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Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2020 Open to Public

Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service Inspection ► Go to www.irs.gov/Form990 for instructions and the latest information. For the 2020 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable: FAMILY FOR EVERY CHILD Address chang 20=4151057 Name change AVE STE 300 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated EUGENE OR 97401 569,750 G Gross receipts\$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending CHRISTY OBIE-BARRETT 296 E 5TH AVE STE 300 H(b) Are all subordinates included? If "No," attach a list, See instructions EUGENE 97401 X 501(c)(3) 4947(a)(1) or ◀ (insert no.) Tax-exempt status: 501(c) 527 AFAMILYFOREVERYCHILD.ORG Website: H(c) Group exemption number Trust X Corporation Year of formation: 2006 Form of organization: M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: FINDING LOVING PERMANENT FAMILIES FOR EVERY WAITING FOSTER CHILD, FAMILY Governance FINDINGS, MENTORING. 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 8 త 4 Number of independent voting members of the governing body (Part VI, line 1b) 8 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 13 5 6 Total number of volunteers (estimate if necessary) 400 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 0 Current Year 8 Contributions and grants (Part VIII, line 1h) 385,892 297. 110 Revenue 9 Program service revenue (Part VIII, line 2g) 261,959 237,741 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 7,825 4,661 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ,687 21,363 12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part X, column (A), lines 5-10) 360,472 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), liné 25) ► 50, 571 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 149,583 184,946 567,213 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 510,055 -6, 177,308 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 308,768 ,316,190 21 Total liabilities (Part X, line 26) 034 21,564 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Date Here CHRISTY OBIE-BARRETT DIRECTOR EXECUTIVE Type or print name and title Print/Type preparer's name Preparer's signature Date Check Paid FRITZ S. DUNCAN FRITZ S. DUNCAN self-employed 10/26/21 Preparer JONES & ROTH Firm's name Firm's EIN Use Only PO BOX 10086 EUGENE, OR 97440 541-687-2320 Firm's address

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

X Yes

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	200 (Table) 7 (Table) 100 HVDDV (MITT) 20 4151057	
	orm 990 (2020) A FAMILY FOR EVERY CHILD 20-4151057	
	Part III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
	1 Briefly describe the organization's mission:	
	FINDING FAMILIES FOR EVERY WAITING FOSTER CHILD WHO IS LE	GAI
	FINDING FAMILY MEMBERS WHO ARE INTERESTED IN TAKING THEIR	F.F
	Plinic Inchaction	
	2 Did the organization undertake any significant program services during the year which were not listed on the	

Did the organization cease conducting, or make significant changes in how it conducts, any program

services?

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,

including grants of \$

including grants of \$

including grants of \$

) (Revenue \$

prior Form 990 or 990-EZ?

4a (Code:

If "Yes," describe these new services on Schedule O.

the total expenses, and revenue, if any, for each program service reported.

MATCHING FOSTER CHILDREN TO ADOPTIVE PARENTS

If "Yes," describe these changes on Schedule O.

) (Expenses \$

4d Other program services (Describe on Schedule O.)

including grants of \$

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Page 2

ADOPTION CHILDREN

Yes X No

(Expenses \$

4e Total program service expenses >

Part IV Checklist of Required Schedules

	\cdot		Yes	No.
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf for or in opposition to			v
4	candidates for public office? If Yes, complete Schedule C Part	<u>3</u> 7		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			v
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
9	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	þ		Λ
Ü	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Ven " complete Schoolvin D. Bort I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			21
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			71
-	semulate Schoolule D. Bout III	8	ļ	Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		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		Χ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	17.1		
	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		j	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
c	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u>
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		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			3.7
	Schedule D, Parts XI and XII	12a		<u>X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	405		v
42	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		<u>X</u>
13 14a		13 14a		<u>X</u> X
b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		
.,	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		Χ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	172		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		X
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		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		<u>X</u>

	art IV Checklist of Required Schedules (continued)			age -
	art ive Checklist of Required Scheddles (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the			<u> </u>
	organization's current and former officers, directors, trustees, key employees, and highest compensated		:	
	employees? If "Yes," complete Schedule J	23	ļ	X
24a		1		
	\$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		
đ	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		X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):	100	3.5	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	ļ	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	ļ	X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29_		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		į	.,
	conservation contributions? If "Yes," complete Schedule M	30	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			v
	complete Schedule N, Part II	32	ļ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			٠,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	24		X
250	or IV, and Part V, line 1	34	<u></u>	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	1	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
30	which is the property of the p	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 30	 	 ^
٠.	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 in Schedule O for Part VI, lines 11b and	<u> </u>		<u> </u>
••	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance		,	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 22			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0] :		
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

_Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (contin	ued)			
				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 13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b		X
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				
3a	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	O	∞3 b		
4a			ļ		
	a financial account in a foreign country (such as a bank account, securities account, or other financia	account)?	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 A	Accounts (FBAR).	. 1972	3/4	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?	5b		Χ
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributio	ns or			
	gifts were not tax deductible?		6b		-,
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	oods	1.00		
			7a		X
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b_		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	134.1	24.1	£_2.
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	***************************************	7f		Χ
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		Χ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the	73.7		Va.
			8	4.2	
9	Sponsoring organizations maintaining donor advised funds.		12.4	100	
а			9a		
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots		9b		
10	Section 501(c)(7) organizations. Enter:	1		1,14	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		N 4.	
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	1			
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			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		·	:
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а			13a		-
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which	1			
	the organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			- , .
			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		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 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		X
	If "Yes" complete Form 4720. Schedule O		1 .	l '	I

Form 990 (2020) A FAMILY FOR EVERY CHILD

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

	Check if Schedule O contains a response or note to any line in this Part VI		<i>.</i>	X
Sec	tion A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or	V	Yes	No
	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 8	-		No.
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		111	
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			.,
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			1,7
	stockholders, or persons other than the governing body?	7b	e ege	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		ing.	22 Tr.
а	The governing body?	8a	<u>X</u>	
þ	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			٠,,
	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 Co	iae.)		1
			Yes	
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
þ	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	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	-
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	133	37	1. 1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
þ	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,"		37	
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			14 3
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	^	1
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		1 1 1 1	
16a		40-		X
	with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		
a	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		4.5	
		16b		
500	organization's exempt status with respect to such arrangements?	Tion		L
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed OR			
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) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O)			
10	X Own website X Another's website X Upon request Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
19				
20	financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records			
20 DF	LORES MORD 296 E 5TH AVE STE 300			
		-74	3-4	499
	- CAL D / 10 A			

Form 990 (2020)

Part VII	Compensation o	f Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees	, and
	Independent Co	ntractors								

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

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

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

 List all of the organization's current officers, directors, trustees (whether indirectors compensation. Enter -0 in columns (b), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the org					aniza	tion	com	pensated any current office	er, director, or trustee.	AND
(A) Name and title	(B) Average hours per week (list any	bo	x, unla	Pos check ess pe nd a	erson i	is both	ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	hours for related organizations below dotted line)	Individual frustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2) 1099-MISC)	related organizations
(1) CHRISTY OBIE-BA										
EXECUTIVE DIRECTOR	45.00 0.00	<u> </u>		Х				65,004	0	6,500
(2) PATTY ALLEN	10.00	.,							0	
BOARD MEMBER (3) CICELY COLEMAN	0.00	X						0	0	0
BOARD MEMBER	10.00	X						0	0	0
(4) SEARSY M. GREEN	1									
BOARD MEMBER	10.00	X						0	0	0
(5) DELORES MORD										
TREASURER	10.00	X		Х				0	0	0
(6) JOAN OBIE	10.00									
PRESIDENT	0.00	X		Х		_		0	0	0
(7) JESSICA PELATT SECRETARY	10.00	X		Х				0	0	0
(8) ERICA MANDEVILLE		2		21				0		
BOARD MEMBER	10.00	X						0	0	0
(9) JUAN CARLOS VALI	ĻE								The contract of the contract o	
BOARD MEMBER	10.00	X						0	0	0
(10)										
(11)		_		-						
(11)										
		1					1			

