Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A F	or the	2023 calendar year, or tax year beginning and c	ending			
	heck if	C Name of organization		D Employer identific	cation number	
	Addres	Families Mentoring Families				
	Name change	Doing business as		81-40826	57	
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 1462 Mountain View Drive	E Telephone number 801-794-2961			
	termin- ated	3 1	G Gross receipts \$	268,488.		
	Amend return	Spanish Fork, 01 04000		H(a) Is this a group re		
	Applica tion pendin	F Name and address of principal officer: Becky Rogers		for subordinates	····· — —	
		same as c above		H(b) Are all subordinates in		
		mpt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) oe: www.familiesmentoringfamilies.org	or 527	1	list. See instructions	
	ebsit	organization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	n number 1 State of legal domicile: UT	
		Summary	L Year	or formation. ZOI / N	State of legal doffliche, O 1	
	1	Briefly describe the organization's mission or most significant activities: Build	ding s	trong family	7	
Activities & Governance		foundations through mentoring the six bran				
rna	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	ets.	
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	<u>8</u> 5	
۳	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	5	
es 8		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			0	
ΞĘ		Total number of volunteers (estimate if necessary)			30	
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.	
\dashv	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		O . Current Year	
		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Prior Year		
e		Contributions and grants (Part VIII, line 1h)		114,826. 4,916.	263,879. 4,600.	
Revenue		Program service revenue (Part VIII, line 2g)		4,910.	9.	
Re		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		-355.	0.	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		119,393.	268,488.	
_		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		24,391.	13,567.	
		Dona (file or all the configurations (Post IV) and those (A) Line (A)		0.	0.	
		Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		71,718.	103,248.	
ses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
Expenses		Fotal fundraising expenses (Part IX, column (D), line 25) 2,32				
ŭ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		77,476.	109,856.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		173,585.	226,671.	
		Revenue less expenses. Subtract line 18 from line 12		-54,192.	41,817.	
or			Be	ginning of Current Year	End of Year	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		333,452.	375,269.	
t As	21	Total liabilities (Part X, line 26)		0.	0.	
콆	22	Net assets or fund balances. Subtract line 21 from line 20		333,452.	375,269.	
	rt II	Signature Block	and atatama	nto and to the best of my	Impulades and halief it is	
		ties of perjury, I declare that I have examined this return, including accompanying schedules s, and complete. Declaration of preparer (other than officer) is based on all information of whi			knowledge and belief, it is	
ii uc,	COLLEC	, and complete. Decial ation of preparer (other than officer) is based on an information of win	icii pi epai ei	ilas ally kilowieuge.		
Sign	,	Signature of officer		Date		
Here		Becky Rogers, President				
11010		Type or print name and title				
		Print/Type preparer's name Preparer's signature		Date Check	PTIN	
Paid		M. Paul Winward M. Paul Winward	1	1/01/24 self-employe	P00290039	
Prepa	- 1	Firm's name Squire & Company, PC			7-0343246	
Use (- 1	Firm's address 1329 S 800 E				
		Orem, UT 84097		Phone no. 80	12256900	
May	the IF	S discuss this return with the preparer shown above? See instructions			X Yes No	

rai	otatement of Frogram service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	Building strong family foundations through mentoring the six br	anches
	of education: Family Skills, Literacy, Academics, Vocation,	
	Agriculture, and Leadership.	
	guup	
	Did the experimation undertake any significant program conjugated diving the year which were not listed on the	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	penses, and
	versance if any few cook average coming removed	
4a	200 444	4,600.)
	FMF currently operates over 200 family literacy centers across	Africa.
	FMF provides aftercare for survivors of trafficking, providing	
	through mental mastery, life and vocational skills, entrepreneu	
	and self-reliance. Our Education program trains young people i	
	principles of Leadership Education; focusing on learning "how t	o think"
	rather than "what to think".	
4h	(0)	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		-
		_
		_
		-
4c	(Code:) (Expenses \$)
		_
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 200,444.	·
	· · · · · · · · · · · · · · · · · · ·	Form 990 (2023)

