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

OMB No. 1545-0047

Department of the Treasury

A For the 2022 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable: Address change FAMILYWISE SERVICES Name change 41-1343909 Doing business as Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 3036 UNIVERSITY AVENUE SE 612-617-0191 3,383,452. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return MINNEAPOLIS, MN 55414 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: ANN GAASCH Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) (527 (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.FAMILYWISESERVICES.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 1976 M State of legal domicile: MN Part I Summary Briefly describe the organization's mission or most significant activities: STRENGTHENING FAMILIES BY Activities & Governance PROMOTING THE SAFETY, STABILITY AND WELLBEING OF CHILDREN 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 8 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 76 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 57 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 2,261,123, 2,083,043. Contributions and grants (Part VIII, line 1h) 8 Revenue 1,193,346 1,252,488. Program service revenue (Part VIII, line 2g) 1,391 2,058. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 65,934 45,863. 11 3,521,794 3,383,452. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,106,400. 2,357,089. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 63 540. **b** Total fundraising expenses (Part IX, column (D), line 25) 937,329, 879,715. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,043,729. 3,300,344. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 478,065. 83,108. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** Ы 3,301,916, 3,441,014. Total assets (Part X, line 16) 203,320, 262,068, 21 Total liabilities (Part X, line 26) 三年 3,098,596. 3,178,946. Net assets or fund balances. Subtract line 21 from line 20 ... Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign ANN GAASCH, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature KAREN A. GRIES KAREN A. GRIES 09/19/23 P00078514 Paid 39-0859910 Firm's name BAKER TILLY US, LLP Preparer Firm's EIN Firm's address 225 S 6TH ST #2300 Use Only Phone no.612.876.4500 MINNEAPOLIS, MN 55402 X Yes

No

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

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Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	STRENGTHENING FAMILIES BY PROMOTING THE SAFETY, STABILITY AND
	WELLBEING OF CHILDREN.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes." describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	SUPERVISED PARENTING AND SAFE EXCHANGE: IN CASES OF FAMILY SEPARATION
	OR FAMILY VIOLENCE WHERE THE WELL-BEING OF THE CHILD IS IN QUESTION,
	ON-SITE AND COMMUNITY/HOME, SUPERVISED PARENTING IS PROVIDED BETWEEN
	NON-CUSTODIAL PARENT AND THEIR CHILDREN IN A SAFE, CARING, AND
	SENSITIVE ENVIRONMENT. 547 FAMILIES UTILIZED THESE SERVICES IN 2022,
	IMPROVING THE SAFETY FOR 438 CHILDREN.
4b	(Code:) (Expenses \$ 0 . including grants of \$) (Revenue \$ 342,901 .
40	PREVENTION EDUCATION: FAMILYWISE PRODUCES AND DISTRIBUTES PREVENTION
	EDUCATION AND OUTREACH MATERIALS THROUGHOUT THE YEAR. FAMILYWISE ALSO
	RAISES AWARENESS ONLINE THROUGHOUT WEBSITE, SOCIAL MEDIA AND A
	TRAINING. CURRENTLY, FAMILYWISE HAS OVER 4,000 FOLLOWERS VIA SOCIAL
	MEDIA AND OUR AGENCY E-NEWSLETTER. FAMILYWISE PROVIDES TRAININGS AND
	CONSULTATION ON NEUROBIOLOGY, EPIGENETICS, ADVERSE CHILDHOOD
	EXPERIENCES AND COMMUNITY RESILIENCE. THROUGH REGIONAL TRAINING AND
	COMMUNITY EVENTS, STAFF MEMBERS FACILITATE DIALOGUE ABOUT PROMOTING
	SELF-HEALING COMMUNITIES. 52 PRESENTATIONS REACHED 1,564 INDIVIDUALS.
4c	(Code:) (Expenses \$
	HIGH FIDELITY WRAPAROUND AN INTENSIVE CARE PLANNING AND MANAGEMENT
	PROCESS HELPING YOUTH AGES 8-17 WHO ARE HIGH RISK OF INSTITUTIONAL
	PLACEMENT TO STAY IN THEIR HOMES, SCHOOLS, AND COMMUNITY. YOUTH AND
	THEIR FAMILIES BUILD A TEAM OF NATURAL AND SYSTEMS SUPPORTS TO CREATE A
	STRUCTURED, INDIVIDUALIZED PLAN. 160 YOUTH AND THEIR FAMILIES UTILIZED
	THESE SERVICES IN 2022.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 1,738,510. including grants of \$) (Revenue \$ 422,457.)
4e	Total program service expenses 2,826,582.
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Form 990 (2022) FAMILYWISE SERVICES 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ū	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	١		
U				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,	l _		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			.,
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? 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
Ь	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
_	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	110		
•	the organization's separate of consolidated limit clarification 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	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- ' ' '		
ıza		40-	Х	
	Schedule D, Parts XI and XII	12a	21	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		_v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		-
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			l
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		x
		-		-

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Form 990 (2		FAMILYWISE		_
Part IV	Checklist (of Required Sch	edules	(continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			ı
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			ı
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			ı
	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			ı
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			ı
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			ı
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			ı
	Schedule L, Part I	25b		Х
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%			ı
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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			ı
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	ı
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	•		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 36			
	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?