b

Part VII Section A. Officers	s, Directors, Tru T	stee	s, K			oyee	es, a	and H	ighes	t Cor	npensate	d Em	ployees (continued) 			
(A) Name and title	(B) Average hours per week	Ьo	x, uni	Pos check ess pe	more rson i	s both	an		com	(D) eportab ipensat rom the	ion		(E) Reportable compensation from related	ı	(F) Estimated amount of other compensation		
Pub	(list any hours for related Granifizations Below doiled jine)	lndividual_trustee		d Officer		Highest compensated employee	·	3		anizati 1099-M			organizations (W-2/1099-MISC)		from the organization lated organ	n and	
										w	A Transit III a ta a ta a ta a ta a ta a ta a t						
																<u></u>	
1b Subtotal	ets to Part VII, S	ecti	on A	١			A A A				5,004 5,004					6,500 6,500	
2 Total number of individuals (in	cluding but not li	nite	d_to				bove	e) who	rece	ived	more than	\$100	0,000 of				
3 Did the organization fist any for employee on line 1a? If "Yes," 4 For any individual listed on line organization and related or line 1 for services rendered to the organization for services rendered to the organization for services.	rmer officer, dire complete Schede 1a, is the sum sizations greater	ector ule of re than	tru J for eport \$15	suci able 50,00 pensi	com com 0? //	lividi. pens "Ye r fror	satio s," c 	n and comple	other	com hedu orga	pensation le J for su nization o	from ch r indiv	idual		3 4	Yes No X X X	
Section B. Independent Contracto									414			41	C400 000 -f				
Complete this table for your five compensation from the organization.	zation. Report co										vith or with	nin the	e organization's tax	year.		701	
Name and	(A) business address										Descrip	tion of	services	·····	Con	(C) perisation	
					·												
	,																
Total number of independent or received more than \$100,000								se liste	ed abo	ove) י	who		0				
DAA															Form	990 (2020)	

Pa	ert V			f Revenue edule O conta	ains a	response or not	e to any line in th	is Part VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
Program Service (Contributions, Gifts, Grants) Revenue and Other Similar Amounts	b c d e f f g h		est ints	ns) nts, d above in lines 1a-1f		Business Coc	297,110	On	O C	sections 512-514
	g					<u> </u>	237,741			
	3 4 5	Investment incorother similar am Income from investigation Royalties	me (in: iounts) estmei	cluding dividend	s, inter	est, and proceeds	4,661			4,661
		Gross rents Less: rental expenses	6a 6b 6c	(i) Real -		(ii) Personal				
	d 7a	Rental inc. or (loss) Net rental incom Gross amount from sales of assets other than inventory		OSS)(i) Securities		(ii) Other				
r Revenue	b c	Less: cost or other basis and sales exps. Gain or (loss)	7b 7c							
Other		Net gain or (loss Gross income from (not including \$ of contributions rep See Part IV, line 16 Less: direct expenses	fundra	ising events 106,069 in line 1c).	8a 8b	30,238 8,879				
	С	Net income or (I Gross income from	oss) fr gamin	om fundraising o g activities.	events		21,363			
	C	See Part IV, line 19 Less: direct expo Net income or (I Gross sales of in	enses oss) fr nvento	om gaming activry, less	9a 9b vities	·····				
		returns and allow Less: cost of good Net income or (le	ods so	ld	10a 10b ntory .					
Miscellaneous Revenue	11a b c	• • • • • • • • • • • • • • • • • • • •								
Σ	d e 12	All other revenue Total. Add lines Total revenue.	11a-1	1d	· · · · · · · · · · · · · · · · · · ·	>	560,875	237,741	0	4,661

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 (A) Total expenses (D) Fundraising (B) (C) Management and Do not include amounts reported on lines 6b, Program service 7b, 8b, 9b, and 10b of Part VIII. expeinses general expenses expenses Grants and other assistance of domestic organization and domestic governments. See Part IV line 21 Grants and other assistance to domestic 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 5 Compensation of current officers, directors, trustees, and key employees 71,504 50,053 3,575 17,876 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 256,245 211,496 28,875 15,874 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 20,011 16,659 2,326 1,026 9 Payroll taxes 34,507 27,605 3,451 3,451 10 Fees for services (nonemployees): 11 Management 152 122 15 15 b Legal C Accounting Lobbying d Professional fundraising services. See Part IV, line 17 Investment management fees f Other, (If line 11g amount exceeds 10% of line 25, column 3,150 2,520 315 315 (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion 12 7,394 739 739 5,916 13 Office expenses 9,927 7,941 993 Information technology 993 14 15 Royalties $\overline{19,746}$ Occupancy 24,682 468 2,468 16 624 500 62 62 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 320 256 32 32 Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 11,635 14,545 455 1,455 23 Insurance 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.) 117,962 75 117,812 CONTRACT WORK DEVELOPMENT 6,190 190 b đ e All other expenses 567,213 472,261 44,381 50,571 25 Total functional expenses. Add lines 1 through 24e 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) DAA Form 990 (2020)