Form 990 (2023) Families Mentoring Families 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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	ا		
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	ا ا		
10		10		x
44	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		
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,	ا مدا	Х	
	Part VI	11a	Λ	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			X
	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	١		\
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			\
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			٠.,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Х

0.111.000						
Part IV	Checklis	t of Required	Schedu	es	(con	tinued)

			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		X
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
	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	04.		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			.,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	JJa		
	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?	002		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	<u> </u>

Form 990 (2023) Families Mentoring Families

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

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X						
b	If "Yes," enter the name of the foreign country Ghana								
	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?	<u>5a</u> 5b		X					
b	, , , , , , , , , , , , , , , , , , , ,								
С	, , , , , , , , , , , , , , , , , , , ,								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	O.L.							
-	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	7-		Х					
a	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		Α.					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		25					
e		7e							
f									
g g									
h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h							
	sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.								
а	a Did the sponsoring organization make any taxable distributions under section 4966?								
b									
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b								
		14a		Х					
14a h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1-710							
	excess parachute payment(s) during the year?	15		x					
	If "Yes," see the instructions and file Form 4720, Schedule N.	.0							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		L					
	If "Yes," complete Form 6069.								

Form 990 (2023) Families Mentoring Families 81-408265 / Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5	Ц							
	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	4							
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					
5									
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:								
а	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		37					
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X					
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			37					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	on Schedule O how this was done	12c		37					
13	Did the organization have a written whistleblower policy?	13		X					
14	Did the organization have a written document retention and destruction policy?	14		X					
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			v					
	The organization's CEO, Executive Director, or top management official	15a		X					
р	Other officers or key employees of the organization	15b							
40	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	40-		Х					
	taxable entity during the year?	16a							
D	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	4Ch							
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b							
17 10	List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	o oply)	ovoilok						
18	for public inspection. Indicate how you made these available. Check all that apply.	o urity)	avalldi	ЛE					
10	Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	oial						
19		u iiriano	ıal						
20	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	Brenda Petru - 8017942961								
	1462 Mountain View Drive Spanish Fork UT 84660								

Form 990 (2023)

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

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

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

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

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

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

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

(A)	(B)	Jigu		((C)		out	(D)	(E)	(F)
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per week		box, unless person is both an officer and a director/trustee)					compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations (W-2/1099-MISC/	compensation
	hours for	Individual trustee or director	e,			rted		organization		from the
	related organizations	ustee	truste		e e	suadı		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual tr	Institutional trustee	_	Key employee	st con	_	1099-NEC)		organizations
	line)	Individ	Institu	Officer	Key er	Highest compensated employee	Former			o.ga <u>_</u> a
(1) Becky Rogers	30.00									
President		Х		Х				46,500.	0.	0.
(2) Brenda Petru	5.00								_	_
Treasurer		Х		Х				5,668.	0.	0.
(3) Claude Richards	1.00	1								
Advisor		Х						0.	0.	0.
(4) Tim Petru	1.00	ļ								
Advisor	1 00	Х						0.	0.	0.
(5) John Williams	1.00								•	•
Advisor	1 00	Х						0.	0.	0.
(6) Rebecca Williams	1.00	.,								0
Advisor (7) Tom Rogers	30 00	Х						0.	0.	0.
	30.00	Х		х				0.	0.	0
Managing Director (8) Cynthia Richards	1.00	^		Λ				0.	0.	0.
Advisor	1.00	Х						0.	0.	0.
MAY 1501		77						0.	0.	<u>_ </u>
		1								
		1								
-										
		-								
		-				_				
		-								
			\vdash			_				
		}								
										000

332007 12-21-23 Form **990** (2023)