Form 990 (2022) FAMILYWISE SERVICES

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) FAMILYWISE SERVICES 41-1343909 Page 5

2a Telef the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements. 18ct for the calendar year ending with or within the year covered by this return 2 b If a loast one is reported on line Za, did the organization file all required federal employment has returns? 3 b If Yes, 1 has it filed a Form 990°T for this year? If Wo'T o line 3b, previoe an explanation on Schedule O 3 b If Yes, 2 has it filed a Form 990°T for this year? If Wo'T o line 3b, previoe an explanation on Schedule O 3 b If Yes, 3 has it filed a Form 990°T for this year? If Wo'T o line 3b, previoe an explanation on Schedule O 3 b If Yes, 2 has it filed a Form 990°T for this year? If Wo'T o line 3b, previoe an explanation on Schedule O 4 b A ray time during the calendar year. did the organization have an interest in or a signature or other authority over, a transmission of the previous						Yes	No				
the for the calendary year ending with or within the year covered by this return 2a	2a	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements.	1			100	110				
b If all least one is reported on line 24, did the organization for all required federal employment tax returns? a Did the organization have unrelated business gross is sensore of \$1,000 or more during the year? b If "Yes," has it filed a form 990° for this year? If "No" to line 36, provide an explanation on Schedule 0 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or the financial account in a foreign country (such as a bank account, securities account, or the financial account in a foreign country (such as a bank account, securities account, or the financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b Did any transmission party (so the organization file Form 8886.77) 5c Does the organization and gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5c Diff the organization ruled with every solicitation an express statement that such contributions or gifts were not tax deductible or contributions under section 170(c). 5b Diff the organization receive a pyement in excess of \$75 made party as combination and party for poeds and services provided to the payor? 7c Organization state may receive deductible contributions under section 170(c). 5c Diff the organization neceive any funds, directly or indirectly, to pay premium on a personal benefit contract? 7c Val If "Yes," did the organization funding the year pay premium, effectly or indirectly, to pay premium on a personal benefit contract? 7d Diff the organization under year, pay premium, effectly or indirectly, to pay premium on a personal benefit contract? 7e Diff the organization organization small			2a	76							
3a bit the organization have unrelated business gross income of \$1,000 or more during the year? 4a Alary time during the calendar year, did the organization have an interest in or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5a Was the organization or year year or	b				2b	х					
b If Yes, 'Instituted a Form 990-T for this year?' If 'No' for fine 3b, provide an explanation on Schedule O 4 At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 X If 'Yes,' reter the name of the foreign country See instructions for filing requirements for FincENF Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 West the organization a party to a prohibitor tax shelter transaction at any time during the tax year? 5 If 'Yes,' to line Sa or 5b, did the organization file Form 8886 17? 5 Did any scannization and prosper scelepists that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5 If 'Yes,' did the organization include with every solicitation are spress statement that such contributions or gifts were not tax deductible? 5 If 'Yes,' did the organization include with every solicitation are spress statement that such contributions or gifts were not tax deductible? 5 If 'Yes,' did the organization include with every solicitation are spress statement that such contributions or gifts were not tax deductible? 6 If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 Organizations that may receive deductible contributions under section 170(c). 8 If If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 Organization self-generally organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Organization during the year. 9 If If yes, 'teles the unimber of Forms 8282 filed during the year 1 If		D. I					Х				
4a A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? 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 (FBAF). 5a Was the organization aparty to a prohibited tax shefter transaction at any time during the tax year? 5b If any taxable party nority the organization that it was or is a party to a prohibited tax shefter transaction? 5c If "Yes" to time So or Sb, did the organization for FinCEN Form 1886 FT? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of scharable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charable contribution and party for goods and services provided to the payer? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 Organization receive a payment in excess of \$75 made party is a contribution and party for goods and services provided to the payer? 7 The St. 8 Obtite organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 Obtite organization received a contribution of circlestly, to pay premiums on a personal benefit contract? 9 The payment of the organization receive any premiums, directly or indirectly, on a personal benefit contract? 9 The organization received any funds, directly or indirectly, on a personal benefit contract? 9 The organization receive any premium, directly or indirectly, on a personal benefit contract? 9 The organization receive any premium organization indi											
francial account in a foreign country (such as a bank account, securities account, or other financial account)? b if Yes, instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any stackle party notify the organization file Form 88861? 6c I 'Yes' to line Sa or 5b, did the organization file Form 88861? 6d Does the organization annual gross necepits that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b If Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If Yes, 'did the organization notify the donor of the value of the goods or services provided? 7 Organizations that may receive deductible contributions under section 170(c). 8 If Yes, 'did the organization notify the donor of the value of the goods or services provided? 7 Organization services applied to the services of the services provided? 7 Organization and the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Organization and the service of the services of the organization file a Form 1086-07 and 11 organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1086-07 and 11 organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1086-07 and 11 organization have excess business holding as lary time during the year? 8 Sponsoring organization have excess business holding stary time during the year? 9 Sponsoring organization have accessed as distribution to a donor, donor advisor, or related perso											
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	17				17						
					- ' '						

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

	Check if Schedule O contains a response or note to any line in this Part VI					Х		
Sec	tion A. Governing Body and Management							
					Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		8				
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b		8				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other					
	officer, director, trustee, or key employee?			2		Х		
3	Did the organization delegate control over management duties customarily performed by or under the							
				3		х		
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was	s filed?	4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?		5		Х		
6	Did the organization have members or stockholders?			6		Х		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app							
	more members of the governing body?			7a		Х		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto							
	persons other than the governing body?			7b		Х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year							
а	The governing body?			8a	Х			
b	Each committee with authority to act on behalf of the governing body?			8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach							
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		Х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue/	Code.)					
			,		Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х		
	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b				
11a	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	to conf	licts?	12b	Х			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes	es," de	escribe					
	on Schedule O how this was done			12c	Х			
13	Did the organization have a written whistleblower policy?			13	Х			
14	Did the organization have a written document retention and destruction policy?			14	Х			
15	Did the process for determining compensation of the following persons include a review and approval	by inc	dependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
	The organization's CEO, Executive Director, or top management official			15a	Х			
b	Other officers or key employees of the organization			15b		Х		
	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 arrangem	ent w	th a					
	taxable entity during the year?			16a		Х		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	zation	'S					
_	exempt status with respect to such arrangements?			16b				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990	T (section 501(c)(3)s only)	availa	ble		
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website Another's website X Upon request Other (explain		,					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor-	nflict c	f interest policy, ar	nd finan	cial			
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's book	ks and	records					
	ANN GAASCH - 612-617-0191							
	3036 UNIVERSITY AVE SE, MINNEAPOLIS, MN 55414							

