Form <b>990</b>
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# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

OMB No. 1545-0047 <u>23</u> o Public ection

I

For	m Y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co			s) <b>2023</b>		
Dep	artment	of the Treasury	Do not enter social security numbers on this form as it Go to www.irs.gov/Form990 for instructions and the	-		Open to Public		
		enue Service	ar year, or tax year beginning and en			Inspection		
	Check i		f organization	lang	D Employer identified	ation number		
	applica	ole:	5					
	Addi							
	Nam Char	ge Doing b	41-13439	)9				
	retur							
	retur term	in	University Ave SE		612-617-0	3,821,692.		
		nded Minn	own, state or province, country, and ZIP or foreign postal code eapolis, MN 55414		G Gross receipts \$			
	retur Appl tion		nd address of principal officer: Ann Gaasch		H(a) Is this a group re for subordinates			
	pend		as C above		H(b) Are all subordinates in			
1	Tax-e	kempt status:		527		list. See instructions		
	Webs		familywiseservices.org		H(c) Group exemption			
			X Corporation Trust Association Other	L Year	of formation: 1976 N	State of legal domicile: MN		
P	art I							
e	1		e the organization's mission or most significant activities: Streng			s by		
Activities & Governance			ng the safety, stability and wellbe: x if the organization discontinued its operations or disposed					
erné	2	Check this bo						
NO C	3	Number of vo		<u>    12</u> 12				
ن م	4		lependent voting members of the governing body (Part VI, line 1b) of individuals employed in calendar year 2023 (Part V, line 2a)					
ies	5			<u> </u>				
tivit	6			0.				
Ac	12			0.				
		net unrelated	business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year		
	8	Contributions	and grants (Part VIII, line 1h)		2,083,043.	2,185,787.		
anc	9		ce revenue (Part VIII, line 2g)		1,252,488.	1,595,198.		
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)	2,058.	6,543.			
ă	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		45,863.	34,164.		
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,383,452.	3,821,692.		
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	64,695.		
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.		
ŝ	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)		2,357,089.	2,558,897.		
enses	16a	Professional f	undraising fees (Part IX, column (A), line 11e)	<b></b>	63,540.	63,865.		
Expe	-  k		ing expenses (Part IX, column (D), line 25) 274, 276					
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	879,715.	987,158.			
	18	-	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,300,344.	3,674,615.		
	<b>19</b>	Revenue less	expenses. Subtract line 18 from line 12	 De	83,108. ginning of Current Year	<u>147,077.</u>		
ts ol		Total const "			3,441,014.	End of Year 3,603,091.		
Asse	20	Total assets (F	-		262,068.	273,012.		
Net Assets or	21 22		(Part X, line 26) fund balances. Subtract line 21 from line 20		3,178,946.	3,330,079.		
	art II				5,1,0,510.	5,550,075.		

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.

Sign	Signature of officer		Date	
	Ann Gaasch, Executive Dire			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date Check DTIN	
Paid	Joseph Wallis, CPA	Joseph Wallis, CPA	08/28/24 self-employed P02478681	
Preparer	Firm's name Abdo LLP		Firm's EIN 41-1397419	
Use Only	Firm's address 5201 Eden Ave, St	e 250		
	Edina, MN 55436		Phone no. 952 . 835 . 9090	
May the I	RS discuss this return with the preparer shown abo	ve? See instructions	X Yes 🗌 N	No
LHA For	Paperwork Reduction Act Notice, see the separ	rate instructions. 332001 12-21-23	Form <b>990</b> (20)	23)

1	FamilyWise         Services           III         Statement of Program Service Accomplishments		41-1343909	Page
	Check if Schedule O contains a response or note to any line in this			X
	Briefly describe the organization's mission:	s Part III		🕰
	Strengthening families by promoting	the safety stability	and	
	wellbeing of children.	the salety, stability	unu	
	weitbeing of children.			
2	Did the organization undertake any significant program services during t	he year which were not listed on the		
	prior Form 990 or 990-EZ?	-	Yes	XNo
	If "Yes," describe these new services on Schedule O.			
	Did the organization cease conducting, or make significant changes in h	ow it conducts, any program services?	Yes	XNo
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments for each of	of its three largest program services, as me	easured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the a	mount of grants and allocations to others,	the total expenses, ar	nd
	revenue, if any, for each program service reported.			
4a	(Code:) (Expenses \$ 577,637. including grants o	of \$) (Revenue :	s <u>464</u> ,	491.
	Youth Wraparound:			
			-	
	An intensive care planning and manag			
	8-17 who are high risk of institution			
	homes, schools, and community. Youth			
	natural support systems to create a		lized plan.	In
	2023, 74 youth and their families we	re assisted.		
	476 440		206	067
		of \$ ) (Revenue 3	\$	007.
	Prevention Education:			
			<u> </u>	
	FamilyWise produces and distributes			
	education and outreach materials thr			<u>с</u>
	raises awareness online through webs			
	Currently, FamilyWise has over 1,000			se
	provides trainings and consultation			
	adverse childhood experiences and co			
	regional training and community even			
	dialogue about child maltreatment. P	resentations reached 2	2,000	
	individuals in 2023.			
4c	(Code:) (Expenses \$ 4 38 , 0 3 4 . including grants o	f \$) (Revenue	s <u>261</u> ,	374.
	Supervised Parenting and Safe Exchange	ge:		
	In cases of family separation or fam	ily violence where the	e well-bein	γ
		and community/home, a		
	OI LHE CHIIG IS IN QUESLION, ON-SILE		and SUPELVI	
		stodial parent and the		sed
	parenting is provided between non-cu		eir childre	sed
	parenting is provided between non-cu in a safe, caring, and sensitive env		eir childre	sed
	parenting is provided between non-cu		eir childre	sed
	parenting is provided between non-cu in a safe, caring, and sensitive env		eir childre	sed
	parenting is provided between non-cu in a safe, caring, and sensitive env		eir childre	sed
	parenting is provided between non-cu in a safe, caring, and sensitive env		eir childre	sed
	parenting is provided between non-cu in a safe, caring, and sensitive env		eir childre	sed
	parenting is provided between non-cu in a safe, caring, and sensitive env these services in 2023.		eir childre	sed
4d	parenting is provided between non-cu in a safe, caring, and sensitive env these services in 2023. Other program services (Describe on Schedule O.)	ironment. 222 families	eir children s utilized	sed
4d	parenting is provided between non-cu in a safe, caring, and sensitive env these services in 2023. Other program services (Describe on Schedule O.) (Expenses \$ 1,569,357. including grants of \$	ironment. 222 families	eir children s utilized	sed
4d	parenting is provided between non-cu in a safe, caring, and sensitive env these services in 2023. Other program services (Describe on Schedule O.)	ironment. 222 families	eir children s utilized 73,266.)	sed n
4d 4e	parenting is provided between non-cu in a safe, caring, and sensitive env these services in 2023. Other program services (Describe on Schedule O.) (Expenses \$ 1,569,357. including grants of \$	ironment. 222 families	eir children s utilized 73,266.)	sed

