

** PUBLIC DISCLOSURE COPY **
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.

Department of the Treasury Internal Revenue Service

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

A F	or the	2022 calendar year, or tax year beginning $$	JUN 30, 2023											
B c	heck if pplicable	C Name of organization	D Employer identifie	cation number										
	Addres													
	Name change	Doing business as	58-10543											
	return _Final _return/	Number and street (or P.0. box if mail is not delivered to street address) 80 JOSEPH E. LOWERY BOULEVARD, NW	uite E Telephone number $404-853-3$											
	termin- ated		G Gross receipts \$	24,683,944.										
	Ameno return	ATLANTA, GA 30314-3421	H(a) Is this a group re											
	Application	Finame and address of principal officer: FAOLA MOOD I	for subordinates	? Yes X No										
	pendin	SAME AS C ABOVE	H(b) Are all subordinates in	cluded? Yes No										
<u> </u>	ax-exe		527 If "No," attach a	list. See instructions										
	Vebsit		H(c) Group exemptio											
			'ear of formation: 1890 🖪	N State of legal domicile: GA										
Pa	rt I	Summary												
Governance		Briefly describe the organization's mission or most significant activities: ${ m FOR\ ALL}$ BE RESILIENT, MOVING FROM SURVIVAL TO STABILI												
naı	2	Check this box if the organization discontinued its operations or disposed of m	ore than 25% of its net ass	sets.										
Ş.	3	Number of voting members of the governing body (Part VI, line 1a)												
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		17										
တ္		Total number of individuals employed in calendar year 2022 (Part V, line 2a)		86										
/itie		Total number of volunteers (estimate if necessary)		200										
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12		0.										
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.										
			Prior Year	Current Year										
Φ	8	Contributions and grants (Part VIII, line 1h)	6,310,351.	13,156,476.										
Revenue	9	Program service revenue (Part VIII, line 2g)	449,821.	497,970.										
ě	I	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	685,408.	489,355.										
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-234,827.	-183,552.										
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,210,753.	13,960,249.										
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	542,370.	348,362.										
	I	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.										
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,344,819.	3,726,931.										
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.										
ă	b	Total fundraising expenses (Part IX, column (D), line 25) 356,906.	0.724.600	2 262 226										
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,734,622.											
	l	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,621,811.	6,338,329.										
	19	Revenue less expenses. Subtract line 18 from line 12	-411,058.	7,621,920.										
ts or		T. I. J. (D. I.V.); 40)	Beginning of Current Year	End of Year 20,342,998.										
Ssel	20	Total assets (Part X, line 16)	14,175,130.											
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	2,687,363. 11,487,767.	589,402. 19,753,596.										
Pa	rt II	Net assets or fund balances. Subtract line 21 from line 20	11,407,707.	19,133,390.										
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the hest of my	knowledge and helief it is										
		t, and complete. Declaration of preparer (other than officer) is based on all information of which prep		knowledge and boller, it is										
ii uo,	001100	t, and complete. Books along of property (early than officer) to become off an information of which prop	aror nao any knowloago.											
Sign	1	Signature of officer	Date											
Her		SCHWANNA C. LAKINE, CFO												
	•	Type or print name and title												
		Print/Type preparer's name Preparer's signature	Date Check	PTIN										
Paid		TIFFANY T. ORR, CPA TIFFANY T. ORR, CPA	04/02/24 if self-employ	P01559485										
Prep		Firm's name CARR, RIGGS & INGRAM, LLC		2-1396621										
Use		Firm's address 4004 SUMMIT BLVD NE, SUITE 800												
	-	ATLANTA, GA 30319	Phone no. 77	0.394.8000										
May	the IF	RS discuss this return with the preparer shown above? See instructions		X Yes No										

232002 12-13-22

including grants of \$

4,764,474.

Total program service expenses

Other program services (Describe on Schedule O.)

) (Revenue \$

Form 990 (2022)

Form 990 (2022) FAMILIES FIRST, INC. 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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
3		5		x
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III			
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		 ₩
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			\ _{3,7}
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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		Х
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	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a		14a		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, fundraising, business,	, , , a		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15		45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		4.0		v
	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,			_ v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		37	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form 990 (2022) FAMILIES FIRST, INC.
Part IV Checklist of Required Schedules (continued)

	- Touristand		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	NO
	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		Х
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		<u> </u>
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> X</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			
	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%			7.7
	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			x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а		28a		х
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	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? If "Yes," complete			
	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		<u> X</u>
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	X	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	٥-:	· •	
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 0,		
<i>3</i> -3	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai				
	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			
	Enter the number of Forms W-2G included on 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		
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14330402 794202 60-12517.000

Form 990 (2022) FAMILIES FIRST, INC.

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

		_		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	86			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		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		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over	er, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial 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 Accounts (FE	BAR).			
5а	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?		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 organization	ion solicit			7.7
	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 contributions or gifts				
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		_		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provide		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		7-		
a	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d		7c		
d			7e		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7 6		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Fi		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?				
9	Sponsoring organizations maintaining donor advised funds.				
а					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter:				
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.)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
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	Note: 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				
С	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	T I	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
-	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
				$\Omega\Omega\Omega$	

FAMILIES FIRST INC. 58-1054331 Form 990 (2022) 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 17 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 17 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a 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? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed GA 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 Upon request X Another's website __ Other (explain on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

Form **990** (2022)

SCHWANNA C. LAKINE - 404-853-2800

JOSEPH E. LOWERY BOULEVARD, NW, ATLANTA,

30314-3421

GA

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.