Section A. Officers, Directors, Trust	tees, Key Emp	<u> JIOY</u>	ees,	and	Hiç	gnes	t C	ompensated Employee	s (continued)				
(A)	(B) (C) Average Position							(D)	(E)		_	(F)	
Name and title	Average hours per		not c	heck r	more	than o s both		Reportable compensation	Reportable compensation			timate nount o	
	week	offic				r/trus		from	from related	- 1		other	
	(list any hours for	Individual trustee or director						the organization	organization (W-2/1099-MIS			pensation the	
	related	tee or c	ıstee			nsatec		(W-2/1099-MISC/	1099-NEC)			anizati	
	organizations	al trust	onal tru		loyee	compe		1099-NEC)				d relate	
	below line)	udividu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organization		
	,	=	=	0	Ā	王屯	Œ						
		_											
		-											
		-											
1b Subtotal								52,168.		0.			0.
c Total from continuation sheets to Part VII	, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								52,168.	000 ()	0.			0.
2 Total number of individuals (including but no compensation from the organization	ot iimitea to tri	ose	liste	o ab	ove	e) wn	o re	ceived more than \$100,	ooo of reportable	•			0
												Yes	No
3 Did the organization list any former officer,	•		•	•	•		•	·	•				v
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su										·····	3		X
and related organizations greater than \$150											4		Х
5 Did any person listed on line 1a receive or a	,		•							···· [
rendered to the organization? If "Yes." com	plete Schedule	∋ <i>J f</i> ¢	or su	ıch r	oers	on .					5		X
Section B. Independent Contractors 1 Complete this table for your five highest contractors	mpensated inc	lene	nder	nt co	ntra	actor	s th	nat received more than \$	100,000 of com	pensat	ion fro	m	
the organization. Report compensation for t													
(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	С	(C ompe	;) nsatior	า
								· · · · · · · · · · · · · · · · · · ·			•		
							\dashv						
2 Total number of independent contractors (ir \$100,000 of compensation from the organize		ot lin	nited	to t	thos (ted	above) who received mo	ore than				

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 263,879. similar amounts not included above ... 1f 1g \$ g Noncash contributions included in lines 1a-1f 263,879. h Total. Add lines 1a-1f **Business Code** 4,600. 4,600 2 a Expedition Fees Program Service Revenue f All other program service revenue 4,600. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 9. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) 6c d Net rental income or (loss) (ii) Other (i) Securities 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d

268,488.

12 Total revenue. See instructions .

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 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 13,567. 13,567. Benefits paid to or for members Compensation of current officers, directors, 14,968. 52,168. 34,875. 2,325. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 51,080. 51,080. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes 11 Fees for services (nonemployees): Management 671. 671. Legal 5,861. 5,861. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 10,571. 8,662. 1,909. column (A), amount, list line 11g expenses on Sch O.) 702. 702. Advertising and promotion 12 493. 493. Office expenses 13 Information technology 14 15 Royalties 5,757. 5,757. 16 Occupancy 43,815.43,815. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 18,310. 18,310. Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 23,136. 23,136. Supplies Repairs and maintenance 540. 540. С d All other expenses 226,671. 200,444. 23,902. 2,325. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2023)
Part X Balance Sheet

		Check if Schedule O contains a response or not	te to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			28,416.	1	70,543.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described		6			
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				1,720.	9	1,720.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	348,720.			
	b	Less: accumulated depreciation	10b	45,714.	303,316.	10c	303,006.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ			333,452.	16	375,269.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to any current or form	ner offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
abi		controlled entity or family member of any of the	se perso	ons		22	
	23	Secured mortgages and notes payable to unrela	ated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelate	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa	yables t	o related third			
		parties, and other liabilities not included on lines	s 17-24)	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
"		Organizations that follow FASB ASC 958, che	eck here	X			
ĕ		and complete lines 27, 28, 32, and 33.			222 450		205 060
<u>a</u>	27				333,452.	27	375,269.
Ä	28	Net assets with donor restrictions				28	
Ĕ		Organizations that do not follow FASB ASC 9	58, che	ck here			
Net Assets or Fund Balances		and complete lines 29 through 33.					
ţ	29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or ed				30	
Ϋ́	31	Retained earnings, endowment, accumulated in			222 450	31	275 060
Š	32	Total net assets or fund balances			333,452.	32	375,269.
	33	Total liabilities and net assets/fund balances .			333,452.	33	375,269.

orm	1990 (2023) Families Mentoring Families	01-400	⊿00 <i>1</i>	Pa	ge 🔼		
	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	268	3,4	88.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	226	5,6	<u>71.</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3	41	L,8	17.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	333	3,4	52.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))						
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>		
				Yes	No		
1	Accounting method used to prepare the Form 990: X Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	: O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		<u> </u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis 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	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit					