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable	Reportable	Estimated			
	hours per week				compensation from	compensation from related	amount of other			
	(list any	tor						the	organizations	compensation
	hours for	direc				8		organization	(W-2/1099-MISC/	from the
	related	tee or	ustee			ensati		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	onal tr		loyee	comp		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ANN GAASCH	40.00	_	_		_	1 0				
EXECUTIVE DIRECTOR				х				129,608.	0.	14,649.
(2) SHANNON SCHAAF	2.00									
PRESIDENT		х		х				0.	0.	0.
(3) KIM HEINRICH	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) JUAE SON	2.00									
TREASURER		Х		Х				0.	0.	0.
(5) NAKISHA SMITH	2.00									
SECRETARY		Х		Х				0.	0.	0.
(6) JENNY COOK	2.00									
DIRECTOR		Х						0.	0.	0.
(7) JULIA QUANRUD	2.00									
DIRECTOR		Х						0.	0.	0.
(8) LESLIE WILBUR	2.00									
DIRECTOR		Х						0.	0.	0.
(9) SALLY WAHMAN	2.00									
DIRECTOR		Х						0.	0.	0.
		_								
										- 000 (aaaa)

	1990 (2022) FAMILYWISE S	ERVICES								41-13	4390	9	Pa	age 8
Pa	Tt VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghe	st C	ompensated Employee	s (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	(-1-		Pos				Reportable	Reportable		l Es		ed
		hours per	box	, unle	ss pe	rson i	than is bot	h an	compensation	compensation		ar	nount	of
		week	offi	Individual trustee or director/trrastee or director/trustee Officer Officer (ey employee employee employee Pormer		from	from related	d l		other				
		(list any	ctor				the	organization	ıs	com	pensa	tion		
		hours for	r dire				organization	(W-2/1099-MIS	SC/	f f	rom th	е		
		related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)		org	janizat	ion
		organizations	Itrus	nal tr		oyee	d mo		1099-NEC)			an	d relat	ed
		below	vidua	Institutional trustee	Ser	Key employee	Highest compensated employee	Former				org	anizati	ons
		line)	Indi	lnst	Officer	Key	High	R						
							\vdash							
							\vdash							
							\vdash							
	Subtotal								129,608.		0.		14,	649.
	Total from continuation sheets to Part VI								0.		0.		1.4	0.
	Total (add lines 1b and 1c)								129,608.	000 of	0.		14,	649.
2	Total number of individuals (including but r compensation from the organization	iot ilmitea to tri	ose	liste	ed at	oove	e) wr	io re	eceived more than \$100,	ooo of reportable	3			1
	compensation from the organization												Yes	No
3	Did the organization list any former officer	, director, trust	ee, k	сеу с	empl	loye	e, oı	hig	hest compensated emp	oyee on				
	line 1a? If "Yes," complete Schedule J for s											3		Х
4	For any individual listed on line 1a, is the su	um of reportabl	e co	mpe	ensa	tion	and	l oth	ner compensation from t	ne organization				
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	or such individual			4		Х
5	Did any person listed on line 1a receive or a	accrue comper	ısati	on fi	rom	any	unre	elate	ed organization or individ	lual for services				
	rendered to the organization? If "Yes," con	nplete Schedule	e J f	or su	ıch į	oers	on					5		Х
<u>Sec</u>	ction B. Independent Contractors Complete this table for your five highest co	mnensated inc	lene	nde	nt co	ontr	acto	rs th	nat received more than \$	100 000 of com	nensa	tion fr	om.	
	the organization. Report compensation for	•	•							•	55,100			
	(A)								(B)		_		C)	_
	Name and business	address							Description of s	ervices	C	ompe	nsatio	n
MAC	C COMMONWEALTH SERVICES										I			

(A)	(B)	(C)
Name and business address	Description of services	Compensation
MACC COMMONWEALTH SERVICES		
414 S 8TH STREET, MINNEAPOLIS, MN 55404	IT, HR, ACCTG, MGT	250,522.
2 Total number of independent contractors (including but not limited to those	listed above) who received more than	
\$100,000 of compensation from the organization	·	
-		222

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41-1343909

Form 990 (2022) FAMILYWISE

Part VIII Statement of Revenue

		Check if Schedule O contains a r	esponse o	or note to any lin	e in this Part VIII			
				,	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
SS	1 :	Federated campaigns	1a	100,662.				
Contributions, Gifts, Grants and Other Similar Amounts			1b	200,002.				
ij d			1c	13,950.				
fts,				13,330.				
ig di			1d	1,185,504.				
ns, Sim		Government grants (contributions)	1e	1,185,504.				
er i	Ť	All other contributions, gifts, grants, and		702 027				
현된			1f	782,927.				
d d	•	·	1g \$		0 000 040			
<u>0 g</u>	ŀ	Total. Add lines 1a-1f			2,083,043.			
				Business Code				
9	2 8	PROGRAM SERVICE FEES		624100	1,252,488.	1,252,488.		_
Program Service Revenue	k	·						
Sen	C	:						
am	c	i						
Pg B	6	e						
Ŗ.	f	All other program service revenue						
		Total. Add lines 2a-2f			1,252,488.			
	3	Investment income (including dividen						
					2,058.			2,058.
	4	Income from investment of tax-exemp						
	5	Royalties	=					
	•	(i)	Real	(ii) Personal				
	6 =	a Gross rents 6a		()				
		Less: rental expenses 6b						
		Rental income or (loss) 6c						
		A Not rental income or (less)						
		` '	curities	(ii) Other				
	7 6		Journa	(ii) Otrici				
		assets other than inventory 7a						
	K	Less: cost or other basis						
her Revenue		and sales expenses						
eve		Gain or (loss)7c						
Ř		d Net gain or (loss)						
ig H	8 8	Gross income from fundraising events (no						
Ò		including \$ 13,950.						
		contributions reported on line 1c). Se		_				
		Part IV, line 18		0.				
	k	Less: direct expenses	8b	0.				
		Net income or (loss) from fundraising			0.			
	9 a	a Gross income from gaming activities.						
		Part IV, line 19	9a					
	k	Less: direct expenses	9b					
	c	Net income or (loss) from gaming act	ivities					
	10 a	a Gross sales of inventory, less returns						
		and allowances	10a					
	k	Less: cost of goods sold						
		Net income or (loss) from sales of inv						
				Business Code				
snc	11 a	MISCELLANEOUS		900099	45,863.			45,863.
ne	k							-
Miscellaneous Revenue								
SC.		d All other revenue						
Σ		e Total. Add lines 11a-11d			45,863.			
	12	Total revenue. See instructions			3,383,452.	1,252,488.	0.	47,921.

