
b										
C										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit or re								٦,,	
Dar	to be sold to raise funds rather than to be maintaint  IV Escrow and Custodial Arranger								_ Yes	No
Fai	<b>t IV</b> Escrow and Custodial Arranger reported an amount on Form 990, Part X		e if the o	rganization	answered "	Yes" on Fo	orm 990, i	-art IV, II	ne 9, or	
				and the sales are			-1:11			
па	Is the organization an agent, trustee, custodian,								7	N.
	on Form 990, Part X?							L	<b>」Yes</b>	∟ No
b	If "Yes," explain the arrangement in Part XIII and	complete the folio	owing tal	ble:					A marint	
							<b>-</b>		Amount	
	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		7	
	Did the organization include an amount on Form					•	/?	L	Yes	∐ No
	If "Yes," explain the arrangement in Part XIII. Ch									
Par							N Thuas	ana haali	(-) Fa	haal
		a) Current year	( <b>b</b> ) Pr	ior year	(c) Two year	rs dack (	i) Three ye	ars back	(e) Four	years back
	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current	year end balance	(line 1g,	column (a)	) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment%									
	The percentages on lines 2a, 2b, and 2c should	equal 100%.								
3а	Are there endowment funds not in the possession	on of the organizat	ion that	are held ar	nd administer	ed for the			_	
	organization by:								\'	Yes No
	(i) Unrelated organizations?								3a(i)	
	(ii) Related organizations?								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ns listed as require	d on Scl	nedule R?					3b	
4	Describe in Part XIII the intended uses of the organization		ment fu	nds.						
Par	t VI Land, Buildings, and Equipmen									
	Complete if the organization answered "Y	es" on Form 990,	Part IV,	line 11a. S	ee Form 990	, Part X, lir	ne 10.			
	Description of property	(a) Cost or oth	ner	(b) Cost	or other	(c) Acc	cumulated	t l	(d) Book	value
		basis (investme	ent)	basis	(other)	depr	eciation			
1a	Land									
	Buildings									
С	Leasehold improvements				5,464.		8,13			,325.
	Equipment				2,947.		51,30			,638.
	Other			34	3,858.		99,81			,042.
	. Add lines 1a through 1e. (Column (d) must equa	al Form 990. Part X	. line 10	c. column	(B))				$1,\overline{723}$	,005.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 FAMILYWORKS		91	-1757277 Page <b>3</b>
Part VII Investments - Other Securities  Complete if the organization answered "Yes" of	on Form 000 Part IV line	11h Soo Form 990 Part V line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of year market value
	(b) DOOK Value	(c) Welfied of Valuation. Cost of end	-or-year market value
(1) Financial derivatives (2) Closely held equity interests			
(2) Closely held equity interests  (3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.	E 000 B 1 11/11	11 0 F 000 B 1 V II 10	
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. 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, line 15, col.	(R))		
Part X Other Liabilities	(0))		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability		, ,	(b) Book value
(1) Federal income taxes			( )
(2) OPERATING LEASE LIABILITY			1,940,010.
			T 1 2 4 0 1 0 1 0 4
(3)			
(4)			
(5)			
<u>(6)</u>			
(8)			
(9)			1 040 010
Total. (Column (b) must equal Form 990, Part X, line 25, col.	(B))		1,940,010.