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

t.
Open to Public
Inspection

Name of the organization

Employer identification number

OMB No. 1545-0047

Families Mentoring Families 81-4082657 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

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

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

Sec	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	172,951.	289,266.	138,582.	114,826.	263,879.	979,504.			
2	Tax revenues levied for the organ-						_			
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	172,951.	289,266.	138,582.	114,826.	263,879.	979,504.			
	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)						433,090.			
6	Public support. Subtract line 5 from line 4.						546,414.			
	etion B. Total Support						310,1111			
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
	Amounts from line 4	172,951.	289,266.	138,582.	114,826.	263,879.	979,504.			
	Gross income from interest,	27273321	203,2001	200,0020		200,075	3,3,3010			
Ü	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	76.	201.	51.	6.	9.	343.			
9	Net income from unrelated business	, , ,	201.	31.	•		343.			
9										
	activities, whether or not the									
10	business is regularly carried on Other income. Do not include gain									
10	· ·									
	or loss from the sale of capital	52,835.	8,558.	8,883.	6,054.	4,600.	80,930.			
	assets (Explain in Part VI.)	32,033.	0,330.	0,003.	0,054.	4,000.	1060777.			
	Total support. Add lines 7 through 10					40	1000777.			
	Gross receipts from related activities, First 5 years. If the Form 990 is for the	•	,			12				
13	organization, check this box and stop	•		•						
Sec	ction C. Computation of Publi	c Support Per		• • • • • • • • • • • • • • • • • • • •			·····			
	Public support percentage for 2023 (I			column (f))		14	51.51 %			
	Public support percentage from 2022					15	90.32 %			
	33 1/3% support test - 2023. If the o									
iva	stop here. The organization qualifies						7.7			
h	33 1/3% support test - 2022. If the o		•		line 15 is 33 1/3%					
b	and stop here. The organization qual									
170	10% -facts-and-circumstances test									
ı/a	and if the organization meets the fact:									
	·			-	•	_				
L	meets the facts-and-circumstances te	-		• • •		7a, and line 15 is:				
O	10% -facts-and-circumstances test						1070 UI			
	more, and if the organization meets the				-					
10	organization meets the facts-and-circu		-	•						
10	Private foundation. If the organization	n did not check a f	JUN UITHINE TO, TO	a, 100, 17a, 01 17b	, check this box at	iu see instructions	·			

Schedule A (Form 990) 2023 Families Mentoring Families 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	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business 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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	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						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

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.)

		Voc	No
		Yes	INO
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	ти		
	AL.		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	40-		
	10a		
	10b		
ماريا	Δ (Forn	n aan)	2023

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 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	stion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
•	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	4		
Sec	the supported organization(s). stion D. All Type III Supporting Organizations	1		
	Ton B.711 Type in Supporting Organizations		. I	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions))_		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structior	ıs).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
J	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	Oh		
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		3h		
	of its supported organizations? If "Vos " describe in Part VI the role played by the organization in this regard	: : : Xh		1

Га	it v Type iii Noii-Functionally integrated 505(a)(5) Supporting	y Organii	Zauons	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on N	ov. 20, 1970 (explain in l	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		
<u>.</u> 8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	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):			
<u> </u>	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	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		
<u>.</u> 8	Minimum Asset Amount (add line 7 to line 6)	8		
	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		
<u>-</u>	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-functional		Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