Note Paula Moody South Manna Paula Moody Paula M	(A) Name and title	(B) Average	J		Pos	C) ition	1		(D) Reportable	(E) Reportable	(F) Estimated
Comparison Com	Name and the		box	, unles	ss per	rson i	s both	n an	· ·	l '	
CEO		(list any hours for related organizations below							the organization (W-2/1099-MISC/	organizations (W-2/1099-MISC/	compensation from the organization and related
CPO		55.00							165 000	•	10.605
CFO					X				165,288.	0.	18,695.
STATESTAME STA		55.00			x				162.133.	0.	14.097.
CHIEF OF OPERATIONS	(3) JULIO CARRILLO	55.00								•	
X					Х				96,960.	0.	8,939.
S	(4) DEPRIEST WADDY	55.00									
CHIEF DEV. OFFICER	CEO				Х				92,774.	0.	8,347.
C6 DELMONT "DEL" A EARLY III 2.00 X	(5) ELIZABETH PLOTT	55.00									
DIRECTOR	CHIEF DEV. OFFICER				Х				44,092.	0.	4,747.
COURTNEY SHOWELL SR CARDLYN CARL CARDLYN CARDLYN CARL CARDLYN CARDLY CARDLYN CARDLY	(6) DELMONT "DEL" A EARLY III	2.00									
MM. PAST CHAIR	DIRECTOR		Х						0.	0.	0.
(8) CAROLYN CARL	(7) COURTNEY SHOWELL SR	2.00									
Director X	IMM. PAST CHAIR		Х		Х				0.	0.	0.
TRIPP O'CONNOR	(8) CAROLYN CARL	2.00									
TREASURER	DIRECTOR		Х						0.	0.	0.
Column C	(9) TRIPP O'CONNOR	2.00									
DIRECTOR X	TREASURER		Х		Х				0.	0.	0.
CHAIR	(10) JULIANNA RUE CAGLE	2.00									
X X X X X X X X X X	DIRECTOR		Х						0.	0.	0.
DIRECTOR	(11) DOUGLAS ALDRIDGE	2.00									
DIRECTOR	CHAIR		Х		Х				0.	0.	0.
13 BRIAN MANDIGO	(12) TINO MANTELLA	2.00									
ST VICE CHAIR	DIRECTOR		Х						0.	0.	0.
DIRECTOR X D. O. O. O. O. O. O. O.	(13) BRIAN MANDIGO	2.00									
DIRECTOR X	1ST VICE CHAIR		Х		Х				0.	0.	0.
Column	(14) DANIEL GORDON	2.00									
DIRECTOR X 0. 0. 0.	DIRECTOR		Х						0.	0.	0.
(16) YVETTE HUMPHRIES 2.00 X X 0. 0. 0. SECRETARY X X X 0. 0. 0. (17) LEONARD JENNINGS 2.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0.	(15) SHAINA HORRELL	2.00									
X X 0. 0. 0. (17) LEONARD JENNINGS 2.00 X 0. 0. 0. 0. 0. 0.	DIRECTOR		Х						0.	0.	0.
(17) LEONARD JENNINGS DIRECTOR Z.00 X 0. 0.	(16) YVETTE HUMPHRIES	2.00]								
DIRECTOR X 0. 0.			Х		Х				0.	0.	0.
		2.00	1								_
	DIRECTOR		Х						0.	0.	

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Form 990 (2022)

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	es,	anc	l Hiç	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)							(D)	(E)	(F)
Name and title	Average hours per week	box,	not cl unles er an	ss per	more son is	than o	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) ANDREA SHANE	2.00									
DIRECTOR		Х						0.	0.	0.
(19) BLAKE WINTERS DIRECTOR	2.00	х						0.	0.	0.
(20) MARCIA NUFFER	2.00									
DIRECTOR		Х						0.	0.	0.
(21) KIRK RICH	2.00									
2ND VICE CHAIR		Х		Х				0.	0.	0.
(22) PEGGY TAYLOR	2.00									
DIRECTOR		Х						0.	0.	0.
1b Subtotal	I.							561,247.	0.	54,825.
c Total from continuation sheets to Part VI							•	0.	0.	0.
d Total (add lines 1b and 1c)								561,247.	0.	54,825.
2 Total number of individuals (including but n								soived more than \$100	000 of roportable	

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

Yes No

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Yes No

X

X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

the organization. Report compensation for the calendar year ending with or with	in the organization s tax year.	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
ASHLEY CASCADE APARTMENTS		
1371 KIMBERLY ROAD, ATLANTA, GA 30349	RENT	257,150.
NOVATECH		
PO BOX 740865, ATLANTA, GA 30374-0865	IT SUPPORT SERVICES	131,785.
SHERPA GLOBAL, 3522 ASHFORD DUNWOODY ROAD,		
STE. 421, BROOKHAVEN, GA 30319	WEBSITE	131,088.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	

Form 990 (2022)