Form 990 (2023) 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
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			37
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
_	Schedule D, Part III	8		<u> </u>
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?			v
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			37
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		<b>v</b>	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
-	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	<u>X</u>	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		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 X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		
Ø	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	116		х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		- 11
15		15		Х
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		- 23
10		16		х
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 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? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17	x	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
10		18		Х
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
13		19		х
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
		20a 20b		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
- 1	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	x	
332001				(2023)

332003 12-21-23

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Form	990	(2023)

 Form 990 (2023)
 FamilyWise
 Services

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
-	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		x
Ь	"Yes," complete Schedule L, Part IV	20a 28b		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		- 23
C	· · · · ·	28c		x
00	"Yes," complete Schedule L, Part IV	20C		X
29 20	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		v
~ 1	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	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 70			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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	5			

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Par				<u> </u>						
			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 66									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
3a	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?									
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			1						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X						
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			1						
	any contributions that were not tax deductible as charitable contributions?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			1						
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?	8								
	Sponsoring organizations maintaining donor advised funds.									
	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
	Section 501(c)(7) organizations. Enter:									
	Initiation fees and capital contributions included on Part VIII, line 12									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders 11a									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-								
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>								
h	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the									
b										
~										
		140		Х						
		14a 14b								
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>									
15	excess parachute payment(s) during the year?	15		х						
	If "Yes," see the instructions and file Form 4720, Schedule N.	1.5								
16	Is the experimentian on advectional institution exhibits the the continue 1000 evolution and investment income 0	16		Х						
10	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		1						
	If "Yes," complete Form 6069.									
332005	12-21-23	Form	990	(2023)						
	c			(						

6 2023.04020 FAMILYWISE SERVICES 300191\_1

			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a12	2								
	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 12	2								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X X						
5 Did the organization become aware during the year of a significant diversion of the organization's assets?										
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		x						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
	The governing body?	8a	Х							
	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 reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	N						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes." <i>describe</i>									
	on Schedule O how this was done	12c	х							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Х							
	Other officers or key employees of the organization	15b		x						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		x						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure	1.00								
17	List the states with which a copy of this Form 990 is required to be filedMN									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s onlv)	availal	ble						
	for public inspection. Indicate how you made these available. Check all that apply.	··· <b>,</b> ,								
	X       Own website       Another's website       X       Upon request       Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial							
-	statements available to the public during the tax year.									
	State the name, address, and telephone number of the person who possesses the organization's books and records									
20										
20	The Organization - $612-617-0191$									
20	<u>The Organization - 612-617-0191</u> 3036 University Ave SE, Minneapolis, MN 55045									
	The Organization - 612-617-0191 3036 University Ave SE, Minneapolis, MN 55045	Form	<b>990</b>	(202						

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.

41-1343909

Page **6** 

FamilyWise Services

Form 990 (2023)

Form 990 (2023)	FamilyWise Services	41-1343909	Page 7							
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
Employe	Employees, and Independent Contractors									
Check if So	chedule O contains a response or note to any line in this Part VII									
Section A. Officers,	Directors, Trustees, Key Employees, and Highest Compensated Empl	oyees								
•	e for all persons required to be listed. Report compensation for the calenda anization's <b>current</b> officers, directors, trustees (whether individuals or org	, ,								

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.

• 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.

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

(A)	(B)	l		(0	C)		our	(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle	Pos heck ss per id a d	more rson i	than o s both	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) Ann Gaasch	40.00									
Executive Director				X				136,333.	0.	14,355.
(2) Shannon Schaaf	2.00									
President		Х		X				0.	0.	0.
(3) Kimberly Heinrich	2.00									-
Vice President		Х		X				0.	0.	0.
(4) Leslie Wilbur	2.00									
Treasurer		Х		X				0.	0.	0.
(5) Catherine Perrizo	2.00									_
Director		Х						0.	0.	0.
(6) David Hirsch	2.00									
Director		Х						0.	0.	0.
(7) Jade Johnson	2.00									_
Director		Х						0.	0.	0.
(8) Jenny Cook	2.00									
Director		Х						0.	0.	0.
(9) Julia Quanrud	2.00									
Director		Х						0.	0.	0.
(10) Maria Geigle	2.00									
Director		Х						0.	0.	0.
(11) Michelle Jensen	2.00									
Director		Х						0.	0.	0.
(12) Paige Olson	2.00									
Director		Х						0.	0.	0.
(13) Sally Wahman	2.00									
Director		Х						0.	0.	0.
	L	-								
		-								
			-							· · · · · · · · · · · · · · · · · · ·
332007 12-21-23	1	I	I	I	L	I	I	1	l	Form <b>990</b> (2023)

8

332007 12-21-23

Form 990 (2023)

# 14470828 759492 300191

	990 (2023) FamilyWis	e Servi	ce	s						41-13	343	909	Pa	age <b>8</b>
Part VII       Section A. Officers, Directors, Trustees, Key Emp         (A)       (B)         Name and title       Average         hours per       week				not cl	(C Posi heck r	<b>c)</b> ition more rson is		ne an	ompensated Employee (D) Reportable compensation from	es (continued) (E) Reportable compensation from related		an	(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest com pensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)		fr org an	pensa om the anizat d relate anizatio	e ion ed
									126.222		0	1	4 2	
c d	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A		· · · · · · · ·					136,333. 0. 136,333.		0.0.0.		4,3 4,3	0.
2	Total number of individuals (including but no compensation from the organization	ot limited to the	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	•		Yes	1 No
3 4	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the su	ich individual										3		x
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," com	ccrue compen	satio	on fr	oma	any	unre	late	ed organization or individ			4 5	X	X
Sec 1	tion B. Independent Contractors Complete this table for your five highest cor the organization. Report compensation for t	•	•								oensa	tion fro	om	
Met	(A) Name and business cropolitan Alliance of		ed	C	om	mu	nit	-	(B) Description of s IT, HR, Acco		С	<b>))</b> Compe		<u>n</u>
343	3 Broadway St NE, STE	230, Mi	nn	ea	po	1i	s,	1	Management			29	4,2:	16.
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	•	ot lin	nitec	l to t	thos 1	e lis	ed	above) who received me	bre than		Form	<b>990</b> (;	2023)