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

Schedule A (Form 990) 2023

332028 12-21-23 Schedule A (Form 990) 2023

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

Families Mentoring Families

Employer identification number 81-4082657

Pa	organizations waintaining bonor Advised organization answered "Yes" on Form 990, Part IV, line		iiiiiai i uiius (or Accounts. Complete if the
		(a) Donor advised	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets hel	d in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that gra	nt funds can be ι	used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any	y other purpose c	onferring
	impermissible private benefit?			
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes	" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	_	
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of	a historically important land area
	Protection of natural habitat		Preservation of	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribu	ition in the form o	of a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	ι	2c
d	Number of conservation easements included on line 2c acqui	red after July 25, 2006, a	nd not	
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	erminated by the	organization during the tax
	year			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspecti	on, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, an	d enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enf	orcing conservati	on easements during the year
8	Does each conservation easement reported on line 2d above			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		·	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's	financial stateme	nts that describes the
Da	organization's accounting for conservation easements.	Aut Historical Tree		an Cimilar Assats
Ра	rt III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form	•	asures, or Ou	ier Similar Assets.
10	If the organization elected, as permitted under FASB ASC 958		nuo statamant an	ad balance about works
ıa	of art, historical treasures, or other similar assets held for pub			
	service, provide in Part XIII the text of the footnote to its finan			·
h	If the organization elected, as permitted under FASB ASC 958			
b		•		
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in lutthe	erance of public service,
	provide the following amounts relating to these items.			c
	(i) Revenue included on Form 990, Part VIII, line 1			
_	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical trea			gain, provide
_	the following amounts required to be reported under FASB AS			Φ.
	Revenue included on Form 990, Part VIII, line 1			\$
h				

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		40,000.		40,000.
b Buildings		292,722.	38,419.	254,303.
c Leasehold improvements				
d Equipment		15,998.	7,295.	8,703.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equa	al Form 990. Part X. line 1	0c. column (B))		303,006.

Schedule D (Form 990) 2023

	entoring Famil:	ies 8	1-4082657 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"	_	T	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-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'	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(Is) De also also
) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	ol (B))		
Part X Other Liabilities	··· (<i>-</i> //		
Complete if the organization answered "Yes'	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

art XI	Reconciliation of Revenue per Audited Financia	ป Statements With Revenเ	ie per Return	
	Complete if the organization answered "Yes" on Form 990, Par	rt IV, line 12a.		
Tota	l revenue, gains, and other support per audited financial statemer	nts	1	
. Amo	ounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net	unrealized gains (losses) on investments	2a		
b Dona	ated services and use of facilities	2b		
c Reco	overies of prior year grants	2c		
d Othe	er (Describe in Part XIII.)	2d		
e Add	lines 2a through 2d		2e	
Subt	tract line 2e from line 1		3	
Amo	ounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Inves	stment expenses not included on Form 990, Part VIII, line 7b	4a		
b Othe	er (Describe in Part XIII.)	4b		
c Add	lines 4a and 4b		4c	
Tota	l revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. I	line 12.)	5	
art XII	Reconciliation of Expenses per Audited Financi	al Statements With Expen	ses per Return	
	Complete if the organization answered "Yes" on Form 990, Par	rt IV, line 12a.		
Tota	l expenses and losses per audited financial statements		1	
. Amo	ounts included on line 1 but not on Form 990, Part IX, line 25:			
a Dona	ated services and use of facilities	2a		
b Prior	r year adjustments	2b		
c Othe	er losses	2c		
d Othe	er (Describe in Part XIII.)	2d		
e Add	lines 2a through 2d		2e	
	tract line 2e from line 1			
	ounts included on Form 990, Part IX, line 25, but not on line 1:			
a Inves	stment expenses not included on Form 990, Part VIII, line 7b	4a		
b Othe	er (Describe in Part XIII.)	4b		
c Add	lines 4a and 4b		4c	
Tota	l expenses. Add lines 3 and 4c. (This must equal Form 990. Part I	. line 18.)	5	
art XII	II Supplemental Information	•		
	e descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 nd 4b; and Part XII, lines 2d and 4b. Also complete this part to pro		rart V, IIIne 4; Part X, IIIne 2; I	an XI,

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No. 1545-0047

Name of the organization Families Mentoring Families 81-4082657 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (e) If activity listed in (d) (c) Number of (d) Activities conducted in the region (f) Total employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region Family literacy, traficking survivor Sub-Saharan Africa Program services aftercase, education 200,444. 27 200,444. 3 a Subtotal **b** Total from continuation 0 0 sheets to Part I

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

Schedule F (Form 990) 2023

200,444.

and 3b)

Totals (add lines 3a

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	nization by the IRS, o	or for which the grantee o	 ecognized as charities by the to provided a sect					

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

81-4082657

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash assistance noncash assistance Sub-Saharan Financial assistance Africa 0 13,567. Wire transfer 0.