\$100,000 of compensation from the organization

Form 990 (2022) FAMILIE
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any line	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	50,000.				
Contributions, Gifts, Grants and Other Similar Amounts							
ij g			402,777.				
fts, Ar		3	9,403,854.				
ig ig							
ns,		Government grants (contributions)	2,432,744.				
utio er (1	All other contributions, gifts, grants, and	0.67 1.01				
현된		similar amounts not included above 1f	867,101.				
ont od (•	Noncash contributions included in lines 1a-1f 1g \$	137,161.	10 156 156			
<u>0 g</u>	ŀ	n Total. Add lines 1a-1f		13,156,476.			
			Business Code				
e S	2 8	CHILD & YOUTH PERMANENCY	624100 624100	480,078.	480,078.		
e Ķ	ŀ	HEALTHY FAMILIES & RELATION.	17,892.	17,892.			
S	(·					
am	•	d					
Program Service Revenue	•	e					
P	1	All other program service revenue					
	9	Total. Add lines 2a-2f		497,970.			
	3	Investment income (including dividends, interes					
		other similar amounts)		514,722.			514,722.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		b Less: rental expenses 6b					
		Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
	, ,	assets other than inventory 7a 10,388,798.	(11) 0 11 101				
		Less: cost or other basis					
o o	•						
ň		and sales expenses 7b 10,414,165. Gain or (loss) 7c -25,367.					
eve				-25,367.			25 267
her Revenue		d Net gain or (loss)		-25,367.			-25,367.
	8 8	Gross income from fundraising events (not					
Ò		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a	0.				
		Less: direct expenses 8b	309,530.				
		Net income or (loss) from fundraising events		-309,530.			-309,530.
	9 a	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
	ŀ	Less: direct expenses 9b					
	(Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns					
		and allowances10a					
	ŀ	Less: cost of goods sold10b					
	(Net income or (loss) from sales of inventory					
,]	_		Business Code				
ous •	11 a	MISCELLANEOUS	624100	125,978.	125,978.		
ane Duc	ŀ						
Miscellaneous Revenue	(
isc B	(All other revenue					
2	_ (Total. Add lines 11a-11d		125,978.			
	12	Total revenue. See instructions		13,960,249.	623,948.	0.	179,825.

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Form **990** (2022)

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 (B) 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 348,362. 348,362. 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, 390,142. 561,246. 131,624. 39,480. 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) 2,591,045. 1,801,126. 607,656. 182,263. Other salaries and wages 7 Pension plan accruals and contributions (include 57,476. 39,954. 13,479. 4,043. section 401(k) and 403(b) employer contributions) 195,402. 281,099. 65,924. 19,773. Other employee benefits 9 236,065. 164,097. 55,362. 16,606. 10 Payroll taxes 11 Fees for services (nonemployees): Management 48,981. 45,518. 2,809. 654. Legal 194,379. 180,636. 11,148. 2,595. Accounting Lobbying Professional fundraising services. See Part IV, line 17 35,046. 35,046. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 309,744. 19,116. 4,450. 333,310. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 160,238. 108,775. 42,569. 8,894. Office expenses 13 459,053. 362,013. 77,949. 19,091. Information technology 14 15 Royalties 318,476. 250,390. 52,376. 15,710. 16 Occupancy 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 69,739. 63,494. 4,864. 1,381. Conferences, conventions, and meetings 19 38,257. 8,972. 2,691. 26,594. 20 Payments to affiliates 21 29,394. 293,939. 211,636. 52,909. Depreciation, depletion, and amortization 22 131,314. 91,281. 30,796. 9,237. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 134,911. 2,239. 137,161. INKIND EXPENSES 11. PROGRAM SUPPLIES 43,143. 40,399. 2,111. 633. С All other expenses 6,338,329. 4,764,474. 1,216,949. 356,906. 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)

Form **990** (2022)