332008 12-21-23

		(2023) FamilyWise Ser	rvices			41-1343	909 Page <b>9</b>
Pa	rt VI						
		Check if Schedule O contains a response of	r note to any lin	e in this Part VIII (A)	(B)	(C)	(D)
				Total revenue	Related or exempt		Revenue excluded from tax under sections 512 - 514
ν υ	1 :	a Federated campaigns 1a 1	100,528.				36010113 312 - 314
Contributions, Gifts, Grants and Other Similar Amounts	l l	b Membership dues 1b					
ß,	Ċ	c Fundraising events 1c	10,150.				
ar A	c	d Related organizations					
s, Milio	e	e Government grants (contributions) 1e 8	899,708.				
rtion S	f	f All other contributions, gifts, grants, and					
Othe			175,401.				
ontio	ç	g Noncash contributions included in lines 1a-1f		2,185,787.			
00	r	h Total. Add lines 1a-1f	Business Code	2,105,707.			
•	2:	a Family care		1,595,198.	1.595.198.		
Program Service Revenue		b		_ / • • • • / _ • • • •			
am Serv evenue	c	c					
eve	c	d [					
- BO	e	e					
ā	f	f All other program service revenue					
	•	g Total. Add lines 2a-2f		1,595,198.			
	3	Investment income (including dividends, interes other similar amounts)		6,543.			6,543.
	4	Income from investment of tax-exempt bond pro		0,0100			0,0100
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a					
	k	b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)a Gross amount from sales of (i) Securities	(ii) Other				
	/ 8	a Gross amount from sales of assets other than inventory <b>7a</b>					
	ł	b Less: cost or other basis					
ē		and sales expenses					
venue	Ċ	c Gain or (loss) 7c					
	C	<b>d</b> Net gain or (loss)					
Other Re	8 8	a Gross income from fundraising events (not					
đ		including \$10,150. of					
		contributions reported on line 1c). See	0				
	L	Part IV, line 18         8a           b         Less: direct expenses         8b	0.				
		b Less: direct expenses [8b] c Net income or (loss) from fundraising events	••	0.			
		a Gross income from gaming activities. See					
		Part IV, line 19					
	k	b Less: direct expenses 9b					
	0	<b>c</b> Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns					
		and allowances 10a					
		<b>b</b> Less: cost of goods sold					
	0	c Net income or (loss) from sales of inventory	Business Code				
SNC	11 a	ne' 11	900099	34,164.			34,164.
nue	k	b		,			,
ella eve	c	c [					
Miscellaneous Revenue	C	d All other revenue					
	e	e Total. Add lines 11a-11d		34,164.			40 808
	12	Total revenue. See instructions		3,821,692.	<b>µ,595,198.</b>	0.	40,707.
33200	9 12-2	21-23					Form <b>990</b> (2023)

_	Check if Schedule O contains a respons	se or note to any line in t (A)	his Part IX	(C)	<u>2</u> (D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
	Grants and other assistance to domestic organizations	64 605	CA 505		
	and domestic governments. See Part IV, line 21	64,695.	64,695.		
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	450 605	4.0.7 .0.4	10.100	
	trustees, and key employees	150,687.	127,331.	12,190.	11,160
	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	2,020,154.	1,719,909.	148,837.	151,408
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	44,424.	34,846. 97,849.	<u>6,642.</u> 18,651.	2,936
9	Other employee benefits	124,744.	97,849.	18,651.	8,244
0	Payroll taxes	218,888.	184,545.	17,529.	16,814
	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	12,695.		12,695.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	63,865.			63,86
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	461,194.	421,771.	39,423.	
2	Advertising and promotion				
	Office expenses	50,546.	29,333.	16,345.	<u>4,868</u> 648
	Information technology	35,179.	18,117.	16,414.	648
	Royalties				
	Occupancy	125,553.	90,781.	30,896.	3,876
	Travel	41,684.	40,294.	81.	1,309
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	78,598.	69,556.	5,118.	3,924
	Insurance				•
	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
	Food, supply, and activ	130,764.	130,551.	38.	17
	Staff and volunteer	22,455.	14,690.	3,495.	4,270
	Bank fees	16,599.	10,021.	6,128.	450
	Membership dues	11,891.	7,179.	4,389.	323
	All other expenses	±±,0)±•	• • • • •	<u> </u>	52.
	· · · · · · · · · · · · · · · · · · ·	3,674,615.	3,061,468.	338,871.	274,270
	Total functional expenses. Add lines 1 through 24e	J, U/4, ULJ.	J,001,400.	550,071.	4/4,4/(
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (20

Form 990 (2023) FamilyWise Services
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).

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		Check if Schedule O contains a response or note to any	line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1,474,339.	1	1,430,373.
	2	Savings and temporary cash investments		694,099.	2	698,767.
	3	Pledges and grants receivable, net		6,086.	3	153,421.
	4	Accounts receivable, net		412,226.	4	468,626.
	5	Loans and other receivables from any current or former of	officer, director,			
		trustee, key employee, creator or founder, substantial co	ontributor, or 35%			
		controlled entity or family member of any of these person	ns		5	
	6	Loans and other receivables from other disqualified pers	ons (as defined			
		under section 4958(f)(1)), and persons described in secti	on 4958(c)(3)(B)		6	
ţs	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
۲	9	Prepaid expenses and deferred charges		53,254.	9	61,320.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D     10a       Less: accumulated depreciation     10b	2,344,570.			
	b	Less: accumulated depreciation 10b	1,572,478.	785,983.	10c	772,092. 18,492.
	11	Investments - publicly traded securities		15,027.	11	18,492.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 33	3)	3,441,014.	16	3,603,091.
	17	Accounts payable and accrued expenses		217,068.	17	224,484.
	18	Grants payable		18		
	19	Deferred revenue		19	3,528.	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV o		21		
es	22	Loans and other payables to any current or former office				
Liabilities		trustee, key employee, creator or founder, substantial co				
iab		controlled entity or family member of any of these person		22		
	23	Secured mortgages and notes payable to unrelated third	45,000.	23	45,000.	
	24	Unsecured notes and loans payable to unrelated third pa	arties		24	
	25	Other liabilities (including federal income tax, payables to				
		parties, and other liabilities not included on lines 17-24).	Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		262,068.	26	273,012.
ß		Organizations that follow FASB ASC 958, check here	X			
č		and complete lines 27, 28, 32, and 33.		0.000.150		2 149 692
alan	27			2,860,158.	27	3,147,673.
Ä	28			318,788.	28	182,406.
ц Б		Organizations that do not follow FASB ASC 958, chec	k here			
ш Х		and complete lines 29 through 33.				
ţ	29	Capital stock or trust principal, or current funds			29	
Se	30	Paid-in or capital surplus, or land, building, or equipment			30	
ι δύ	31	Retained earnings, endowment, accumulated income, or	r other funds		31	2 220 000
t As:						
Net Assets or Fund Balances	32 33	Total net assets or fund balances		3,178,946. 3,441,014.	32 33	3,330,079. 3,603,091.