		0 (2020) A FAMILY FOR EVERY CHI	LD	20-4151057		Page 11
P	art)	Balance Sheet				
		Check if Schedule O contains a response or note to	to any line in this Part X			
				(A)		(B)
				Beginning of year		End of year
	1	Cash—non-interest-bearing	<u>4</u>	83,836		83,336
	2	Savings and temporary cash investments Pledges and grants receivable, net		1,047,407		990,310
	3	Pledges and grants receivable, net			13	I W
	4	Accounts receivable, net		135,003	4	107,116
	5	Loans and other receivables from any current or former			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		trustee, key employee, creator or founder, substantial co				lan den blisber
		controlled entity or family member of any of these person	***************************************		5	Line of the second
	6	Loans and other receivables from other disqualified pers				
ξž		under section 4958(f)(1)), and persons described in sect			6	
Assets	7	Notes and loans receivable, net			7	
٩	8	Inventories for sale or use			8	100 700
	9	Prepaid expenses and deferred charges	r	13,386	9	103,799
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
		Less: accumulated depreciation	[10b		10c	
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	-
	14	Intangible assets			14	21 (20
	15	Other assets. See Part IV, line 11		29,636		31,629
\dashv		Total assets. Add lines 1 through 15 (must equal line 33				1,316,190
	17	Accounts payable and accrued expenses		7,034		21,564
		Grants payable			18	
	19	Deferred revenue			19	
		Tax-exempt bond liabilities	t Outubulu D		20	
	21	Escrow or custodial account liability. Complete Part IV of			21	
ies	22	Loans and other payables to any current or former office				
Liabilities		trustee, key employee, creator or founder, substantial co			20	
Lia	22	controlled entity or family member of any of these person	15		22	<u> </u>
		Secured mortgages and notes payable to unrelated third			24	
		Unsecured notes and loans payable to unrelated third pa Other liabilities (including federal income tax, payables to				
	29	parties, and other liabilities not included on lines 17-24).				·
		· · · · · · · · · · · · · · · · · · ·	•		25	
	26	of Schedule D Total liabilities. Add lines 17 through 25		7,034		21,564
\dashv	20	Organizations that follow FASB ASC 958, check here	▶ [X]			
တ္က		and complete lines 27, 28, 32, and 33.	23			
ğ	27	Net assets without donor restrictions		1,301,734	27	1,294,626
3ak	28	Net assets with donor restrictions	***************************************		28	
Fund Balances		Organizations that do not follow FASB ASC 958, chec	ck here ▶		 	
Fur		and complete lines 29 through 33.				
	29	O!t-1 -t! tt!!			29	
efs	30	Paid-in or capital surplus, or land, building, or equipment			30	
188	31	Retained earnings, endowment, accumulated income, or			31	
Net Assets or		Total net assets or fund balances				1,294,626
Z	33	Total liabilities and net assets/fund balances		4 000 500		1,316,190
1						5 990 (2020)

Form	990 (2020) A FAMILY FOR EVERY CHILD	20-4151057			Pag	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this	Part XI		4		$\bot \! \! \! \! \! \! \! \bot$
1	Total revenue (must equal Part VIII, column (A), line 12)	,,,,,	1		60,8	
2	Total expenses (must equal Part IX, column (A), line 25)	,	. 2		67,2	
3			3		-6,	
4	Net assets-or fund balances at beginning of year (must equal Part/X, line 32 column (4		01,7	<u> 134 </u>
5	Revenue less expenses Subtract line 2 from line 1 Net assets or fund balances at beginning of year must equal Part X, line 32 column Net unrealized gains (losses) on investments Donated services and use of facilities		1 51			<u>770</u>
6	Donated services and use of facilities	.,,	6			
7	Investment expenses		. 7			
8	Prior period adjustments		. 8			
9	Other changes in net assets or fund balances (explain on Schedule O)		. 9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Pa	rt X, line				
	32, column (B))		10	1,29	94,6	<u> 526</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this	Part XII		*************	,,	Щ.
		_			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual	Other		ji ji ji		
	If the organization changed its method of accounting from a prior year or checked "Otr	ner," explain in				
	Schedule O.			.83	- 1 -	
2a	Were the organization's financial statements compiled or reviewed by an independent	accountant?	<i></i>	2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year w	ere compiled or				
	reviewed on a separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separa	nte basis		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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 we	ere audited on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separa	ite basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes respon	sibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an indeper	ident accountant?		2c	Χ	
	If the organization changed either its oversight process or selection process during the	tax year, explain on		13		1 12 1
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or au	dits as set forth in the				
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization d	lid not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to u	ındergo such audits		3b		
				For	ա 990	(2020)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

2020

Open to Public

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

8 Employer identification number Name of the organization Family 20-4751057 **FOR** EVERY CHILD Reason/for Public Charity Status. (All organizations must complete this part.) See_instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II, A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations f Provide the following information about the supported organization(s). (i) Name of supported (iv) Is the organization (vi) Amount of (ii) EIN (v) Amount of monetary (iii) Type of organization listed in your governing other support (see organization (described on lines 1-10 support (see above (see instructions)) document? instructions) instructions) (A)(B) (C) (D)