Schedule F (Form 990) 2023 I Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

SCHEDULE 0 (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.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Families Mentoring Families

Employer identification number 81-4082657

Form 990, Part I, Line 1, Description of Organization Mission:
Skills, Literacy, Academics, Vocation, Agriculture, and Leadership.
Form 990, Part VI, Section A, line 2:
Family Relationship:
Becky Rogers - President
Tom Rogers - Dir of Oper
Family Relationship:
Brenda Petru - Treasurer
Tim Petru - Advisor
Family Relationship:
John Williams - Advisor
Rebecca Williams - Advisor
Family Relationship:
Claude Richards - Advisor
Cynthia Richards - Advisor
Form 990, Part VI, Section B, line 11b:
No review was or will be conducted.
Form 990, Part VI, Section C, Line 19:
Such documents are made available upon request just as Forms 990.

Department of the Treasury Internal Revenue Service

Statement of Specified Foreign Financial Assets

► Go to www.irs.gov/Form8938 for instructions and the latest information.

Attach to your tax return.

or tax year beginning 12/31/23 and ending 11/30/24. For calendar year

OMB No. 1545-2195

Attachment Sequence No. 938

If you have attached additional statements, check here **Number of additional statements** Name(s) shown on return 2 Taxpayer identification number (TIN) Families Mentoring Families 81-4082657 Type of filer a Specified individual **b** Partnership **c** Corporation If you checked box 3a, skip this line 4. If you checked box 3b or 3c, enter the name and TIN of the specified individual who closely holds the partnership or corporation. If you checked box 3d, enter the name and TIN of the specified person who is a current beneficiary of the trust. (See instructions for definitions and what to do if you have more than one specified individual or specified person to list.) **b** TIN Part I Foreign Deposit and Custodial Accounts Summary Number of deposit accounts (reported in Part V) 12,000 Maximum value of all deposit accounts 7 Number of custodial accounts (reported in Part V) Maximum value of all custodial accounts X No Were any foreign deposit or custodial accounts closed during the tax year? Yes 9 Part II Other Foreign Assets Summary Number of foreign assets (reported in Part VI) \triangleright Maximum value of all assets (reported in Part VI) X No 12 Were any foreign assets acquired or sold during the tax year? Yes Part III Summary of Tax Items Attributable to Specified Foreign Financial Assets (see instructions) (c) Amount reported on (b) Tax item (a) Asset category form or schedule (d) Form and line (e) Schedule and line 13 Foreign deposit and a Interest \$ custodial accounts \$ **b** Dividends c Royalties \$ d Other income e Gains (losses) \$ Deductions \$ \$ g Credits \$ 14 Other foreign assets a Interest **b** Dividends \$ **c** Royalties \$ d Other income \$ e Gains (losses) \$ f Deductions \$ \$ g Credits Part IV Excepted Specified Foreign Financial Assets (see instructions) If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year. 16 Number of Forms 3520-A **15** Number of Forms 3520 17 Number of Forms 5471 18 Number of Forms 8621 **19** Number of Forms 8865 Form **8938** (Rev. 11-2021) LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 8938 (Rev. 11-2021) Page **2**