Form 990 (2023)
Part X Balance Sheet

FamilyWise Services

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Form	1990 (2023) FamilyWise Services	41-	134390	Э Р	age <b>12</b>		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1			692.		
2							
3	Revenue less expenses. Subtract line 2 from line 1	3			077.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,1	78,	946.		
5	Net unrealized gains (losses) on investments	5		4,	056.		
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	3,3	30,	079.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	s No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			1	X		
	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?		2t	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.						
3a	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?		38		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	it				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits						

Form **990** (2023)

(Form 990)

Total

# 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.

OMB No. 1545-0047
2023
Open to Public

Department o Internal Rever	of the Treasury nue Service		Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public Inspection
Name of t	the organizati	on						Employer	identification numbe
FamilyWise Services							4	1-1343909	
Part I	Reason	for Public (	Charity Status.	(All organizations must c	omplete tl	nis part.) S	ee instructior	is.	
The organ	ization is not a	private found	lation because it is: (I	For lines 1 through 12, c	heck only	one box.)			
1	A church, co	nvention of ch	urches, or associatio	on of churches described	l in sectio	on 170(b)( <sup>-</sup>	1)(A)(i).		
2	A school des	cribed in <b>sect</b>	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	า 990).)				
3				anization described in se		)(b)(1)(A)(ii	ii).		
4	A medical res	search organiz	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A	)(iii). Enter	the hospital's name,
	city, and state:								
5	An organizati	on operated fo	or the benefit of a col	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
	section 170	(b)(1)(A)(iv). (0	Complete Part II.)						
6				nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X	An organizati	on that norma	Illy receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from t	ne general j	oublic described in
			omplete Part II.)		Ũ				
8				(1)(A)(vi). (Complete Par	t II.)				
9	-			in section 170(b)(1)(A)(	-	ed in conju	unction with a	land-grant	college
	-	-		ulture (see instructions).		-		-	-
	university:						-		
10		on that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	nip fees, and	d gross receipts from
	-		• • • •	t to certain exceptions; a				-	•
				(less section 511 tax) fro					
			mplete Part III.)	. ,		·		-	
11				ively to test for public sa	fety. See	section 50	09(a)(4).		
12	-	-	-	vely for the benefit of, to	•			rry out the	purposes of one or
	more publicly	supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box on
				f supporting organizatior					
а	-	-	• •	upervised, or controlled				-	giving
			-	gularly appoint or elect a	•	-			
		-	complete Part IV, Se						
b	<b>-</b>			l or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hav	ving
			-	anization vested in the sa			•		-
		-	t complete Part IV,		•			•	
c	¬ -		-	g organization operated	in connec <sup>.</sup>	tion with, a	and functiona	lly integrate	ed with,
		-		). You must complete I				, ,	,
d		-		oorting organization oper				rted organiz	zation(s)
		-		ation generally must sat				-	
				nplete Part IV, Sections					
e	Check this	box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III	
		•		nally integrated supporti			51 / 51	, <b>,</b>	
f Ente	er the number								
			n about the supporte						
(								(vi) Amount of other	
	organizatior	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions
				1	1	1	1		1

# Schedule A (Form 990) 2023

Part II

FamilyWise Services

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	(e) 2023	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	1086677.	1635294.	2261123.	2083043.	2185787.	9251924.		
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	1005555	4 6 9 7 9 9 4						
	Total. Add lines 1 through 3	1086677.	1635294.	2261123.	2083043.	2185787.	9251924.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the amount shown on line 11,								
	column (f)								
~	column (f)						9251924.		
	Public support. Subtract line 5 from line 4.						9231924.		
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
	Amounts from line 4	1086677.	1635294.	2261123.	2083043.	2185787.	9251924.		
	Gross income from interest,		10001011				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Ŭ	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	1,438.	1,267.	1,391.	2,058.	6,543.	12,697.		
9	Net income from unrelated business				,		<b>,</b>		
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)	362.	49,219.	32,502.	45,863.	34,164.	162,110.		
11	Total support. Add lines 7 through 10						9426731.		
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 6	,693,585.		
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	vear as a section 5	01(c)(3)			
organization, check this box and stop here									
Section C. Computation of Public Support Percentage									
	Public support percentage for 2023 (I					14	<u>98.15 %</u>		
	15    Public support percentage from 2022 Schedule A, Part II, line 14								
16a	16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and								
	stop here. The organization qualifies as a publicly supported organization								
b	b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
47.									
1/a	10% -facts-and-circumstances test	-							
	and if the organization meets the fact			-		-			
h	meets the facts-and-circumstances te 10% -facts-and-circumstances test	-		• • • •		7a and line 15 is 1			
0	more, and if the organization meets the	0					1070 01		
	organization meets the facts-and-circu								
18	-				• •				
	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

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	Schedule A	Form	990	) 2023
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Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support	<u></u>					
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizati	on,
-							
	ction C. Computation of Publi						
	Public support percentage for 2023 (					15	%
	Public support percentage from 2022					16	%
	ction D. Computation of Inves						
	Investment income percentage for <b>20</b> Investment income percentage from					17 18	<u>%</u>
19a	<b>33 1/3% support tests - 2023.</b> If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	tion	
b	33 1/3% support tests - 2022. If the	organization did r	not check a box on	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	t <b>op here.</b> The orga	nization qualifies	as a publicly suppo	orted organization	
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	tructions	
33202	23 12-21-23		16			Schedule /	A (Form 990) 2023

FamilyWise Services

Yes No

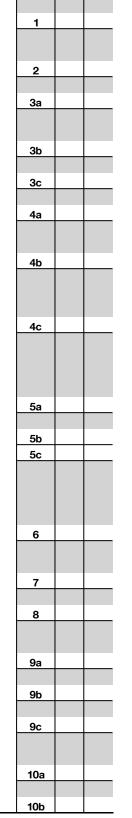
# Part IV Supporting Organizations

(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.)

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Schedule A (Form 990) 2023

17

	(Form 990) 2023	FamilyWise	
Part IV	Supporting Or	ganizations (continued)	

Yes No

1

# 11 Has the organization accepted a gift or contribution from any of the following persons? Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? Image: Control of the person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? Image: Control of the person described on line 11a above? Image: Control of the person described on line 11a above? Image: Control of the person described on line 11a above? Image: Control of the person described on line 11a above? Image: Control of the person described on line 11a or 11b above? Image: Control of the person described on line 11a or 11b above? Image: Control of the person described on line 11a or 11b above? Image: Control of the person described on line 11a or 11b above? Image: Control of the person described on line 11a or 11b above? Image: Control of the person described on line 11a or 11b above? Image: Control of the person described on line 11a or 11b above? Image: Control of the person described on line 11a or 11b above? Image: Control of the person described on line 11a or 11b above? Image: Control of the person described on line 11a or 11b above? Image: Control of the person described on line 11a or 11b above? Image: Control of the person described on line 11a or 11b above? Image: Control of the person described on line 11a or 11b above? Image: Control of the person described on line 11a or 11b above? Image: Control of the person described on line 11a or 11b above? Image: Control of th

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization.	2	
Sec	tion C. Type II Supporting Organizations		

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)

Section D	. All Type III	Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

# Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to sati	ofy the Integral Part Test during the year	(see instructions).
-	oneon the box next to the method that the organization abed to bat	ing the integral i are rest during the year	(

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌	] The organization supported a governmental entity	Describe in Part VI how you supported a	a governmental entity (see instruction <u>s).</u>
-----	--	---	---