Part X		Balance Sheet					
		Check if Schedule O contains a response or note to	o any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
1	ı	Cash - non-interest-bearing	781,938.	1	855,988		
2		Savings and temporary cash investments				2	
3		Pledges and grants receivable, net	116,429.	3	22,000		
4		Accounts receivable, net		542,507.	4	542,690	
5		Loans and other receivables from any current or fo					
		trustee, key employee, creator or founder, substan	ontributor, or 35%				
		controlled entity or family member of any of these p	perso	ons		5	
6	6	Loans and other receivables from other disqualified	d per				
		under section 4958(f)(1)), and persons described in	tion 4958(c)(3)(B)		6		
7 يو	7	Notes and loans receivable, net				7	
Assets	3	Inventories for sale or use			11,010.	8	1,931
ĕ 9		B ::			124,121.	9	103,355
10)a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	12,685,156.			
	b	Less: accumulated depreciation	10b	5,322,588.	1,237,881.		7,362,568 11,425,410
11		Investments - publicly traded securities			11,361,244.	11	11,425,410
12		Investments - other securities. See Part IV, line 11				12	
13	3	Investments - program-related. See Part IV, line 11		13			
14		Intangible assets		14			
15	5	Other assets. See Part IV, line 11	0.	15	29,056		
16		Total assets. Add lines 1 through 15 (must equal I			14,175,130.	16	20,342,998
17		Accounts payable and accrued expenses			334,000.	17	352,890
18		Grants payable	20 012	18	005 454		
19		Deferred revenue	38,813.	19	207,454		
20		Tax-exempt bond liabilities				20	
21		Escrow or custodial account liability. Complete Par				21	
ဖွ 22		Loans and other payables to any current or former					
≣		trustee, key employee, creator or founder, substan					
Liabilities		controlled entity or family member of any of these p			2 214 550	22	0
23		Secured mortgages and notes payable to unrelated		· · · · · · · · · · · · · · · · · · ·	2,314,550.	23	0
24		Unsecured notes and loans payable to unrelated th	-			24	
25)	Other liabilities (including federal income tax, payal					
		parties, and other liabilities not included on lines 17	-	·	0		20 050
		of Schedule D			2,687,363.	25	29,058 589,402
26		Total liabilities. Add lines 17 through 25			2,007,303.	26	309,402
S		Organizations that follow FASB ASC 958, check and complete lines 27, 28, 32, and 33.	nere				
ğ 27					2,580,405.	27	10,009,904
<u>la</u> 27 28 28		Net assets without donor restrictions Net assets with donor restrictions			8,907,362.	28	9,743,692
= ~~		Organizations that do not follow FASB ASC 958			0,501,502.	20	J, 143, 052
ᇤᅵ		and complete lines 29 through 33.	, cne	ck liefe			
ㅎ 29		Capital stock or trust principal, or current funds				29	
s 30		Paid-in or capital surplus, or land, building, or equip				30	
8 30 31		Retained earnings, endowment, accumulated inco				31	
Net Assets or Fund Balances 25 29 30 31 35		Total net assets or fund balances			11,487,767.	32	19,753,596
Ž 33		Total liabilities and net assets/fund balances			14,175,130.	33	20,342,998
1 00	_	Total habilities and not assets/fully balances			,_,	- 00	Form 990 (202

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
			4.0	0.5		4.0
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,960		
2	Total expenses (must equal Part IX, column (A), line 25)	2		, 338		
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>,62</u> 2		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	<u> </u>	<u>, 48'</u>		
5	Net unrealized gains (losses) on investments	5		643	3,9	<u>09.</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				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	coluṃn (B))	10	19	,753	3,5	<u>96.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		[2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X 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	Х	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule 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	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit	Γ			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		3b	Х	
				Form	990	(2022)

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SCHEDULE A

(Form 990)

Total

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.

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

Employer identification number Name of the organization FAMILIES FIRST 58-1054331 INC. 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.) 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).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 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). X 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.) 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 10 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 33 1/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 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 on 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 I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

(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.)

Calendar year (or fiscal year beginning in) 7 Amounts from line 4 6477339 \$5150334 \$5965565 \$6500452 \$13470709 \$37564399 \$ 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 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 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 16 (a) 2021 (e) 2022 (f) Total (c) 2020 (d) 2021 (e) 2020 (d) 2021 (d) 2021 (d) 2021 (d) 2020 (d) 2021 (d) 2021 (d) 2021 (d) 2020 (d) 2021	Sec	Section A. Public Support										
I Gitts, grants, contributions, and membership feets received, (De not include any "unusual grants.") Tax revenues levied for the organization of benefit and either paid to or expended on its behalf To the value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The potition of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 256 of the amount shown on line 11, column (f) E Public support. Statuschive Short line 4 Section B. Total Support Calledary year (or flead year beginning) in Amounts from line 4 Section B. Total Support Calledary year (or flead year beginning) in Amounts from line 4 Section B. Total Support Calledary year (or flead year beginning) in Amounts from line 4 Section B. Total Support Calledary year (or flead year beginning) in Amounts from line 4 Section B. Total Support Calledary year (or flead year beginning) in Amounts from line 4 Section B. Total Support Calledary year (or flead year beginning) in Amounts from line 4 Section B. Total Support Calledary year (or flead year beginning) in Amounts from line 4 Section B. Total Support Calledary year (or flead year beginning) in Amounts from line 4 Section B. Total Support Calledary year (or flead year beginning) in Amounts from line 4 Section B. Total Support Calledary year (or flead year beginning) in Amounts from line 4 Section B. Total Support 1 Amounts from line 4 Section B. Total Support 1 Total support. Add lines 7 through 10 Calledary year (or flead year beginning) in Amounts from line 4 Section B. Total Support 1 Total support. Add lines 7 through 10 Calledary year (or flead year beginning) in Amounts from line 4 Section B. Total Support 1 Total support. Add lines 7 through 10 Calledary year (or flead year beginning) in Amounts from line 4 Section B. Total Support 1 Total support. Add lines 7 through 10 Calledary year (or flead year beginning) i	Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
include any 'unusual grants.') Care revenue levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without change 4 Total. Add lines 1 through 3 5 The potion 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. Admired the 9 from the 4 Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 6 477339 . 5150334 . 5965565 . 6500452 . 13470709 . 37564399 . 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources and income from similar sources and income from similar sources activities, whether or not the business is regularly carried on . 10 Other income. Do not include gain or loss from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section SOT(c)(3) organization, check this box and stops here. 18 Public support percentage for 2022 (fine 6, column), did show the organization of land to the kind box and stop here. The organization qualifies as a publicly supported organization (Line 11, line 14). By 33 1/3% support test - 2022. If the organization of clone kind 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 meets the facts and circumstances test. 1 2022. If the organization meets the facts and circumstances test. 1 2022. If the organization in meets the facts and circumstances test. 1 2022. If the organization meets the facts and circumstances test. 1 2022. If the organization meets the facts and circumstances test. 1 2022. If the organization meets the facts and circumstances test. 1 2022. If the organization meets the facts and c												
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	18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a						

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.)