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

Schedule D (Form 990) 2023

Pai	t XI	Reconciliation of Revenue per Audited Financial Statement	ts With	Revenue per Re	turn	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total	revenue, gains, and other support per audited financial statements			1	4,658,288.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net ur	nrealized gains (losses) on investments	2a			
b		ed services and use of facilities	2b	37,731.		
С		veries of prior year grants	2c			
d		(Describe in Part XIII.)	2d	135,678.		
е	Add li	nes <b>2a</b> through <b>2d</b>			2e	173,409.
3	Subtra	act line <b>2e</b> from line <b>1</b>			3	4,484,879.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С		nes <b>4a</b> and <b>4b</b>			4c	0.
5	Total	revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990. Part I. line 12.)			5	4,484,879.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Statemer	nts Wit	h Expenses per F	Returr	1
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total	expenses and losses per audited financial statements			1	3,680,066.
2	Amou	nts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donat	ed services and use of facilities	2a	37,731.		
b		/ear adjustments	2b			
С		losses	2c			
d	Other	(Describe in Part XIII.)	2d	135,678.		
е	Add li	nes 2a through 2d			2e	173,409.
3	Subtra	act line 2e from line 1			3	3,506,657.
4		nts included on Form 990, Part IX, line 25, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С	Add li	nes <b>4a</b> and <b>4b</b>			4c	0.
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,506,657.
Pa	rt XIII	Supplemental Information				
Provi	de the	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	, lines 1	b and 2b; Part V, line 4	; Part X	K, line 2; Part XI,
lines	2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	onal info	rmation.		
PAF	RT X	, LINE 2:				
		WENT HAG ANALYZED THE TAY DOGETANG TAY	D.:	, mile GENIMED	2 2 7 7	
MAI	NAGE	MENT HAS ANALYZED THE TAX POSITIONS TAKE	и вл	THE CENTER	AMI	) HAS
~~ <b>1</b>	TOT 11	DED MILL AG OF DEGEMBED 21 2022 AND 20		MITEDE ADE M		ICEDMA TM
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اندى	11517	TEDERAL INCOME TAX RETURNS FRIOR TO I	TOCE	LL ILAK ZUZU	AI	r Chosen.
MΔN	JACF	MENT CONTINUALLY EVALUATES EXPIRING STAT	יווייה: כ	ייע אר אדיים א	TONG	פיידתווג פ
.1771	421GI	HEAT CONTINUADED EVENOVED BY INTERCED BY		, OI HIMITAL	TOTAL	O, AUDIIO,
PRC	POS	ED SETTLEMENTS, CHANGES IN TAX LAW AND N	JEW A	UTHORTTATTV	E RI	JLINGS.
			1.			

135,678.

SPECIAL EVENT EXPENSES RECLASSIFIED TO REVENUE

PART XI, LINE 2D - OTHER ADJUSTMENTS:

## 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

2023

Open to Public Inspection

Name of the organization							ntification number
FAMILYW Fart I Fundraising Activities		1 113 /		5 000 B 1 11/1		91-1757	
required to complete this par	<ul> <li>Complete if the organization answert.</li> </ul>	red "Y	es" or	n Form 990, Part IV, III	ne 1	7. Form 990-EZ	filers are not
Indicate whether the organization rais	sed funds through any of the following  e Solicitat  f Solicitat  g Special  or oral agreement with any individual  Part VII) or entity in connection with prividuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		Yes	<u> </u>
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	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				
Total							
List all states in which the organization or licensing.			utions	or has been notified	it is e	exempt from re	gistration

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

Schedule G (Form 990) 2023

332082 09-13-23

	redule G (Form 990) 2023 F'AMILYWC				1757277 Page 2
Pa	Fundraising Events. Complete if the				
	of fundraising event contributions and gros	ss income on Form 990- (a) Event #1 SUNDAY	(b) Event #2	(c) Other events  NONE	(d) Total events (add col. (a) through
	<u> </u>	SUPPER (event type)	(event type)	(total number)	col. (c))
Revenue		· • • • • • • • • • • • • • • • • • • •	(GVGITE LYPO)	(total Hambor)	24.054
Rev	1 Gross receipts	84,954.			84,954.
	2 Less: Contributions	69,879.			69,879.
	3 Gross income (line 1 minus line 2)	15,075.			15,075.
	4 Cash prizes				
S	5 Noncash prizes	5,424.			5,424.
pense	6 Rent/facility costs	9,095.			9,095.
Direct Expenses	7 Food and beverages	30,184.			30,184.
	8 Entertainment	4,200.			4,200.
	9 Other direct expenses	86,775.			86,775.
	10 Direct expense summary. Add lines 4 through	( ,			135,678.
Da	11 Net income summary. Subtract line 10 from line art III Gaming. Complete if the organization are		000 Ded IV line 10 and		-120,603.
ı a	<b>Gaming.</b> Complete if the organization at \$15,000 on Form 990-EZ, line 6a.	iswered res on Form	990, Part IV, line 19, or r	eported more than	
Revenue		(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1 Gross revenue				
es	2 Cash prizes				
ect Expenses	3 Noncash prizes				
Direct	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 f	rom line 1, column (d)			
a	Enter the state(s) in which the organization conduc	ts gaming activities.			
а	a Is the organization licensed to conduct gaming act of "No," explain:	ivities in each of these s	states?		Yes No
	Were any of the organization's gaming licenses rev			rear?	Yes No

Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023 FAMILYWORKS	91-1	757277	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No 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 record		.0.0	
•	Enter the hame and address of the person who prepares the organization organization of garming special events books and resorts	J.		
	Name			
	- Name			
	Address			
	Address			
45.	Does the examination have a contract with a third party from whom the examination receives gaming revenue?		Yes	No
ıba	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		165	NO
D	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization	ount		
	of gaming revenue retained by the third party \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	s 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	ı 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);	and Pari	III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
	•			