232009 12-13-22

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) Х Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 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, trustees, and key employees 144,257 122,798. 10,175 11,284. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 1,832,845. 1,560,327. 130,788. 141,730. 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 35,550 30,241. 2,248 3,061. 144,375 122.814. 9,129 12,432. Other employee benefits 9 14,184 200,062 170,774 15,104. 10 Payroll taxes Fees for services (nonemployees): Management а Legal 9,100. 9,100 Accounting Lobbying 63,540, 63,540. Professional fundraising services. See Part IV, line 17 Investment management fees 20. 20 Other. (If line 11g amount exceeds 10% of line 25, 353,629 360,699 1,072 -8,142. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 66,256. 50,066 5,644 10,546. 13 Office expenses 24,015 20,159 816 3,040. Information technology 14 Royalties 15 118,747 108,685 4,549 5,513. 16 Occupancy 26,310. 26,095. 53 162. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 79,964 71,336. 3,933 4,695. 22 Depreciation, depletion, and amortization 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.) PARTICIPANT EXPENSE 157,167. 153,016. 356 3,795. STAFF TRAINING 17,125 13,722 3,216 187. 6,436. BANK FEES 15,184. 8,789. -41. С MEMBERSHIP DUES 11,030. 6,385. 4,675 -30. -4. 1,168 676 496 All other expenses е 3,300,344 2,826,582 266,872. Total functional expenses. Add lines 1 through 24e 206,890 25

Form 990 (2022)

Check here

16400919 144198 238541

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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

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Form 990 (2022)
Part X Balance Sheet

Part A	Check if Schedule O contains a response or	note to any l	line in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			1,216,867.	1	1,474,339.
2	Savings and temporary cash investments			693,226.	2	694,099.
3	Pledges and grants receivable, net			4,408.	3	6,086.
4	Accounts receivable, net			529,427.	4	412,226
5	Loans and other receivables from any curren					
	trustee, key employee, creator or founder, su					
	controlled entity or family member of any of		5			
6	Loans and other receivables from other disqu	ualified perso	ons (as defined			
	under section 4958(f)(1)), and persons descri	bed in section	on 4958(c)(3)(B)		6	
<u>v</u> 7	Notes and loans receivable, net				7	
Assets	Inventories for sale or use				8	
9 کّ	Prepaid expenses and deferred charges			85,833.	9	53,254.
10a	a Land, buildings, and equipment: cost or other	er				
	basis. Complete Part VI of Schedule D	10a	2,279,862.			
l t	b Less: accumulated depreciation	10b	1,493,879.	752,329.	10c	785,983.
11	Investments - publicly traded securities			19,826.	11	15,027
12	Investments - other securities. See Part IV, lin	ne 11			12	
13	Investments - program-related. See Part IV, li	ne 11			13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must e	equal line 33)	3,301,916.	16	3,441,014
17	Accounts payable and accrued expenses			158,320.	17	217,068
18	Grants payable		18			
19	Deferred revenue			19		
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Comple	ete Part IV of	Schedule D		21	
ဖွ 22	Loans and other payables to any current or f	ormer officer	r, director,			
Liabilities	trustee, key employee, creator or founder, su	ıbstantial coı	ntributor, or 35%			
abi abi	controlled entity or family member of any of	hese person	ıs		22	
⊐ 23	Secured mortgages and notes payable to un	related third	parties	45,000.	23	45,000
24	Unsecured notes and loans payable to unrela	ated third pa	rties		24	
25	Other liabilities (including federal income tax	payables to	related third			
	parties, and other liabilities not included on li	nes 17-24). (Complete Part X			
	of Schedule D				25	
26	Total liabilities. Add lines 17 through 25			203,320.	26	262,068.
.	Organizations that follow FASB ASC 958,	check here	X			
Net Assets or Fund Balances 27 28 29 31 32 32	and complete lines 27, 28, 32, and 33.					
<u>ह</u> 27				2,988,146.	27	2,860,158.
<u>8</u> 28	Net assets with donor restrictions			110,450.	28	318,788.
בַ	Organizations that do not follow FASB AS	C 958, chec	k here			
[and complete lines 29 through 33.					
ō <u>છ</u> 29	Capital stock or trust principal, or current fur				29	
ğ 30	Paid-in or capital surplus, or land, building, o	r equipment	fund		30	
8 31	Retained earnings, endowment, accumulated				31	
<u>5</u> 32	Total net assets or fund balances		L	3,098,596.	32	3,178,946.
33	Total liabilities and net assets/fund balances			3,301,916.	33	3,441,014.

Form 990 (2022) FAMILYWISE SERVICES 41-1343909 Page **12**

Pai	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,383,			
2	Total expenses (must equal Part IX, column (A), line 25)	2	3 ,	,300,			
3	Revenue less expenses. Subtract line 2 from line 1	3		83,	108.		
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4						
5	Net unrealized gains (losses) on investments	5		-2,	758.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
_	column (B))	10	3 ,	178,	946.		
Pai	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				Щ		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	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:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X			
			Form	990	(2022)		

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.