Sed	ction A. Public Support	siow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	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 the	J		,	•	() ()	· —
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

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		
3a		
3b		
Зс		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b	<u> </u>	Щ.

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Pai	t 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Sec	non c. Type ii Supporting Organizations		1	
			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			
800	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	ſ		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst	truction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
-	of its supported organizations? If "Vos " describe in Part VI the selection of the experimental in this regard	3h		

Schedule A (Form 990) 2022

5

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

<u>4</u> 5

6

Schedule A (Form 990) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2022

Employer identification number

INC. 58-1054331 FAMILIES FIRST Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization Employer identification number FAMILIES FIRST, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additional contributors.	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,623,810.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) 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		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	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
			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.)

58-1054331

Page 3

Name of organization Employer identification number

FAMILIES FIRST, INC.

58-1054331

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
223453 11-15.			Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page **4**

Name of organization **Employer identification number** FAMILIES FIRST, INC. 58-1054331 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

FAMILIES FIRST, INC. **Employer identification number** 58-1054331

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds	or Accounts	 Complete if th 	е
	organization disenses to our our coo, raintry, mis	(a) Donor advi	sed funds	(b) Funds	and other accou	nts
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	vriting that the assets I	neld in donor advise	ed funds		
	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 ac					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?				Yes	☐ No
Pai	rt II Conservation Easements. Complete if the org					
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).			
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of	a historically imp	oortant land area	
	Protection of natural habitat		Preservation of	a certified histor	ic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contr	bution in the form	of a conservation	easement on th	e last
	day of the tax year.			He	ld at the End of th	e Tax Year
а	Total number of conservation easements			2a		
b						
С	Number of conservation easements on a certified historic stru	cture included in (a)		2c		
d	Number of conservation easements included in (c) acquired at	fter July 25,2006, and	not on a			
	historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele				ing the tax	
	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	odic monitoring, inspe	ction, handling of			
	violations, and enforcement of the conservation easements it	holds?			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations,	and enforcing cons	ervation easeme	nts during the ye	ear
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and	enforcing conservat	ion easements d	uring the year	
8	Does each conservation easement reported on line 2(d) above	, ,	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservation	n easements in its rev	enue and expense	statement and		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization	's financial stateme	ents that describe	es the	
Da	organization's accounting for conservation easements.	Aut Historiaal To		O::I A		
Pal	organizations Maintaining Collections of		easures, or Ot	ner Similar A	ssets.	
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 958	'				
	of art, historical treasures, or other similar assets held for publ			-	lic	
	service, provide in Part XIII the text of the footnote to its finance					
b	, ,					
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furth	erance of public	service,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
				\$_		
2	If the organization received or held works of art, historical trea			gain, provide		
	the following amounts required to be reported under FASB AS					
	, , , , , , , , , , , , , , , , , , , ,					
	Assets included in Form 990, Part X					
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Sc	hedule D (Form	990) 2022

232051 09-01-22

	t III Organizations Maintaining C		Historical Tra	active or	Other			54331		e ∠
								(continu	ıed)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that r	make sig	gnificant L	ise of its			
	collection items (check all that apply):									
a	Public exhibition	d		nange progran	n					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co						se in Part	XIII.		
5	During the year, did the organization solicit or		•	•	similar a	assets		_		
	to be sold to raise funds rather than to be ma							Yes		No
Pai	t IV Escrow and Custodial Arrang		ete if the organization	n answered "Y	es" on l	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	•								
1a	Is the organization an agent, trustee, custodia						_	_		
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:							
								Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f		_		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	stodial accour	nt liabilit	ty?		Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete it	the organization an	swered "Yes" on Fo	rm 990, Part I	V, line 1	0.				
		(a) Current year	(b) Prior year	(c) Two years	back ((d) Three y	ears back	(e) Four	years ba	ack_
1a	Beginning of year balance	8,781,294.	9,979,136.	8,194,	,814.	9,5	94,680.	9,	568,8	13.
b	Contributions									
С	Net investment earnings, gains, and losses	879,433.	-856,220.	2,170,	,638.	5	31,414.		496,5	08.
d	Grants or scholarships	350,737.	312,592.	326,	,657.					
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses	25,361.	29,030.	59,	,659.	5	19,629.		470,6	41.
	End of year balance	9,284,629.	8,781,294.	9,979,	,136.	9,6	06,465.	9,	594,6	80.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)) held as:						
а	Board designated or quasi-endowment	.0000	_%							
b	Permanent endowment 64.5300	%								
С	Term endowment 35.4700	<u></u>								
	The percentages on lines 2a, 2b, and 2c show	ıld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held an	d administere	d for the	9				
	organization by:								Yes I	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the									
Pai	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990,	Part X, I	ine 10.				
	Description of property	(a) Cost or of	ther (b) Cost	or other	(c) Ac	cumulate	ed	(d) Book	value	
	2 coonplication of property	basis (investm	` '	I .		reciation		(4, 200		
1a	Land	<u> </u>		7,732.	•			877	,73	2.
	Buildings			5,614.	3.1	42,75	56.	6,282		
	Leasehold improvements		-,	- ,	- , -	,		.,	, , , ,	_
	Equipment		1.07	8,999.	1 0	76,94	46.	2	,05	3.
	Other			2.811.	1.1	02.88	36.	199	.92	5.