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.** 

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.* 

2a \_\_\_\_\_\_ 2b \_\_\_\_\_ 3a \_\_\_\_\_ 3b \_\_\_\_\_

Schedule A (Form 990) 2023

Yes No

332025 12-21-23

14470828 759492 300191

Sche	Schedule A (Form 990) 2023 FamilyWise Services			41-1343909 Page 6	
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations	**	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 ( <i>explain i</i>	n Part VI). See instructions.	
	All other Type III non-functionally integrated supporting organizations must				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		_	
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7		_	
8	Minimum Asset Amount (add line 7 to line 6)	8		_	
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			

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

Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

6 Other distributions (describe in Part VI). See instructions.

4 Amounts paid to acquire exempt-use assets

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

3 Administrative expenses paid to accomplish exempt purposes of supported organizations

Section D - Distributions

_7	Total annual distributions. Add lines 1 through 6.			7	
8	3 Distributions to attentive supported organizations to which the organization is responsive				
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	IS	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
с	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

**Current Year** 

1

2

3 4

5 6

Schedule A	(Form 990) 2023	FamilyWise	Services	41-1343909 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Provide the , 2, 3b, 3c, 4b, 4c, 5a, 0 lines 2 and 3; Part IV, 5	explanations required by Part II, line 10; Pa 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Se	rt II, line 17a or 17b; Part III, line 12; ection B, lines 1 and 2; Part IV, Section C, V, line 1; Part V, Section B, line 1e; Part V,
	(See instructions.)		_,, _, _,	
332028 12-21-2	3			Schedule A (Form 990) 2023
302020 12-21-2	-		21	

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# Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

# 2023

Employer identification number

41-1343909

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):			
Filers of:	Section:		

FamilvWise Services

Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

# General Rule

📙 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

# Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

## Schedule B (Form 990) (2023)

FamilyWise Services

Name of organization

Employer identification number

41-1343909

#### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 180,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 100,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 140,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll 569,187. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 59,281. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 X Person Payroll 672,593. Noncash \$ (Complete Part II for noncash contributions.) 323452 12-26-23

Schedule B (Form 990) (2023)

Schedule B	(Form	990)	(2023)
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Name of organization

Page 3

Employer identification number

41-1343909

# FamilyWise Services

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

# 14470828 759492 300191

2023.04020 FAMILYWISE SERVICES

24

Name of o	organization			Employer identification numb
Famil	yWise Services			41-1343909
		a) through (e) and the following l	ne entry. For ora	c)(7), (8), or (10) that total more than \$1,000 for the y
	Use duplicate copies of Part III if additiona	I space is needed.	UU OF Tess for the	year. (Enter this into, once.) *
(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	Re	lationship 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	Re	ationship 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,		C C	lationship 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	Re	ationship of transferor to transferee
323454 12-26	6-23			Schedule B (Form 990) (2

SCI	HEDULE D		I Financial Statement			OMB No. 15	545-0047
(Forn	Form 990) 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.						
	Department of the Treasury Attach to Form 990.						
	Revenue Service		) for instructions and the latest inform			Inspect	
Name	e of the organizati	on FamilyWise Services	<b>n</b>			er identification	
Par	t I Organiza	ations Maintaining Donor Advised		s or Acc			
I UI		n answered "Yes" on Form 990, Part IV, line			ounto.	Complete II ti	
		,,	(a) Donor advised funds	(b)	Funds	and other accou	nts
1	Total number at er	nd of year	(4) 20101 441004 141140	()			
2		f contributions to (during year)					
3		f grants from (during year)					
4		t end of year					
5		on inform all donors and donor advisors in v	vriting that the assets held in donor advi	sed funds			
Ũ	-	on's property, subject to the organization's	-			Yes	No
6		on inform all grantees, donors, and donor a				100	
•		oses and not for the benefit of the donor of					
	impermissible priv					Yes	No
Par		ation Easements. Complete if the org					
1		servation easements held by the organization		, ,			
		n of land for public use (for example, recreat		of a historio	callv imp	ortant land area	1
		f natural habitat	Preservation of		, ,		
	Preservation	n of open space					
2	Complete lines 2a	through 2d if the organization held a qualifi	ed conservation contribution in the form	of a cons	ervation	easement on th	ne last
	day of the tax year					ld at the End of th	
а	Total number of co	onservation easements			2a		
b					2b		
с	Number of conser	vation easements on a certified historic stru			2c		
d	Number of conser	vation easements included on line 2c acqui	red after July 25, 2006, and not				
	on a historic struc	ture listed in the National Register			2d		
3		vation easements modified, transferred, rele			tion duri	ng the tax	
	year						
4	Number of states	where property subject to conservation eas	ement is located	_			
5	Does the organiza	tion have a written policy regarding the peri	odic monitoring, inspection, handling of				
	violations, and enf	orcement of the conservation easements it	holds?			Yes	No No
6	Staff and voluntee	r hours devoted to monitoring, inspecting, l	handling of violations, and enforcing cor	servation	easemer	nts during the ye	ear
7	Amount of expens	es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserve	ation easer	ments di	uring the year	
_							
8		vation easement reported on line 2d above	satisfy the requirements of section 170(	h)(4)(B)(i)			<u> </u>
-	and section 170(h)					Ves	└── No
9		be how the organization reports conservation					
		d include, if applicable, the text of the footn	ote to the organization's financial staten	nents that o	describe	es the	
Dar		ounting for conservation easements. ations Maintaining Collections of	Art Historical Treasures or O	ther Sin	oilar A	ecote	
ιαι		f the organization answered "Yes" on Form				33513.	
4 -	•	•	· ·	and heles	00 ch '	works	
та	•	elected, as permitted under FASB ASC 95					
		easures, or other similar assets held for pub			a or publ		
L.	· •	Part XIII the text of the footnote to its finan			hoot we	rko of	
D	-	elected, as permitted under FASB ASC 956					
		sures, or other similar assets held for public	exhibition, education, or research in tun	inerance o		service,	
	-	ng amounts relating to these items. ded on Form 990. Part VIII. line 1			\$		
		UEU UN FUITI 330, FAIL VIII, III E I			D.		