(E)

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.) Section A. Public Support (<u>a</u>) 2016 (¢) 2018 (d) 2019 Calendar year (or fiscal year beginning in) (b) 2017 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Section B. Total Support (e) 2020 (f) Total Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans. rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2020 (fine 6, column (f) divided by line 11, column (f)) 14 Public support percentage from 2019 Schedule A, Part II, line 14 15 15 16a 33 1/3% support test-2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test-2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test-2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

instructions

Page 3

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.)

	if the digalization falls to	quality under th	ie fests listen t	below, piease c	ompicie i air ii	·J	
	tion A. Public Support	г		r 			
Cale	ndar year (or=fiscal year beginning in)	(ā) 2016	(b) 2017	(ç) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grans contributions, and membership fees received. (Do not include any unusual grants.)	299,090	95,427	442, 493	385,892	297,110	1,720,012
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	410,579	307,223	384,951	320,959	267,979	1,691,691
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				•		valdan
5	The value of services or facilities fumished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	709,669	602,650	827,444	706,851	565,089	3,411,703
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	136,441	112,000	49,079	154,150	56,264	507,934
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b	136,441	112,000	49,079	154,150	56,264	507,934
8	Public support. (Subtract line 7c from						2,903,769
Sec	tion B. Total Support	1				<u> </u>	2,303,109
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9		709,669	602,650	827,444	706,851	565,089	3,411,703
	-	709,009	602,630	527,444	7007031	303,009	3,411,103
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,052	1,331	2,950	7,825	4,661	17,819
þ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	1,052	1,331	2,950	7,825	4,661	17,819
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	710,721	603,981	830,394	714,676		3,429,522
14	First 5 years. If the Form 990 is for the or	_	econd, third, fourti	n, or fifth tax year a	as a section 501(c)(3)	
	organization, check this box and stop her			· · · · · · · · · · · · · · · · · · ·			<u>P</u>
	tion C. Computation of Public St				······································	15	0/
15	Public support percentage for 2020 (line 8						84.67 %
16 Sec	Public support percentage from 2019 Sche tion D. Computation of Investme					16	77.37 %
				3 column (fl)		17	1 %
17 18	Investment income percentage for 2020 (Investment income percentage from 2019 §		P 4-			1 40	——————————————————————————————————————
18 19a	33 1/3% support tests—2020. If the orga			14. and line 15 is			70
	17 is not more than 33 1/3%, check this bo						▶ 🏻
þ	33 1/3% support tests—2019. If the orga	nization did not che	eck a box on line 1	14 or line 19a, and	line 16 is more tha	an 33 1/3%, and	
	line 18 is not more than 33 1/3%, check th						
20	Private foundation. If the organization did	d not check a box of	on line 14, 19a, or	19b, check this bo	x and see instruct	ions .,,,,	

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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.)

	Sections A, D, and E, If you checked box 12d, Part I, complete Sections A and D, and complete	Part \	√.)	
Sect	ion A. All Supporting Organizations			
1	Are all of the organizations supported organizations listed by name in the organizations governing		Yes	No
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	Z	7	
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		·
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
_	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			Tak 188
	organization made the determination.	3b	1,1 4 4	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)		12.1	
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If		222. 2	
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	1 1 1 1 1	<u> </u>
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b	100	
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	13.7		
•	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		M MA	14 J. A.
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			1, 1,
	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	F.	4	
_	was accomplished (such as by amendment to the organizing document).	5a		
Ь	Type I or Type II only. Was any added or substituted supported organization part of a class already	5b		
	designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
С 6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	30		
0	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, (ii) individuals that are part of the distributions decisions between the organizations and the distributions are the distributions and the distributions are the distributions and the distributions are the distributio			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6	. : :	
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		15, 100	
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	3	٠.	
•	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations		1	
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	,	
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.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		