Schedule G (Form 990) FAM	ILYWORKS	91-1757277 Page 4
Schedule G (Form 990) FAM Part IV Supplemental Information	1 (continued)	

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**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

Open to Public Inspection

Employer identification number

Schedule I (Form 990) 2023

FAMILYWOR	KS						91-1757277					
Part I General Information on Grants ar	nd Assistance											
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection												
criteria used to award the grants or assis	No											
criteria used to award the grants or assistance?  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.												
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance					
<ul> <li>2 Enter total number of section 501(c)(3) ar</li> <li>3 Enter total number of other organizations</li> </ul>	-	-	e line 1 table									

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

91-1757277 **FAMILYWORKS** Schedule I (Form 990) 2023 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 FOOD PROVIDED TO HOUSEHOLDS 4500 0. 992,412. GOVERNMENT RATE FOOD OTHER SUPPLIES 768 0. 335,327.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.

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#### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

**2023** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

**FAMILYWORKS** 

Employer identification number 91-1757277

Pa	art I Questions Regarding Compensation					
			Yes	No		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,					
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel Housing allowance or residence for personal use					
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees					
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)					
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's					
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to					
	establish compensation of the CEO/Executive Director, but explain in Part III.					
	Compensation committee Written employment contract					
	Independent compensation consultant Compensation survey or study					
	Form 990 of other organizations  X Approval by the board or compensation committee					
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a related organization:					
а	Receive a severance payment or change-of-control payment?	4a		Х		
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х		
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х		
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the revenues of:					
а	The organization?	5a		X		
b	Any related organization?	5b		X		
	If "Yes" on line 5a or 5b, describe in Part III.					
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the net earnings of:					
а	The organization?	6a		X		
	Any related organization?	6b		Х		
	If "Yes" on line 6a or 6b, describe in Part III.					
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
	not described on lines 5 and 6? If "Yes," describe in Part III	7	X			
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
	Regulations section 53.4958-6(c)?	9		1		

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

		(B) Breakdown of W	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MARCIA WRIGHT-SOIKA	(i)	140,990.	3,000.	0.	2,925.	15,628.	162,543.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 7:
THE BELOW INDIVIDUALS RECEIVED BONUSES IN CALENDAR YEAR 2023. THESE BONUSES
WERE NOT CONTINGENT ON THE REVENUES OR NET EARNINGS OF THE ORGANIZATION:
MARCIA WRIGHT-SOIKA - \$3,000

## SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

2023

Open to Public Inspection

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.

Employer identification number 91-1757277

	FAMILYWORKS					91-1	1757	277	
Pai	rt 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	n	(d Method of c oncash contrib	letermin	•	s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods	Х		31,184.	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	522,935	954,742.	GOV	'T 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 during	g the tax year for c	ontributions					
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29					
								Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 throug	jh 28,	that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ich isn't required to be used	for				
	exempt purposes for the entire holding period?						30a		Х
b	<b>b</b> If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?								Х
32a	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
	contributions?		_				32a		Х
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is che	cked,				
	describe in Part II.								

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

Schedule M (Form 990) 2023

332142 09-11-23 Schedule M (Form 990) 2023

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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.

2023
Open to Public Inspection

OMB No. 1545-0047

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:

TO SUPPORT THE DESIGN, BUILDOUT & OPENING OF A NEW FAMILY RESOURCE

CENTER, WHICH WILL ALSO FACILITATE THE RENOVATION & EXPANSION OF THE

FOOD BANK NEXT YEAR.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THEM TWICE PER WEEK DUE TO THE NEW SPACE, WHICH ENABLED US TO HOLD A

TOTAL OF 66 MULTILINGUAL PLAY AND LEARN GROUP SESSIONS. THE FRC

CONTINUED TO PROVIDE SUPPORTIVE SERVICES AND CONNECTIONS TO CRITICAL

BASIC NEEDS THROUGH PROGRAMS LIKE THE COMMUNITY CLOSET, DIAPER BANK,

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page **2** 

Name of the organization **Employer identification number** 91-1757277 **FAMILYWORKS** AND PARENTING CLASSES. FAMILYWORKS CONTINUED PARTNERING WITH SEATTLE PUBLIC SCHOOLS THROUGH ITS POP-UP FAMILY RESOURCE CENTER AT NATHAN HALE HIGH SCHOOL AND DEEPENED ITS RELATIONSHIP WITH SPS WHEN WE OPENED A SATELITE FAMILY RESOURCE CENTER AT BROADVIEW-THOMSON K-8 SCHOOL. FORM 990, PART VI, SECTION A, LINE 8B: NO INDIVIDUAL COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. 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.