	(ii) Assets included in Form 990, Part X	\$				
2	2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide					
	the following amounts required to be reported under FASB ASC 958 relating to these items:					
а	Revenue included on Form 990, Part VIII, line 1	\$				
b	Assets included in Form 990, Part X	\$				
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2023				
33205	1 09-28-23					

Sche		ise Service						41-13	4390	9 Pa	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	r Othe	r Simila	r Assets	(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following that	: make s	ignificant u	use of its			
	collection items (check all that apply).										
а	Public exhibition	d	I 🛄 L	_oan or exc	hange progra	am					
b	Scholarly research	e	. 🗌 (	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how the	ey further th	ne organizatio	on's exer	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, his	torical treas	sures, or othe	er similar	r assets		_		-
	to be sold to raise funds rather than to be ma						<u></u>		Yes		No
Par	t IV Escrow and Custodial Arran		te if the c	organizatior	n answered ""	Yes" on	Form 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi		•						-		7
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	able:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance										1
	Did the organization include an amount on F						lity?	L	Yes		No ∣
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds Complete if						0				<u>]</u>
		(a) Current year		rior year	(c) Two year		(d) Three y	ears hack	(e) Four	vears	hack
10	Paginning of year balance	(u) ourient you	(5)11	nor your	(0) 100 you	10 Duok	<b>(a)</b> miles	ouro buon	(0) 1 001	youro	Juon
	Beginning of year balance										
	Contributions										
	Grants or scholarships										
	Other expenditures for facilities										
e											
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the curr	rent vear end balance	e (line 1a	column (a	)) held as:						
a	Board designated or quasi-endowment		%	, oolanni (a							
b	Permanent endowment	%	_/0								
c		%									
•	The percentages on lines 2a, 2b, and 2c sho	- · -									
3a	Are there endowment funds not in the posse		ation that	are held ar	nd administer	ed for th	ne				
	organization by:	0							]	Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		wment fu	unds.							
Par	t VI Land, Buildings, and Equipm	ient									
	Complete if the organization answere	d "Yes" on Form 990	), Part IV,	, line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	<b>(a)</b> Cost or o basis (investr		• •	t or other (other)		Accumulate epreciation	ed	<b>(d)</b> Boo	k value	9
1a	Land				6,200.				11	6,20	)0.
	Buildings			2,11	2,378.	1,	463,3	81.	64	8,99	<del>)</del> 7.
	Leasehold improvements										
	Equipment			11	5,992.		109,0	97.		6,89	95.
	Other										
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, line 10	)c. column	<u>(B))</u>				77	2,09	92.
								<u> </u>	- /-		~~~~

Schedule D (Form 990) 2023

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	(Form 990) 2023			Services
Part VII	Investments -	Other Sec	urities	

---. .

Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 000 Part IV line	11c Soc Form 000 Part V line 13	
(a) Description of investment			of year market yelue
	(b) Book value	(c) Method of valuation: Cost or end-	oryear market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(4)			
(4) (5)			
(5)			
(5) (6) (7)			
(5) (6)			
	(B))		
(5) (6) (7) (8)			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of (a) Department of liability			(b) Book value
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability			(b) Book value
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes			(b) Book value
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2)			(b) Book value
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3)			<b>(b)</b> Book value
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)			(b) Book value
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			<b>(b)</b> Book value
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			(b) Book value
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			<b>(b)</b> Book value
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)			(b) Book value
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	(b) Book value

2. 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) 2023

332053 09-28-23

Sche	dule D (Form 990) 2023 FamilyWise Services				1343909	Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With R	evenue per Re	eturn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.				
1	Total revenue, gains, and other support per audited financial statements			1	3,825	<u>,748.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a	4,056.			
b	Donated services and use of facilities	. 2b				
с	Recoveries of prior year grants	. 2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		<u>,056.</u>
3	Subtract line 2e from line 1			3	3,821	<u>,692.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. <b>4</b> a		_		
b	Other (Describe in Part XIII.)	. 4b				
С	Add lines <b>4a</b> and <b>4b</b>			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	3,821	<u>,692.</u>
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		-xpenses per	Return	า	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			<u>т</u> т	2 684	C1 F
1	Total expenses and losses per audited financial statements			1	3,674	,615.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1				
а	Donated services and use of facilities			_		
b	Prior year adjustments			_		
С	Other losses			_		
d	Other (Describe in Part XIII.)					•
е	·····			2e		0.
3	Subtract line 2e from line 1			3	3,674	,615.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.)	4b				•
с	Add lines 4a and 4b			4c	~ ~ ~ ~ ~ ~	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,674	,615.
Pa	rt XIII Supplemental Information					

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X, Line 2:

The Organization has received notification that it qualifies as a
tax-exempt organization under section 501(c)(3) of the U.S. Internal
Revenue Code and corresponding provisions of State law and accordingly, is
not subject to Federal or State income taxes. However, unrelated business
income may be subject to taxation.
Accounting standards requires the Organization to evaluate positions taken
by the Organization and to recognize a tax liability (or asset) if the
Organization has taken an uncertain position that more likely than not
would not be sustained upon examination by applicable tax authorities.
Management has analyzed tax positions taken by the organization, and has
332054 09-28-23 Schedule D (Form 990) 2023 29

Schedule D (Form 990) 2023 FamilyWise Services Part XIII Supplemental Information (continued)	41-1343909	Page <b>5</b>
concluded that as of December 31, 2023 and 2022, there are	no uncertain	
positions taken or expected to be taken that would require	recognition o	f
a liability (or asset) or disclosure in the financial state	ments. The	
Organization's tax returns are subject to review and examin	ation by	
Federal and State authorities. The Organization is not curr	ently under	
examination by any taxing jurisdiction.		

Schedule D (Form 990) 2023

332055 09-28-23

SCHEDULE G	Suppleme	ental Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047	
(Form 990)	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.							2023	
Department of the Treasury		Attach to Form 990	or Forr	n 990	-EZ.			Open to Public	
Internal Revenue Service		o www.irs.gov/Form990 for instru	ctions	and t	he latest information	า.	E	Inspection	
Name of the organization		ise Services					41-1343	entification number 909	
Part I Fundrais		Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-Ez	filers are not	
<ul> <li>Indicate whether the</li> <li>a X Mail solicitation</li> <li>b X Internet and</li> <li>c X Phone solicitation</li> <li>d X In-person solicitation</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	e organization rais tions l email solicitations itations blicitations on have a written o ted in Form 990, P 0 highest paid indiv	ed funds through any of the followin e X Solicita f X Solicita g X Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Yes		
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization	
Amplify DMC, LLC -	3320		Yes	No					
Irving Ave S, Minne	eapolis, MN	Grant writing		X	884,775.		62,473.	822,302.	
				<u></u>	884,775.		62,473.	822,302.	
or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	IT IS 6	exempt from re	gistration	
MN									
For Paperwork Beduct	ion Act Notice se	e the Instructions for Form 990 or	990-F	7			Schedul	G (Form 990) 2023	

or Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. See Part IV for continuations

Schedule G (Form 990) 2023

LHA 332081 09-13-23

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-F7 lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	events with gross receipt	s greater than \$5,000.
			<b>(a)</b> Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue						
eve	1	Gross receipts				
£						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
		Noncash prizes				
ses						
per	6	Rent/facility costs				
Direct Expenses	_	Frederick hardware				
Lec.	(	Food and beverages				
ā		Februarium				
		Entertainment				
		Other direct expenses				
		Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from lin				
Pa	irt I	II Gaming. Complete if the organization a		990, Part IV, line 19, or r	reported more than	<u> </u>
		\$15,000 on Form 990-EZ, line 6a.				
		. , , , ,		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
evel						
ñ	1	Gross revenue				
S	2	Cash prizes				
Jse:						
be	3	Noncash prizes				
Ω τ						
Direct Expenses	4	Rent/facility costs				
Δ						
	5	Other direct expenses				
			Yes%	└── Yes %	<b>Yes</b> %	
	6	Volunteer labor	No	No	No	
						1