Schea	UIE A (FORM 990 OF 990-EZ) 2020 A FAMILIT FOR EVERT CHILD 20-41510.	<u> </u>		Page 5
Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below the governing bogy of a supported forganization?	11a		
b		116		
¢			M.	
	detail in Part VI.	11c ₂	Ï	
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	11.41.4		
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
			[44]	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1	Martiner.	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		45 TA	14.10.7.7
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		3.1	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			
			Yes	No_
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			1 72.1
	the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		1.3.4	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
•	a significant voice in the organization's investment policies and in directing the use of the organization's			100
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	A 1 4 1 1 1 1	
Secti	ion E. Type III Functionally-Integrated Supporting Organizations			!
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions			
	The organization satisfied the Activities Test. Complete line 2 below.	<i>7</i>)·		
a	The organization satisfied the Activities rest. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
b	hammed and the second	truations'		
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst	i aciions)		No
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			١.
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	1.2.1		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	1424		
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2020 A FAMILY FOR EVERY CHILD		20-4151	057 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organization	aniza		
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov			See
instructions. All other Type III non-functionally integrated supporting organizations mus			
Section A Adjusted Net Income		(A) Prior Year	(В) Current Year
			(optional)
1 Net short-term capital gain.			
2 Recoveries of prior year distributions 9	_2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		· · · · · · · · · · · · · · · · · · ·
6 Portion of operating expenses paid or incurred for production or collection of			
gross income or for management, conservation, or maintenance of property			
held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		The same of
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		-
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	I		
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integrated	Туре	III supporting organization	
(see instructions).			

Schedu Par	le A (Form 990 or 990-EZ) 2020 A FAMILY FOR EVER tV Type III Non-Functionally Integrated 509(a)(3)		20-4151	057 Page 7
,	ion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpo	SER		
2	Amounts paid to perform activity that directly furthers exempt purpose organizations, in excess of income from activity.	s of supported	n n	MI
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		LIW
4	Amounts paid to acquire exempt-use assets		TALL SAME	
5	Qualified set-aside amounts (prior IRS approval required-provide def	ails in Part VI)		
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.		MITTERS NO. NO. 11.11	
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2020 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		I	
Secti	on E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
	From 2015			
	From 2016			
	From 2017			
	From 2018			
	From 2019			
	Total of lines 3a through 3e	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
	Carryover from 2015 not applied (see instructions)			
· ·	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from	18452000		
-	Section D, line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
_	Evenes from 2018			Particle and the first of the first

Schedule A (Form 990 or 990-EZ) 2020

d Excess from 2019 e Excess from 2020

Schedule A (Fo	m 990 or 990-EZ) 202		AMILY FO				20-4151057	Page 8
Part VI							10; Part II, line 17a or	
	III, line 12; Par	t IV, Section	A, lines 1, 2,	3b, 3c, 4b,	4c, 5a, 6, 9	9a, 9b, 9c, 11a,	11b, and 11c; Part IV,	Section
	B, lines 1 and	2; Part IV, So	ection C, line	7; Part IV, 3	Section D, i	lines 2 and 3; P	art IV, Section E, lines , 6, and 8; and Part V,	1c, 2a, 2b,
f	عa, and عن عa, ead lines 2, 5, and							Section E,
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Schedule B

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

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

A FAMILY FOR EVERY CHULD

Employer identification number

Organization type (checklon)	will in the source of the sour
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	overed by the General Rule or a Special Rule. , (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
	ing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a tributions.
Special Rules	
regulations under sect 13, 16a, or 16b, and the	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /s% support test of the ions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line hat received from any one contributor, during the year, total contributions of the greater of (1) he amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
contributor, during the literary, or educational	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering stead of the contributor name and address), II, and III.
contributor, during the contributions totaled m during the year for an General Rule applies	scribed in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one year, contributions exclusively for religious, charitable, etc., purposes, but no such lore than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the to this organization because it received nonexclusively religious, charitable, etc., contributions a during the year
990-EZ, or 990-PF), but it mus	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, st answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B	(Form 990, 990-EZ, or 990-PF) (2020)	PAGE	S L OF 3 Page 2
Name of	organization MILY FOR EVERY CHILD		ployer identification number 0-4151057
Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and zip +4	(c) Total contributions \$ 25,000	(d) Rype of contribution Person X Payroll Noncash (Complete Part il for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
. 2		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 3		\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
. 4		\$16,264	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
. 5		\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 6		\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2020)	PAGE	2 OF 3 Page 2
	organization AMILY FOR EVERY CHILD		ployer identification number -4151057
Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eded.
(a) No. 7	Name, address, and ZIP+4C	\$ 5,000	(d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
. 8		\$77,900	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 9		\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.11	inding address, dild all 1. T	\$ 6,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.12		\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

		D. C.	
	(Form 990, 990-EZ, or 990-PF) (2020)		<u>2 3 OF 3 Page 2</u> ployer identification number
	ganization MILY FOR EVERY CHILD		-4151057
Part I	Contributors (see instructions). Use duplicate copies of Pa		
(a) No.	Name, address, and ZiPR4	(c) Total contributions \$ 30,000	(d) Type of contribution Person X Payroll Noncash (Complete Part II for
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	noncash contributions.) (d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
, , , , , ,		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total_contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
•		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE G (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