Open to Published Inspection

OMB No. 1545-0047

Open to Public

Name of the organization **Employer identification number** FAMILYWISE SERVICES 41-1343909 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))

Schedule A (Form 990) 2022 FAMILYWISE SERVICES 41-1343909 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,347,892.	1,086,677.	1,635,294.	2,261,123.	2,083,043.	8,414,029.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,347,892.	1,086,677.	1,635,294.	2,261,123.	2,083,043.	8,414,029.
5							
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						8,414,029.
_	ction B. Total Support						, , ,
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	1,347,892.	1,086,677.	1,635,294.	2,261,123.	2,083,043.	8,414,029.
	Gross income from interest,	, ,	, ,		, ,	, ,	
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	987.	1,438.	1,267.	1,391.	2,058.	7,141.
۵	Net income from unrelated business		_,		_,	_,	,
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	1,616.	362.	49,219.	32,502.	45,863.	129,562.
	assets (Explain in Part VI.)	1,010.	302.	40,210.	32,302.	45,005.	8,550,732.
	Total support. Add lines 7 through 10	-4- (!44!-	\			40	4,222,338.
	Gross receipts from related activities,	•				12	4,222,330.
13	First 5 years. If the Form 990 is for th			•		. , . ,	
80	organization, check this box and stop ction C. Computation of Publi						
	Public support percentage for 2022 (li			aluma (fl)		14	98.40 %
						15	98.40 %
	Public support percentage from 2021						
102	a 33 1/3% support test - 2022. If the c						
L	stop here. The organization qualifies						
K	33 1/3% support test - 2021. If the constant and the constant is a small standard transfer and transfer and transf	•		•		•	
47.	and stop here. The organization quali						
1/8	10% -facts-and-circumstances test	-					
	and if the organization meets the facts			=	•	VI how the organiza	ation
	meets the facts-and-circumstances te	-	· ·				
k	o 10% -facts-and-circumstances test	-					0% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b,	check this box ar		Form 990\ 2022

Scriedule A (FOITH 990) 2022

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions,							
	merchandise sold or services per- formed, or facilities furnished in							
	any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
78	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
k	Amounts included on lines 2 and 3 received from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year							
(Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
	ction B. Total Support		Г	T	T	1		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Amounts from line 6							
108	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties,							
_	and income from similar sources						-	
k	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b Net income from unrelated business							
''	activities not included on line 10b,							
	whether or not the business is							
10	regularly carried on Other income. Do not include gain						_	
12	or loss from the sale of capital							
40	assets (Explain in Part VI.)						_	
	Total support. (Add lines 9, 10c, 11, and 12.)					(01/2)/(0)		
14	First 5 years. If the Form 990 is for the	-						
Se	check this box and stop herection C. Computation of Publi	c Support Per			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2022 (I			column (f))		15	%	
	Public support percentage from 2021					16	/ 0 %	
	ction D. Computation of Inves					1 10 1	70	
	Investment income percentage for 20			ne 13. column (f))		17	%	
18						18	%	
	a 33 1/3% support tests - 2022. If the							
•	more than 33 1/3%, check this box ar							
ŀ	33 1/3% support tests - 2021. If the						and	
•								
20	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							

232023 12-09-22

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 FAMILYWISE SERVICES 41-1343909 Page 4

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		
3c		
10		
4a		
4b		
4c		
F		
5a		
5b		
5c		
6		
_		
7		
8		
9a		
_		
9b		
9c		
40		
10a		
106		
10b	~ 000\	

..

232025 12-09-22

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 FAMILYWISE SERVICES 41-1343909 Page 6

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

Schedule A (Form 990) 2022

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	1		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpose	3		
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required - pri	5		
	Other distributions (describe in Part VI). See instructions.	6		
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the			
	(provide details in Part VI). See instructions.	8		
9	Distributable amount for 2022 from Section C, line 6	9		
10	Line 8 amount divided by line 9 amount		10	
	•	(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
с	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i_	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
	Excess from 2022			

Schedule A (Form 990) 2022

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

FA	41-1343909	
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust 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	
Note: Only a section 501(d	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling by one contributor. Complete Parts I and II. See instructions for determining a contributor's	•
Special Rules		
sections 509(a)(1) contributor, durin	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and 15 the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) I Z, line 1. Complete Parts I and II.	d that received from any one
For an organization	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a	any one
literary, or educat	ng the year, total contributions of more than \$1,000 exclusively for religious, charitable, sc tional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (e (b) instead of the contributor name and address), II, and III.	•
year, contributior is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an exclusively for religious, charitable, etc., purposes, but no such contributions totaled may here the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because it bole, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>
-	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 900-FF) or check the box on line H of its Form 900-FF or on its Form 900-FF	• •
	ne 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, ng requirements of Schedule B (Form 990).	raiti, iiile 2, to certiiy
LHA For Paperwork Reduc	tion Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page **2**

Name of organization

Employer identification number

41-1343909

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	lditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Name, address, and ZIP + 4	\$ \$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. <u>4</u>	Name, address, and ZIP + 4	* 100,662.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Humo, audi 655, and £if T T	\$\$ 888,117.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Tullioj addi cooj alid £II T T	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page **3**

Name of organization

Employer identification number

FAMILYWISE SERVICES

41-1343909

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt 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

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

varrie or or	rganization		Employer identification number				
Part III	from any one contributor. Complete columns (a	a) through (e) and the following line entry	41-1343909 tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year r. For organizations				
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or le	ss for the year. (Enter this info. once.) \$				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	Transferee's name, address,	(e) Transfer of gift	Relationship of transferor to transferee				
-	Transferee's fiame, address, o	and Zif T T	netationship of transfer of to transfer ee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-	(e) Transfer of gift						
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
-	Transferee's name, address, a		Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	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