Schedule D (Form 990) 2022

7,362,568.

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

	FIRST, INC.	58	-1054331 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Y			
(a) Description of security or category (including name of secur	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related		1. C. Faure 000 Bart V line 10	
Complete if the organization answered "Y (a) Description of investment			d =6=
	(b) Book value	(c) Method of valuation: Cost or end	a-or-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Y	es" on Form 990. Part IV. line 1	1d. See Form 990. Part X. line 15.	
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities.) line 15.)		
Complete if the organization answered "Y	es" on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) LEASE LIABILITY			29,058.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

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

Schedule D (Form 990) 2022

29,058.

	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	l l		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.			
5 Pai	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expe	nses per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin		nices per riotarii	
				—
1	Total expenses and losses per audited financial statements		1	—
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18			—
	rt XIII Supplemental Information.). <i>)</i>		
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	: Part IV lines 1b and 2b:	: Part V. ling 4: Part V. ling 2: Part VI	—
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar		, r art v, iiile 4, r art 7, iiile 2, r art 71,	
PAF	RT V, LINE 4:			
THE	E ENDOWMENT FUNDS ARE USED FOR THE COSTS	S RELATED TO	PROVIDING COMMUNITY	
ant	NATORO AND GUDDODE ROD GULLDDRY AND RAW.			
2EF	RVICES AND SUPPORT FOR CHILDREN AND FAM	гптдр.		—
				—
PAF	RT X, LINE 2:			
UNI	DER SECTION 501(C)(3) OF THE INTERNAL RE	EVENUE CODE,	THE AGENCY IS EXEMPT	
	OM TAXES ON INCOME OTHER THAN UNRELATED			
1110	ON THEOME OTHER THAN UNRELATED	DODINEDD INC	OHE: THE AGENCT WAS	_
<u>ron</u>	SUBJECT TO UNRELATED BUSINESS INCOME	TAX FOR FISCA	L YEARS 2023 OR	
202	22.			
тит	ACENCY IMILITARY PUR ACCOUNTING PROUTER	MENTS ASSOCT	אתבט אותם	
111	E AGENCY UTILIZES THE ACCOUNTING REQUIRE	тыпто Морости	UID MIIU	
UNC	CERTAINTY IN INCOME TAXES USING THE PROV	ISIONS OF FI	NANCIAL ACCOUNTING	

Schedule D (Form 990) 2022

232054 09-01-22

SCHEDULE G (Form 990)

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

name of the organization FAMILIE	S FIRST, INC.					r identification number) 54331
	Complete if the organization answer	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 99	00-EZ filers are not
required to complete this part Indicate whether the organization rais Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations	ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual (art VII) or entity in connection with providuals or entities (fundraisers) pursual	ion of ion of fundra (includ ofession	non-governising of onal fundamental	overnment grants nment grants events ficers, directors, trus undraising services?		Yes No
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundra have cu or con contribu	Did aiser istody trol of itions?	(iv) Gross receipts from activity	(v) Amount p to (or retained fundraiser listed in col.	by) to (or retained by)
		Yes	No			
Fotal						
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontribu	utions	or has been notified	it is exempt fro	m registration

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

Schedule G (Form 990) 2022

58-1054331 Page 2 Schedule G (Form 990) 2022 FAMILIES FIRST, INC. Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			DINING FOR		NONE	(add col. (a) through
			DIFFERENCE			col. (c))
a)			(event type)	(event type)	(total number)	001. (0)
Revenue						
eve	1	Gross receipts	402,777.			402,777.
Œ						
	2	Less: Contributions	402,777.			402,777.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
es						
ens	6	Rent/facility costs	309,530.			309,530.
ă						
Direct Expenses	7	Food and beverages				
Öire		•				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	9 in column (d)			309,530.
	11	Net income summary. Subtract line 10 from li				-309,530.
Pa	irt I	II Gaming. Complete if the organization a	answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Φ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(=, =95	bingo/progressive bingo	(e) carror garring	col. (a) through col. (c))
Şe Ç						
ш	1	Gross revenue				
တ္သ	2	Cash prizes				
Direct Expenses						
X	3	Noncash prizes				
St E						
jrē	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	L No	No	No	
	_					
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (a)			
_						
		ter the state(s) in which the organization condu				
a Is the organization licensed to conduct gaming activities in each of these states?						Yes No
O) IT "	No," explain:				
10-	\^/-	are any of the organization's semina linears	woked augrended cut-	rminated during the tarre	voor?	Voc. No.
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·			Yes No
D	ıT "	Yes," explain:				
	_					

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

Sch	edule G (Form 990) 2022 FAMILIES FIRST, INC.	08-10	<u> 154</u>	<u>331</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?			Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?		П ,	Yes	No
13	Indicate the percentage of gaming activity conducted in:				
	The organization's facility		13a		%
	o An outside facility		13b		/ %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		100		
14	cinter the fiame and address of the person who prepares the organization's garning/special events books and records.				
	News				
	Name				
	Address				
			<u></u>		—
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Ш.	Yes	L No
k	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization	unt			
	of gaming revenue retained by the third party \$				
c	If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	Carriing manager information.				
	Name				
	Gaming manager compensation \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?			Yes	L No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the			
	organization's own exempt activities during the tax year \$				
Pa	IT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	nd Part	III, line	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				

Schedule G	(Form 990) FAMILIES FIRST, INC.	58-1054331	Page 4
Part IV	(Form 990) FAMILIES FIRST, INC. Supplemental Information (continued)		
	(,		
			-

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

Attach to Form 990.