9 Enter the state(s) in which the organization conducts gaming activities:

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

**a** Is the organization licensed to conduct gaming activities in each of these states?
 **b** If "No," explain: \_\_\_\_\_\_

7 Direct expense summary. Add lines 2 through 5 in column (d)

332082 09-13-23

Schedule G (Form 990) 2023

Yes

No

No

Sch	edule G (Form 990) 2023	FamilyWise	Services	41-1	343909	Page 3
11	Does the organization conduct g	aming activities with no	imembers?		Yes	No
			ust, or a member of a partnership or oth			
	to administer charitable gaming?	)			Yes	No No
13	Indicate the percentage of gamir	ng activity conducted in:				
а	The organization's facility				13a	%
					13b	%
14	Enter the name and address of the	he person who prepares	the organization's gaming/special events	s books and records:		
	Name					
	Address					
15a	Does the organization have a co	ntract with a third party	rom whom the organization receives gar	ning revenue?	Yes	🗌 No
b	If "Yes," enter the amount of gar		the organization \$	and the amount		
	of gaming revenue retained by th					
с	If "Yes," enter name and address	s of the third party:				
	Name					
	Address					
16	Gaming manager information:					
	Name					
	Gaming manager compensation	\$				
	Description of services provided					
	Director/officer	Employee	Independent contractor			
17	Mandatory distributions:					
а		er state law to make cha	itable distributions from the gaming proc	ceeds to		
	retain the state gaming license?				Yes	🗌 No
b	Enter the amount of distributions		v to be distributed to other exempt organ			
_	organization's own exempt activ		\$			
Ра			explanations required by Part I, line 2b, c		t III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, a	s applicable. Also provid	e any additional information. See instruc	tions.		
<u>م</u>	hodulo C Bart T	ting 2h ti	at of Ton Wighoat Da	id Fundraigana		
<u>ac</u> .	neutre G, Part I,	וח ,מצ שוודת	st of Ten Highest Pa	<u>ia runaisers</u>	•	
(i	) Name of Fundrai	ser: Amplify	DMC, LLC			
_	·	<b></b>	·			
<u>(i</u>	) Address of Fund	raiser: 3320	Irving Ave S, Minnea	apolis, MN 55	408	
33208	33 09-13-23			Sched	ule G (Form 9	990) 2023
			22		•	-

Schedule G (Form 990)

332084 04-01-23

SCHEDULE I (Form 990)	Go	irants and Oth vernments, ar ete if the organizatio	nd Individual	s in the Ŭni on Form 990, Par	ted States		OMB No. 1545-0047 <b>2023</b> Open to Public
Internal Revenue Service		Go to www.irs	s.gov/Form990 for		ation.		Inspection
Name of the organization FamilyWise	e Service	s	-				Employer identification number 41-1343909
Part I General Information on Grants an							
<ol> <li>Does the organization maintain records to criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pro</li> </ol>	tance?	-			-		on XYes No
Part II Grants and Other Assistance to I recipient that received more than \$	-				anization answered "Y	′es" on Form 990, Part	IV, line 21, for any
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
Crow Wing County Child Protection Team - P.O Box 686 - Brainerd, MN 56401	41-6005785	501(c)(3)	26,316.	0.			Family support, violence awareness, and education for children
Todd County PEACE Council Freshwater Education District, 2222 Industrial Drive - Wadena, MN 56482	41-0999552	501(c)(3)	7,294.	0.			Family support, violence awareness, and education for children
Aitkin County Child Abuse Prevention Council – 217 Second Street NW, Room 231 – Aitkin, MN 56431	41-6005749	501(c)(3)	7,270.	0.			Family support, violence awareness, and education for children
Cass County Child and Youth Council - 323 East 2nd Street S - Pillager, MN 56473	41-1817453	501(c)(3)	5,758.	0.			Family support, violence awareness, and education for children
Grant County Child and Youth Council - 15 Central Ave, N - Elbow Lake, MN 56531	41-1806563	501(c)(3)	6,570.	0.			Family support, violence awareness, and education for children
United Way of Douglas and Pope Counties - 1309 State Highway 29 #102 - Alexandria, MN 56308	23-7450908	501(c)(3)	11,487.	0.			Family support, violence awareness, and education for children
<ul> <li>2 Enter total number of section 501(c)(3) ar</li> <li>3 Enter total number of other organizations</li> </ul>			e line 1 table				<u> </u>

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

Schedule I (Form 990) 2023

Schedule I (Form 990) 2023

FamilyWise Services

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

The Organization uses spreadsheets to keep records of amounts provided to

individuals and organizations and how grantees use the funds.

SC	HEDULE J	Compensation Information	1	OMB No. 1	1545-00	47
(Fo	rm 990)		20	22		
		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		20	ZJ	)
Dena	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to		
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organization		Employer ic			mber
		FamilyWise Services	41-1	34390	9	
Ра	rt I Question	s Regarding Compensation				<del></del>
	o				Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fee				
		spending account Personal services (such as maid, chauffeu	ir, chei)			
h	If any of the hoves	on line 1a are checked, did the organization follow a written policy recording payment or				
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2				0		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors, rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	inusiees, and onice			2		
3	Indicate which if ar	ny, of the following the organization used to establish the compensation of the organization's	:			
•		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.	511 (0			
	X Compensation					
		ompensation consultant X Compensation survey or study				
	·	ther organizations X Approval by the board or compensation c	ommittee			
			ommittee			
4	During the year. did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a re					
а	•	e payment or change-of-control payment?		4a		X
b		eive payment from a supplemental nonqualified retirement plan?				X
с	-	eive payment from an equity-based compensation arrangement?		10		X
	-	les 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
а	The organization?			. 5a		X
		ation?				X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the n	et earnings of:				
а	The organization?			6a		X
		ation?				X
		or 6b, describe in Part III.				
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	i			
	not described on lir	nes 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th	ie			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	1 53.4958-6(c)?	<u></u>	9		
For	Paperwork Reduct	on Act Notice, see the Instructions for Form 990.	Sched	ule J (Forn	n 990)	) 2023

LHA 332111 11-06-23

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## 41-1343909

Page 2

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Ann Gaasch	(i)	136,333.	0.	0.	2,307.	12,048.	150,688.	0.
Executive Director	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(i) (ii)							

Schedule J (Form 990) 2023

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

# Part I, Line 3:

The Board uses a compensation committee that reviews a compensation survey

by Minnesota Council of Nonprofits and the Board approves the performance

# review of the Executive Director.

SCHEDULE O (Form 990)

### Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 41-1343909

FamilyWise Services

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.

Expenses \$ 1,569,357. including grants of \$ 64,695. Revenue \$ 473,266.

First Step Early Childhood:

Education from fully licensed and accredited child development program

service professionals for children ages six weeks to six years of age.