Nam	e of the organization FAMILYWISE SERVICES		Employer identification number
Par		Funds or Other Similar Fund	
ı aı	organizations Maintaining Donor Advised		S of Accounts. Complete if the
	organization answered Tes Off Offi 330,1 art 17, line	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Donor advised fands	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	witing that the coasts hold in densy ad-	inad funda
5	Did the organization inform all donors and donor advisors in w	-	
6	are the organization's property, subject to the organization's e Did the organization inform all grantees, donors, and donor ad		
0	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the organization	anization answered "Yes" on Form 990	
1	Purpose(s) of conservation easements held by the organization		, raitit, iiio r.
	Preservation of land for public use (for example, recreati	`	of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			<u> </u>
С	Number of conservation easements on a certified historic structure.		
d	Number of conservation easements included in (c) acquired af		
			2d
3	Number of conservation easements modified, transferred, rele		
	year		
4	Number of states where property subject to conservation ease	ement is located	_
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling o	f
	violations, and enforcement of the conservation easements it I	nolds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing co	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conserv	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expens	e statement and
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial stater	nents that describes the
Do	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art Historical Tracquires or (Athor Cimilar Assats
Pai		•	Aller Sillilar Assets.
_	Complete if the organization answered "Yes" on Form 9		
та	If the organization elected, as permitted under FASB ASC 958	, .	
	of art, historical treasures, or other similar assets held for publ	· ·	•
L	service, provide in Part XIII the text of the footnote to its finance.		
D	If the organization elected, as permitted under FASB ASC 958	•	
	art, historical treasures, or other similar assets held for public or	exhibition, education, or research in ful	merance of public service,
	provide the following amounts relating to these items:		Ф
	(i) Revenue included on Form 990, Part VIII, line 1		•
2		ourse, or other similar assets for finance	The state of the s
2	If the organization received or held works of art, historical treatite following amounts required to be reported under EASP AS		iai gaili, provide
_	the following amounts required to be reported under FASB AS	-	¢
a h	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		Ф \$

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

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 FAMILYWISE S							41-134		Page
Par	t III Organizations Maintaining Co	llections of Ar	t, Hist	orical Tre	easures, o	r Other S	Similar	Assets	(contin	nued)
3	Using the organization's acquisition, accession	n, and other record	s, check	any of the	following that	t make sign	ificant ι	use of its		
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's coll	lections and explair	n how th	ney further th	ne organizatio	on's exemp	t purpos	se in Part	XIII.	
5	During the year, did the organization solicit or	receive donations of	of art, hi	storical trea	sures, or othe	er similar as	sets			
	to be sold to raise funds rather than to be main								Yes	□ No
Par	t IV Escrow and Custodial Arrang	ements. Comple	ete if the	e organizatio	n answered '	"Yes" on Fo	orm 990	, Part IV,	ine 9, or	
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodial									
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII at	nd complete the fol	lowing t	able:						
									Amoun	t
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		_	
2 a	Did the organization include an amount on For	rm 990, Part X, line	21, for	escrow or co	ustodial acco	unt liability	?		Yes	No
	If "Yes," explain the arrangement in Part XIII. C									
Par	t V Endowment Funds. Complete if	the organization an	swered	"Yes" on Fo	1					
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back (d) Three y	ears back	(e) Four	r years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	•	e (line 1	g, column (a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment%									
	The percentages on lines 2a, 2b, and 2c should	•								
3a	Are there endowment funds not in the possess	sion of the organiza	ition tha	t are held a	nd administer	red for the			ſ	- L
	organization by:									Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizati								3b	
4 Day	Describe in Part XIII the intended uses of the c		wment 1	unds.						
rai	Complete if the organization answered		Dort I	/ line 11a C	See Form 000	Dart V lin	<u>م ۱</u> ۵			
			•	<u> </u>		i i			(4) D -	la carlo :
	Description of property	(a) Cost or o basis (investr			t or other (other)	. , ,	umulate eciation	ea	(d) Boo	k value
	Land	Dasis (ilivestil	neny	Dasis	116 200	uepre	JoiatiOiT			116 200

785,983. Schedule D (Form 990) 2022

657,515.

2,707.

9,561.

1,385,344.

108,535.

e Other

b Buildings c Leasehold improvements

d Equipment

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

2,042,859.

111,242.

9,561.

Schedule D (Form 990) 2022 FAMILYWISE SERVICE	CES		41-1343909 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"		T	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other	<u> </u>		
(A)			
(B)	<u> </u>		
(C)	<u> </u>		
(D)	<u> </u>		
(E)	<u> </u>		
(F)	<u> </u>		
(G)			
(H)	<u> </u>		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1)	<u> </u>		
(2)			
(3)	<u> </u>		
(4)	<u> </u>		
(5)	<u> </u>		
(6)	<u> </u>		
(7)	<u> </u>		
(8)	<u> </u>		
(9)	<u> </u>		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	<u> </u>		
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	1 (1) 5
	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>: 15.) </u>		
	on Form 000 Port IV line	110 or 11f Soc Form 000 Bort V line	25
Complete if the organization answered "Yes" (a) Description of liability	JII FOITH 990, Part IV, line	THE OF THE See FORM 990, Part X, line	(b) Book value
. , , ,			(b) BOOK Value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
<u>(7)</u>			
(8)			Ī

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 X 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

(9)