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

2022
Open to Public

Inspection

Name of the organization FAMILIES E	Employer identification number 58-1054331						
Part I General Information on Grants an	nd Assistance						
 Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's prod 	tance?						
Part II Grants and Other Assistance to D recipient that received more than \$					anization answered "`	Yes" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	(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
			1				
2 Enter total number of section 501(c)(3) an	· ·	•	ne line 1 table				

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

Schedule I (Form 990) 2022

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.								
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance			
FOSTER CARE	38	348,362.	0.					
Part IV Supplemental Information. Provide the information rec	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.				
PART I, LINE 2:								
ASSISTANCE IS GIVEN TO CLIENTS IN	THE FOSTE	R CARE PRO	GRAM. MON	ETARY				
ASSISTANCE IS TO PROVIDE FOR CLOTH	ING, FOOD	, MEDICAL/	DENTAL AID	1				
SCHOLARSHIPS, AND OTHER SPECIFIC N	EEDS. IN	EACH FUND	ING AGREEM	ENT, DOLLARS				
ARE ALLOCATED FOR CLIENT OR FOSTER	CARE PAR	ENT NEEDS.	THESE AM	OUNTS ARE				
PAID MONTHLY ON BEHALF OF THE CLIE	NTS IN CA	RE AND THE	IR SPECIFI	C NEEDS FOR				
THAT MONTH.								

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.

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

FAMILIES FIRST, INC.

 $Employer\ identification\ number \\ 58-1054331$

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?	<u>4a</u>		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С		4c		<u> </u>
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only assistant 504(2)(0), 504(2)(4), and 504(2)(00) annualizations must assume the lines 5.0			
_	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:	5a		x
a h	The organization? Any related organization?	5b		X
J	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	30		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ü	contingent on the net earnings of:			
а	The organization?	6a		х
	Any related organization?	6b		X
	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		х
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		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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Schedule J (Form 990) 2022

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.

	(1	B) Breakdown of W	/-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and 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) PAULA MOODY	(i) _	155,288.	10,000.	0.	6,669.	12,026.	183,983.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(2) SCHWANNA C LAKINE	(i)	152,133.	10,000.	0.	6,580.	7,517.		0.
CFO (i	ii)	0.	0.	0.	0.	0.	0.	0.
	(i) _							
	ii)							
	(i) _							
	ii)							
	(i) _							
	ii)							
	(i) _							
	ii)							
	(i) _ ii)							
	i) (i) _							
	'' - ii) -							
	i) _							
	ii)							
·	(i) _							
	ii)							
·	(i)							
	ii)							
((i) _							
(i	ii)							
	(i) _							
	ii)							
	(i) _							
	ii)							
	(i) _							
	ii)							
	(i) _							
[[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.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

> FAMILIES FIRST, INC.

Employer identification number 58-1054331

Par	rt I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of det noncash contribut		· o
		арріісаріе		Form 990, Part VIII, line 1g	Horicasii contribu	lon amount	.5
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods	X		137,161.	FAIR MARKET	VALUE	
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						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25 26	Other ()						
26 27	Other ()						
28	Other () Other ()						
29	Number of Forms 8283 received by the organiz	ation during	the tay year for co	ontributions			
25	for which the organization completed Form 828	-	•				
	To which the organization completed form see	,,, a,, ,, ,,	once herriowicag	omone		Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28. that it	100	1,40
	must hold for at least 3 years from the date of t						
	exempt purposes for the entire holding period?				i i	30a	х
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	olicy that re	equires the review o	of any nonstandard contribut	ions?	31 X	
	Does the organization hire or use third parties of	-	•	•			
	contributions?					32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of property	for which column (a) is chec	ked,		
	describe in Part II.				· 		
	· · · · · · · · · · · · · · · · · · ·						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

232142 09-09-22

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.

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

FAMILIES FIRST, INC.

Employer identification number 58-1054331

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HELP STRENGTHEN FAMILIES, AS WELL AS BUILD RESILIENCY, NO MATTER WHAT

CHALLENGES THEY MAY BE FACING.

FORM 990, PART VI, SECTION B, LINE 11B:

THE CFO PROVIDES THE 990 DRAFT TO THE CEO, CDO, AND COO FOR REVIEW.