Children participate in activities that stimulate their physical,

social/emotional, cognitive, and language development with a focus on

early childhood readiness for school. 37 children were enrolled in

2023.

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 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23

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to abaro their concerns and fourth	rations and to identify and commit to
	rations and to identify and commit to
their own personal parenting goal	s. Participants are guided by
volunteer facilitators that are t	rained by Minnesota Communities Caring
for Children (MCCC) staff. 40 group	ups were held in 2023
Teen parenting:	
Parent education and mentor servio	ces for teen parents between the ages
of 14-22. Services included life	skills training, parent education,
parent child interaction coaching	, and a full year of support by a
community mentor.	
Form 990, Part VI, Section B, line	e 11b:
	ted to the audit and finance committees in
	zed audit and Form 990 are then presented
to the full Board by the audit con	
to the full board by the dualt to	
Form 990, Part VI, Section B, Line	e 12c:
Familywise is concerned with conf.	licts of interest that create actual or
potential job-related concerns, e	specially in the areas of confidentiality,
	ity, and morale. Disclosure for any
	nization should be made to the Executive
	with the conflict, then to the Board
	ter to the attention of the Board.
	ould be made to the Board President or if
she/he is the one with the conflic	ct, then to the Board Treasurer who shall
bring these matters to the Board.	Familywise has a policy acknowledgement
	Conflicts are reviewed at every meeting.
332212 11-14-23 70828 759492 300191	Schedule O (Form 990) 2023 41 2023.04020 FAMILYWISE SERVICES 300193

Page **2** 

Employer identification number 41 - 1343909

Schedule O (Form 990) 2023

FamilyWise Services

Name of the organization

Schedule O (Form 990) 2023	Page <b>2</b>
Name of the organization FamilyWise Services	Employer identification number 41-1343909
	41-1949909
Form 990, Part VI, Section B, Line 15a:	
The Executive Director's salary is determined by the execu	tive committee of
the Board. The Minnesota Council of Nonprofits annual sala	ry survey is used
for determining comparable pay for all staff including key	staff of the
Executive Director and program directors.	
Form 990, Part VI, Section C, Line 19:	
The Organization makes its governing documents, conflict o	f interest
policy, and financial statements available to the public t	hrough their
website and upon request.	-
Form 990, Part IX, Line 11g, Other Fees:	
Other professional fees:	
Program service expenses	421,771.
Management and general expenses	39,423.
Fundraising expenses	0.
Total expenses	461,194.
Total Other Fees on Form 990, Part IX, line 11g, Col A	461,194.
Form 990, Part XII, Line 2c:	
This process has not changed from the prior year.	

332212 11-14-23

(Rev. January 2024)

# Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

# File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

must use	Form 7004 to request an extension of time to file incom	e tax retur	าร.					
<u>Part I - Id</u>	entification							
Type or	Name of exempt organization, employer, or other filer	, see instru	actions.	Taxpayer	r identification nur	nber (TIN)		
Print								
	FamilyWise Services				41-13439	09		
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. 3036 University Ave SE							
instructions.	City, town or post office, state, and ZIP code. For a for Minneapolis, MN 55414	oreign addı	ress, see instructions.					
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)			01		
Applicatio	on Is For	Return Code	Application Is For			Return		
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09		
	0 (individual)	03	Form 5227			10		
Form 990		04	Form 6069			11		
	-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12		
	-T (trust other than above)	06	Form 5330 (individual)			13		
	-T (corporation)	07	Form 5330 (other than individual)			14		
Form 104		08						
<ul> <li>If this ap Plar</li> <li>Plar</li> </ul>	e Form 5330. pplication is for an extension of time to file Form 5330, y n Name n Number n Year Ending (MM/DD/YYYY)		•					
	utomatic Extension of Time To File for Exempt Organ	izatione (e	ee instructions)					
	poks are in the care of The Organization	124110115 (3						
THE DO		ve SF	- Minneapolis, MN	5504	.5			
Telenh	one No. 612-617-0191		Fax No					
•	organization does not have an office or place of business	in the I Ini						
	s for a Group Return, enter the organization's four-digit (							
box	. If it is for part of the group, check this box					check this		
				all membe	ers the extension			
	quest an automatic 6-month extension of time until $$ $$ ${ m Ne}$	ovembe				is for.		
	quest an automatic 6-month extension of time until No		er 15 , 20 <u>24</u> , to file			is for.		
the	organization named above. The extension is for the orga		er 15 , 20 <u>24</u> , to file			is for.		
	organization named above. The extension is for the organization ramed $23$ or	anization's	e <u>r 15</u> , 20 <u>24</u> , to file return for:	the exem	npt organization re	is for. eturn for		
the	organization named above. The extension is for the orga	anization's	e <u>r 15</u> , 20 <u>24</u> , to file return for:	the exem	npt organization re	is for.		
the X	organization named above. The extension is for the organization ramed $23$ or	anization's , 20 _	er 15 , 20 24 , to file return for: , and ending	the exem	npt organization re	is for. eturn for		
the X 2 If th	organization named above. The extension is for the orga calendar year 20 23 or tax year beginning te tax year entered in line 1 is for less than 12 months, c	anization's , 20 _ heck reasc	er     15     , 20     24     , to file       return for:	the exem	npt organization re	is for. eturn for		
the X 2 If th 3a If th	organization named above. The extension is for the orga calendar year 20 23 or tax year beginning te tax year entered in line 1 is for less than 12 months, c Change in accounting period	anization's , 20 _ heck reasc	er     15     , 20     24     , to file       return for:	the exem	npt organization re	is for. eturn for 20		
the           X           2         If th           3a         If th           any	organization named above. The extension is for the orga calendar year 20 23 or tax year beginning tax year entered in line 1 is for less than 12 months, c Change in accounting period his application is for Forms 990-PF, 990-T, 4720, or 6069	anization's , 20 heck reasc	er 15       , 20       24       , to file         return for:	Final retur	npt organization re	is for. eturn for 20		
2 If th 3a If th <u>any</u> b If th	organization named above. The extension is for the orga calendar year 20 23 or tax year beginning te tax year entered in line 1 is for less than 12 months, c Change in accounting period his application is for Forms 990-PF, 990-T, 4720, or 6069 nonrefundable credits. See instructions.	anization's , 20 heck reasc , enter the , enter any	er 15       , 20       24       , to file         return for:	Final retur	npt organization re	is for. eturn for 20		
2 If th 3a If th <u>any</u> b If th	organization named above. The extension is for the orga calendar year 20 23 or tax year beginning te tax year entered in line 1 is for less than 12 months, c Change in accounting period his application is for Forms 990-PF, 990-T, 4720, or 6069 nonrefundable credits. See instructions. his application is for Forms 990-PF, 990-T, 4720, or 6069	anization's , 20 heck reasc , enter the , enter any ayment all	er 15       , 20       24       , to file         return for:	Final retur	npt organization ro 	is for. eturn for 20 0 •		

For Privacy Act and Paperwork Reduction Act Notice, see instructions.