41-1343909

Pai	t XI Reconciliation of Revenue per Audited Financial Stat		venue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		г. г	2 200 674
1				1	3,380,674.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	2 750		
a	Net unrealized gains (losses) on investments		-2,758.	-	
b	Donated services and use of facilities			-	
C	Recoveries of prior year grants			-	
d	Other (Describe in Part XIII.)				2 750
e	Add lines 2a through 2d			2e	-2,758. 3,383,432.
3	Subtract line 2e from line 1			3	3,303,432.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	45	20.		
a	Investment expenses not included on Form 990, Part VIII, line 7b		20.	-	
b	Other (Describe in Part XIII.)			4-	20.
	Add lines 4a and 4b			4c 5	3,383,452.
5 Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) t XII Reconciliation of Expenses per Audited Financial Sta	tements With F	rnenses ner F	_	5,505,452.
	Complete if the organization answered "Yes" on Form 990, Part IV, line		kponoco por i	iotaiiii	
1	Total expenses and losses per audited financial statements			1	3,300,324.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			•	-,,
a	Donated services and use of facilities	2a			
b				-	
C	Prior year adjustments Other losses			-	
d	Other losses Other (Describe in Part XIII.)			-	
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	3,300,324.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				· · · · · · · · · · · · · · · · · · ·
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	20.		
b	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	20.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18			5	3,300,344.
Pa	t XIII Supplemental Information.			•	
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and	d 2b; Part V, line 4	; Part X, lir	ne 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an			,	,
PART	X, LINE 2:				
THE	ORGANIZATION HAS RECEIVED NOTIFICATION THAT IT QUALIFIES .	AS A			
m x v _	EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE U.S. I	NTEDNAT			
IAA	EXEMIT ORGANIZATION UNDER DECITOR SUI(C)(S) OF THE 0.5. I.	NIERWAL			
REVE	NUE CODE AND CORRESPONDING PROVISIONS OF STATE LAW AND, A	CCORDINGLY			
	, , ,	,			
IS N	OT SUBJECT TO FEDERAL OR STATE INCOME TAXES. HOWEVER, UNR.	ELATED			
	·				
BUSI	NESS INCOME MAY BE SUBJECT TO TAXATION.				
ACCC	UNTING STANDARDS REQUIRE THE ORGANIZATION TO EVALUATE POS	ITIONS TAKEN			
BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE					
ORGA	NIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY	THAN NOT			
WOUI	D NOT BE SUSTAINED UPON EXAMINATION BY APPLICABLE TAX AUT	HORITIES.			
MANAGEMENT HAS ANALYZED TAX POSITIONS TAKEN BY THE ORGANIZATION, AND HAS					

SCHEDULE G (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

FAMILYWISE	SERVICES				41-134390	9
Part I Fundraising Activities. required to complete this par	Complete if the organization answert.	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	e X Solicita f X Solicita g X Special or oral agreement with any individual art VII) or entity in connection with policial or entities (fundraisers) pursuit	tion of tion of fundra (includ	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ustodv	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
AMPLIFY DMC LLC - 3320 IRVING		Yes	No			
AVE S, MINNEAPOLIS, MN 55408	FUNDRAISING		Х	0.	63,540.	-63,540.
						-63,540.
List all states in which the organization or licensing.	n is registered or licensed to solicit o	contribi	utions	or has been notified	it is exempt from re	gistration
MN						

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

Schedule G (Form 990) 2022

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (total number) (event type) (event type) 1 Gross receipts 2 Less: Contributions Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment Other direct expenses **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain: _ 232082 10-27-22

Schedule G (Form 990) 2022

Schedule G (Form 990) 2022 FAMILYWISE SERVICES	41-13439	3 09	Page 3
11 Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partner			
to administer charitable gaming?		Yes	No
13 Indicate the percentage of gaming activity conducted in:			
a The organization's facility	13:	ا ه	%
b An outside facility			
14 Enter the name and address of the person who prepares the organization's gaming/spi		<u>5 </u>	
Enter the name and address of the person who prepares the organization's gaming/spi	eciai everits books and records.		
Maria			
Name			
Address			
45. Does the expenientian have a contract with a third party from whom the expenientian was	anaiyaa aamina vayanya?	Yes	No
15a Does the organization have a contract with a third party from whom the organization re	eceives gaming revenue?	_ 163	
to 16 IIV and a state of the control	and the consequent		
	and the amount		
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:			
Name			
Gaming manager compensation \$			
<u> </u>			
Description of services provided			
Director/officer Employee Independent contr	ractor		
Director/officer Employee Independent contr	actor		
47 Manufatana distributana			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the g	aming proceeds to	٦.,	
retain the state gaming license?	L	⊻ Yes	∟ No
b Enter the amount of distributions required under state law to be distributed to other ex	empt organizations or spent in the		
organization's own exempt activities during the tax year \$			
Part IV Supplemental Information. Provide the explanations required by Part	I, line 2b, columns (iii) and (v); and Part III, †	lines 9, 9	9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information.	See instructions.		

Schedule G (Form 990) 2022

Schedule G	(Form 990) Supplemental Infor	FAMILYWISE SERVICES	41-1343909	Page 4
Part IV	Supplemental Infor	mation _(continued)		
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-				

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

2022 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection
Employer identification number

Name of the organization FAMILYWISE SERVICES 41-1343909 PART III, LINE 2, NEW PROGRAM SERVICES: IN 2022 THE ORGANIZATION STARTED THEIR "PARENT LEADERSHIP PROGRAM." FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: ADULT PARENTING EDUCATION: COMPREHENSIVE PARENT EDUCATION AND SUPPORT SERVICES FOR AT-RISK FAMILIES THROUGH IN-HOME AND CENTER BASED PROGRAMMING, INCLUDING INTENSIVE CASE MANAGEMENT, PARENT EDUCATION PARENT CHILD INTERACTION COACHING, LIFE SKILLS TRAINING EARLY CHILDHOOD EDUCATION AND COUNSELING. IN 2022, 298 FAMILIES WERE SERVED REACHING 629 CHILDREN, FIRST STEP EARLY CHILDHOOD EDUCATION: FULLY LICENSED AND ACCREDITED CHILD DEVELOPMENT PROGRAM SERVICE CHILDREN AGES SIX WEEKS TO SIX YEARS OF AGE. CHILDREN PARTICIPATE IN ACTIVITIES THAT STIMULATE THEIR SOCIAL/EMOTIONAL, COGNITIVE, AND LANGUAGE DEVELOPMENT WITH A PHYSICAL FOCUS ON EARLY CHILDHOOD READINESS FOR SCHOOL. LAST YEAR FIRST STEP SERVED 40 CHILDREN BRIGHT BEGINNINGS FOR YOUNG PARENTS: PARENT EDUCATION AND MENTOR SERVICES FOR YOUNG PARENTS BETWEEN THE AGES OF 14-22. SERVICES INCLUDED LIFE SKILLS TRAINING, PARENT EDUCATION, PARENT CHILD INTERACTION COACHING, AND FULL YEAR OF SUPPORT BY A COMMUNITY MENTOR. IN 2022 THERE WERE 130 PARTICIPANTS ACROSS 62 YOUNG PARENT FAMILIES, AND 13 MENTOR MATCHES WERE MADE,