ADDITIONALLY, THE CFO PROVIDES THE 990 DRAFT TO THE GOVERNING BODY, THE

FINANCE COMMITTEE AND THE BOARD. THE 990 DRAFT IS REVIEWED AND QUESTIONS

ARE ADDRESSED BY MANAGEMENT AND/OR BY THE ACCOUNTING FIRM WHO ASSISTED WITH

ITS PREPARATION.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION DISCUSSES THE POLICY WITH STAFF ANNUALLY AS A REMINDER AND
THE BOARD MEMBERS ARE GIVEN A CONFLICT OF INTEREST FORM ANNUALLY. THE
POLICY IS DOCUMENTED IN OUR EMPLOYEE HANDBOOK.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD REVIEWS AND DETERMINES COMPENSATION FOR THE CEO. THE CEO'S

COMPENSATION IS COMMUNICATED TO HR VIA EMAIL FROM THE BOARD CHAIR. HR

MASTER CHANGE FORMS ARE ALSO COMPLETED FOR STAFF COMPENSATION CHANGES. THE

CEO APPROVES COMPENSATION FOR CFO, CDO, AND COO. THE CEO AND CFO APPROVE

COMPENSATION OF OTHER KEY EMPLOYEES. THE COMPENSATION CONSIDERS THE

COMPENSATION OF OTHER "LIKE" ORGANIZATIONS, BUDGET, JOB RESPONSIBILITIES,

ETC. A SALARY REPORT IS OBTAINED AT LEAST EVERY TWO YEARS.

FORM 990, PART VI, SECTION C, LINE 19:

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization FAMILIES FIRST, INC.	Employer identification number 58-1054331
AVAILABLE ON GUIDESTAR AND UPON REQUEST.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Employer identification number Name of the organization 58-1054331 FAMILIES FIRST, INC. Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV. line 33. Part I (f) (a) (b) (c) (d) (e) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year. (a) (b) (d) (e) (f) (c) (g) Section 512(b)(13) Name, address, and EIN Legal domicile (state or **Exempt Code** Public charity Direct controlling Primary activity controlled of related organization section status (if section entity foreign country) entity? 501(c)(3)) Yes No FAMILIES FIRST CC2015, INC. - 81-0810625 80 JOSEPH E. LOWERY BOULEVARD, NW ATLANTA, GA 30314-3421 SUPPORT GEORGIA 501(C)(3) LINE 12A, I FF, INC. Х FAMILIES FIRST ENDOWMENT TRUST - 58-1466244 80 JOSEPH E. LOWERY BOULEVARD, NW ATLANTA, GA 30314-3421 SUPPORT 501(C)(3) Х GEORGIA LINE 12A, I FF, INC.

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

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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Primary activity	(state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	end-of-year	1	tions?	Code V-UBI amount in box 20 of Schedule	General of managin partner?	Percentage ownership
	country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
]										
1										
	(b) Primary activity	Primary activity Legal domicile (state or foreign	Primary activity Legal Direct controlling	Primary activity Legal Direct controlling Predominant income	Primary activity Legal domicile (state or foreign f	Primary activity Legal Direct controlling Predominant income Share of total Share of	Primary activity Legal Direct controlling Predominant income Share of total Share of	Primary activity Legal Direct controlling Predominant income Share of total Share of Disconnectionate	Primary activity Legal domicile (state or feated) Direct controlling entity Predominant income (related, unrelated, income end-of-year excluded from tax under exclusions?	Primary activity Legal Direct controlling Predominant income Share of total Share of Discognitional Code V-I IRI General C

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	ction b)(13) rolled tity?
		,						Yes	No

1a

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Yes No

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

b Gift, grant, or capital contribution to related organization(s)				1b		Λ
c Gift, grant, or capital contribution from related organization(s)				1c		X
				1d		Х
e Loans or loan guarantees by related organization(s)				1e		X
f Dividends from related organization(s)				1f		Х
g Sale of assets to related organization(s)				1 g		X
h Purchase of assets from related organization(s)				1h		Х
i Exchange of assets with related organization(s)				1i		X
j Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k Lease of facilities, equipment, or other assets from related organization(s)				1k		X
				11		Х
Loans or loan guarantees by related organization(s) Dividends from related organization(s) Sale of assets to related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets to related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) 1 Performance of services or membership or fundraising solicitations by related organization(s) 1 Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1 Sharing of paid employees with related organization(s) 1 Reimbursement paid to related organization(s) for expenses 1 Reimbursement paid by related organization(s) for expenses 1 Reimbursement paid by related organization(s) for expenses 1 Other transfer of cash or property from related organization(s) 1 Other transfer of cash or property from related organization(s) 1 Other transfer of cash or property from related organization(s) 1 Other transfer of cash or property from related organization(s) 1 Transaction 1 Transaction 1 Transaction 1 Transaction 1 Amount involved 1 Method of determining amount involved in the		1m		X		
n Sharing of facilities, equipment, mailing lists, or other assets with related organ	nization(s)			1n	Х	
Sharing of paid employees with related organization(s)				10	Х	
p Reimbursement paid to related organization(s) for expenses						
m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (a) (b) (c) (d) Name of related organization amount involved Method of determining amount involved				1q		Х
r Other transfer of cash or property to related organization(s)				1r		Х
s Other transfer of cash or property from related organization(s)				1s	X	
2 If the answer to any of the above is "Yes," see the instructions for information	on who must complete th	is line, including covered rela	tionships and transaction thresholds.			
(a) Name of related organization	Transaction			nvolved		
1) FAMILIES FIRST ENDOWMENT TRUST	S	358,738.F	AIR MARKET METHOD			
2) FAMILIES FIRST CC2015, INC.	S	9,045,116.F	AIR MARKET METHOD			
3)						
4)						
5)						
6)						
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
								000) 0000