Name of the organization					Employer Identificat	
A FAMILY FOR EMERY	CHILD	220 ₀			41510 41510	57
Part I Eundraising Activities Complete in Form 990-EZ file s are not required to	tne organization complete this	o <u>n v</u> ar s par	t	ed yes on form a	Part IV, line	
1 Indicate whether the organization raised funds through a	· 🗀					
a Mail solicitations	e 🔲 Solicitation	of no	n-gov	ernment grants		
b Internet and email solicitations	f 📙 Solicitation	of go	vernn	nent grants		
c Phone solicitations	g 🔲 Special fur	ndraisi	ng ev	ents		
d In-person solicitations						
2a Did the organization have a written or oral agreement workey employees listed in Form 990, Part VII) or entity in the control of the co	in connection with	ı profe	ession	al fundraising services?	· 	Yes No
b If "Yes," list the 10 highest paid individuals or entities (fu compensated at least \$5,000 by the organization.	ndraisers) pursua	nt to a	agreer	nents under which the fu	ındraiser is to be	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	raise custo cont	id fund- r have ody or rol of utions?	(Iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3				-		
	:					
4						
5						
3						
6						
7						
8		+				
•						
9						
10		 				
Total			. •			
3 List all states in which the organization is registered or liver registration or licensing.		contrib	utions	or has been notified it i	s exempt from	
	, , , , , ,					
	*****		• • • • • •		.,,	

				***************************************		***************************************

Page 2

		ile G (Form 990 or 990-EZ)		OR EVERY CHILD		51057 Page 2
F	art			nization answered "Yes" on		
				ions and gross income on Fo	orm 990-EZ, lines 1 and	d 6b. List events with
		gross receipts (greater than \$5,000.	1	1	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				PRINCESSEVENT		(a) Total events (a) through
			(event type)	(even type)	(total number)	(c)! (c))
Revenue	ĺ				to the desired to the second t	
eve	1	Gross receipts	98,566	20,996	14,598	134,160
œ		11111111				
	2	Less: Contributions	68,996	20,996	13,930	103,922
	3	Gross income (line 1 minus				
		line 2)	29,570		668	30,238
	١.	O. de la Sura				
	4	Cash prizes				<u> </u>
	_	Noncash prizes				
	ľ	Noncasti prizes				<u> </u>
SS	6	Rent/facility costs				
ens						
찞	7	Food and beverages				
Direct Expenses		·			•	
녎	8	Entertainment				
			7 210	687	878	0 075
	9	Other direct expenses	7,310	687	0/0	8,875
	40	Direct evacage cumman	Add lines 4 through 9 in column /	(d)	•	8.875
	11	Net income summary Su	btract line 10 from line 3 column	(d)	······	8,875 21,363
P	art	III Gaming, Com	plete if the organization ans	wered "Yes" on Form 990, P	art IV, line 19, or repor	
				•		
		\$15,000 on Fo	rm 990-EZ, line 6a.			
		\$15,000 on Fo		(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
enue/		\$15,000 on Fo	rm 990-EZ, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue					(c) Other gaming	
Revenue	_1	Gross revenue			(c) Other gaming	
		Gross revenue			(c) Other gaming	
					(c) Other gaming	
	2	Gross revenue			(c) Other gaming	
Expenses	2	Gross revenue			(c) Other gaming	
Expenses	2	Gross revenue			(c) Other gaming	
xpenses	2 3 4	Cash prizes Noncash prizes Rent/facility costs			(c) Other gaming	
Expenses	2 3 4	Gross revenue Cash prizes Noncash prizes	(a) Bingo	bingo/progressive bingo		
Expenses	2 3 4 5	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	(a) Bingo	bingo/progressive bingo	Yes %	
Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs	(a) Bingo	bingo/progressive bingo		
Expenses	2 3 4 5	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	(a) Bingo Yes%	bingo/progressive bingo Yes % No	Yes %	
Expenses	2 3 4 5	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	(a) Bingo	bingo/progressive bingo	Yes %	
Expenses	2 3 4 5 6	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary.	(a) Bingo Yes% No Add lines 2 through 5 in column (bingo/progressive bingo Yes % No	Yes % No	
Direct Expenses	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Net gaming income summ	(a) Bingo Yes % No Add lines 2 through 5 in column (bingo/progressive bingo Yes % No d)	Yes % No	
σ Direct Expenses	2 3 4 5 6 7 8 Ent	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Net gaming income summary. ter the state(s) in which the	(a) Bingo Yes	bingo/progressive bingo Yes % No d) bingo/progressive bingo	Yes % No	col. (a) through col. (c))
ω ω	2 3 4 5 6 7 8 Entits t	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Net gaming income summary. ter the state(s) in which the organization licensed to	(a) Bingo Yes	bingo/progressive bingo Yes % No No Dumn (d)	Yes % No	col. (a) through col. (c))
ω ω Direct Expenses	2 3 4 5 6 7 8 Entits t	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Net gaming income summary. ter the state(s) in which the	(a) Bingo Yes	bingo/progressive bingo Yes % No d) bingo/progressive bingo	Yes % No	col. (a) through col. (c))
ω ω Direct Expenses	2 3 4 5 6 7 8 Entits t	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Net gaming income summary. ter the state(s) in which the organization licensed to No," explain:	(a) Bingo Yes % No Add lines 2 through 5 in column (mary. Subtract line 7 from line 1, column are organization conducts gaming activities in each	Yes % No No ctivities: n of these states?	Yes % No	col. (a) through col. (c))
ச ம ம	2 3 4 5 6 7 8 Ent Is t	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Net gaming income summer ter the state(s) in which the organization licensed to No," explain:	(a) Bingo Yes	yes % No d) bingo/progressive bingo	Yes % No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 Ent is t	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Net gaming income summer ter the state(s) in which the organization licensed to No," explain:	(a) Bingo Yes	Yes % No No ctivities: n of these states?	Yes % No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 Ent is t	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Net gaming income summ ter the state(s) in which the organization licensed to No," explain:	Yes % No Add lines 2 through 5 in column (hary. Subtract line 7 from line 1, column activities in each accordance conduct gaming activities in each accordance gaming licenses revoked, suspenses gaming licenses revoked, suspenses	yes % No d) bingo/progressive bingo	Yes % No No year?	col. (a) through col. (c)) Yes No
Direct Expenses	2 3 4 5 6 7 8 Ent is t	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Net gaming income summ ter the state(s) in which the organization licensed to No," explain:	Yes % No Add lines 2 through 5 in column (hary. Subtract line 7 from line 1, column activities in each accordance conduct gaming activities in each accordance gaming licenses revoked, suspenses gaming licenses revoked, suspenses	Yes % No No ctivities: of these states?	Yes % No No year?	col. (a) through col. (c)) Yes No