PARENTING LEADERSHIP PROGRAM: FAMILYWISE'S PARENT LEADERSHIP PROGRAM LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page **2**

Employer identification number Name of the organization FAMILYWISE SERVICES 41-1343909 SUPPORTS PARENT AND FAMILY LEADERS TO PARTICIPATE IN STATE AND LOCAL PLANNING PROCESSES AND WORKING GROUPS PROMOTING EQUITY AND HELPING TO IDENTIFY AND ELIMINATE BIAS IN PROGRAM SERVICES AND POLICY DEVELOPMENT THROUGH CO-CREATION WITH FAMILIES AND COMMUNITIES. CIRCLE OF PARENTS: AS THE MINNESOTA CHAPTER OF CIRCLE OF PARENTS FAMILYWISE PARTNERS WITH COMMUNITIES TO OFFER PEER-LED, MUTUAL SELF-HELP SUPPORT GROUPS FOR PARENTS AND CHILDREN THROUGHOUT THE STATE. AT GROUP SESSIONS. PARENTS SUPPORT EACH OTHER AND DEVELOP LEADERSHIP SKILLS THAT TRANSFER TO THEIR FAMILIES AND COMMUNITIES. PARTICIPANTS MEET IN A SUPPORTIVE ENVIRONMENT TO SHARE THEIR CONCERNS AND FRUSTRATIONS. AND TO IDENTIFY AND COMMIT TO THEIR OWN PERSONAL PARENTING GOALS. PARTICIPANTS ARE GUIDED BY VOLUNTEER FACILITATORS ARE TRAINED BY MCCC STAFF. 44 GROUPS WERE ACTIVE IN 2022, REACHING 585 ADULTS AND 280 CHILDREN. EXPENSES \$ 1,738,510. INCLUDING GRANTS OF \$ 0. REVENUE \$ 422,457. FORM 990, PART VI, SECTION A, LINE 1A: THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE OFFICERS OF THE BOARD OF DIRECTORS AND SHALL. BETWEEN MEETINGS OF THE BOARD OF DIRECTORS OF THE CORPORATION, OVERSEE SIGNIFICANT ACTIONS OF THE CORPORATION ON BEHALF OF THE BOARD OF DIRECTORS. ANY ACTION OF THE EXECUTIVE COMMITTEE SHALL BE REPORTED FOR RATIFICATION AT THE NEXT MEETING OF THE BOARD OF DIRECTORS AND, IF APPROPRIATE, MAY BE REPORTED SOONER BY MAIL OR TELECOPY. A SIMPLE MAJORITY OF THE MEMBERS OF THE EXECUTIVE COMMITTEE SHALL CONSTITUTE A QUORUM.

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

<u>Schedule O (Form 990) 2022</u> Page **2**

Employer identification number Name of the organization FAMILYWISE SERVICES 41-1343909 THE AUDIT AND FORM 990 ARE PRESENTED TO THE AUDIT AND FINANCE COMMITTEES IN DETAIL BY THE AUDITOR. THE FINALIZED AUDIT AND FORM 990 ARE THEN PRESENTED TO THE FULL BOARD BY THE AUDIT COMMITTEE. FORM 990, PART VI, SECTION B, LINE 12C: FAMILYWISE IS CONCERNED WITH CONFLICTS OF INTEREST THAT CREATE ACTUAL OR POTENTIAL JOB-RELATED CONCERNS, ESPECIALLY IN THE AREAS OF CONFIDENTIALITY, CUSTOMER RELATIONS, SAFETY, SECURITY, AND MORALE. DISCLOSURE FOR ANY CONFLICTS OF INTEREST IN THE ORGANIZATION SHOULD BE MADE TO THE EXECUTIVE DIRECTOR OR IF SHE/HE IS THE ONE WITH THE CONFLICT. THEN TO THE BOARD PRESIDENT WHO SHALL BRING THE MATTER TO THE ATTENTION OF THE BOARD. DISCLOSURE INVOLVING DIRECTORS SHOULD BE MADE TO THE BOARD PRESIDENT OR IF SHE/HE IS THE ONE WITH THE CONFLICT, THEN TO THE BOARD TREASURER WHO SHALL BRING THESE MATTERS TO THE BOARD. FAMILYWISE TRAIN AND HAVE A POLICY ACKNOWLEDGEMENT SIGNED ANNUALLY BY BOARD MEMBERS. CONFLICTS ARE REVIEWED AT EVERY MEETING. FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE DIRECTOR'S SALARY IS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD. THE MN COUNCIL OF NONPROFITS ANNUAL SALARY SURVEY IS USED FOR DETERMINING COMPARABLE PAY FOR ALL STAFF INCLUDING KEY STAFF OF EXECUTIVE DIRECTOR AND PROGRAM DIRECTOR. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH THEIR WEBSITE, ANOTHER'S WEBSITE, AND UPON REQUEST.

Schedule O (Form 990) 2022

Name of the organization FAMILYWISE SERVICES		Employer identification number 41-1343909
FORM 990, PART IX, LINE 11G, OTHER FEES:		
OTHER PROFESSIONAL FEES:		
PROGRAM SERVICE EXPENSES	360,699.	
MANAGEMENT AND GENERAL EXPENSES	1,072.	
FUNDRAISING EXPENSES	-8,142.	
TOTAL EXPENSES	353,629.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	353,629.	