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Sche	dule G (Form 990 or 990-EZ) 2020 A FAMILY FOR EVERY CHILD 20-4151057 Page 3
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity
40	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
a b	The organization's facility An outside facility Enter the name and address of the person who prepares the organization's garning/special events books and
14	Enter the name and/address of the person who prepares the organization's gaming/special events books and
	records:
	Name ▶
	Address ►
15a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Name F
	Address ▶
16	Gaming manager information:
	Name ▶
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
р	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$
Pa	t IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.
	See instructions.
•	
• • • • •	

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Gg to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization Employer ដៃentification number 20年41565万 FORM 990, PART I, LINE 6 VOLUNTEERS WORK IN AREAS OF ALL EVENTS, TAKE PHOTOS, WORK WITH MENTORING, ADOPTION SUPPORT AND WORKER ASSISTANCE. INTERN VOLUNTEERS PERFORM ADMINISTRATIVE AND OFFICE DUTIES. FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 DRAFT COPIES OF THE FORM 990 AND SCHEDULES ARE SENT TO THE BOARD FOR REVIEW PRIOR TO FILING. FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY THE BOARD ANNUALLY REVIEWS THE BOARD ROLES AND RESPONSIBILITIES AND CONFLICT OF INTEREST POLICY DOCUMENTS FOR ANY VARIANCES FROM ESTABLISHED RESPONSIBILITIES OR CONFLICTS BETWEEN THE VARIOUS BOARD MEMBERS' OUTSIDE ACTIVITIES AND THEIR RESPONSIBILITIES TO THE ORGANIZATION AS BOARD MEMBERS. FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE BOARD APPROVES ALL COMPENSATION AND KEEPS MINUTES OF ALL MEETINGS AND ACTIONS. FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS THE BOARD APPROVES ALL COMPENSATION AND KEEPS MINUTES OF ALL MEETINGS AND ACTIONS. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS ARE DISPLAYED ON THE WEBSITE - AFAMILYFOREVERYCHILD.ORG