Pa	rt V Detailed Information for Each Foreign Deposit an	d C	ustodia	al Ac	count Included in the Part I Su	ımmary					
	(see instructions)										
If you	have more than one account to report in Part V, attach a separate state	men	t for eacl	h addit	ional account. See instructions.						
20	Type of account a X Deposit b Custodial				Account number or other designation 040008704036						
22	Check all that apply a Account opened during tax year b		Accour	nt close	ed during tax year						
	c Account jointly owned with spouse d		No tax	item re	ported in Part III with respect to this as						
23	Maximum value of account during tax year					12,000.					
24	Did you use a foreign currency exchange rate to convert the value of the	e acc	count inte	o U.S.	dollars? X Yes	No					
25	If you answered "Yes" to line 24, complete all that apply.				T						
~ 1	(a) Foreign currency in which account is maintained (b) Foreign currency exchains maintained convert to U.S. dollars	nge i	rate used	d to	(c) Source of exchange rate used if n Treasury Department's Bureau of the						
	na, Cedi		Т.								
	a Name of financial institution in which account is maintained Stanbic Bank b Global Intermediary Identification Number (GIIN) (Optional)										
	Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. Ground Floor Plot No. 5 Block										
	City or town, state or province, country, and ZIP or foreign postal code Osokwa Ghana										
	rt VI Detailed Information for Each "Other Foreign As			_	- 1	structions)					
If you	have more than one asset to report in Part VI, attach a separate statem	ent f	or each a	addition	nal asset. See instructions.						
29	Description of asset		30 Iden	ntifying	number or other designation						
31	Complete all that apply. See instructions for reporting of multiple acquis	sition	or dispo	osition	dates.						
	Date asset acquired during tax year, if applicable										
b	Date asset disposed of during tax year, if applicable	<u></u>									
<u>c</u>			Check if	no tax	item reported in Part III with respect to	this asset					
32	Maximum value of asset during tax year (check box that applies)	_									
а			\$100,00			200,000					
<u>e</u> 33	If more than \$200,000, list value					'es No					
34	If you answered "Yes" to line 33, complete all that apply.	c ass	set iiito C	J.S. UU	iidiS!	es 140					
5 4	(a) Foreign currency in which asset is (b) Foreign currency excha	nae i	rate usec	t to	(c) Source of exchange rate used if n	ot from LLS					
	denominated convert to U.S. dollars				Treasury Department's Bureau of the						
35	If asset reported on line 29 is stock of a foreign entity or an interest in a	fore	gn entity	/, enter	the following information for the asset						
а	Name of foreign entity		b	GIIN	(Optional)						
		_									
	Type of foreign entity (1) Partnership (2)		Corpo	ration	(3) Trust (4)	Estate					
d	Mailing address of foreign entity. Number, street, and room or suite no.										
е	City or town, state or province, country, and ZIP or foreign postal code										
26	If asset reported on line 29 is not stock of a foreign entity or an interest	in a	faraian a	ntitu o	enter the following information for the co	and the second s					
36	Note: If this asset has more than one issuer or counterparty, attach a so or counterparty. See instructions.		•	•	•						
а	Name of issuer or counterparty										
	Check if information is for Issuer Counter	rpart	У								
b	Type of issuer or counterparty (1) Individual (2) Partnership (3)		Corpo	ration	(4) Trust (5)	Estate					
С	Check if issuer or counterparty is a U.S. person	Fore	eign pers		(9)						
	Mailing address of issuer or counterparty. Number, street, and room or										
_	, , , , , , , , , , , , , , , , , , , ,										
е	City or town, state or province, country, and ZIP or foreign postal code										

323022 04-01-23 Form **8938** (Rev. 11-2021)

FINANCIAL CRIMES ENFORCEMENT NETWORK

BSA E-Filing - Report of Foreign Bank and Financial Accounts (FBAR)

FinCEN Form 114

FAMILIE20230001

	Filing Name	FAMILIES MENTORING FAMILIES
	Submission Type	NEW
		PIN NOT REQUIRED
report. T	he E-file system will a ne FBAR must be recei	is submitted by an authorized third party, and complete the 3rd party preparer section on page one of the auto complete item 46. ved by the Department of the Treasury on or before April 15, 2024. An automatic extension to October 15, 2024
This repo a.	ort filed late for the follo	wing reason (Check only one):
b.	Did not know t	hat I had to file
C.	Thought accou	ant balance was below reporting threshold
d.	Did not know t	hat my account qualified as foreign
e.	Account stater	nent not received in time
f.	Account stater	nent lost (Replacement requested)
g.	Late receiving	missing required account information
h.	Unable to obta	in joint spouse signature in time
i.	Unable to acce	ess BSA E-filing system
Z.	Other (please p	provide explanation below)

FinCEN Form 114

REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

Do NOT file with your Federal Tax Return

1 This report is for calendar year ended 12/31

2023

				_								Amended		_
Part I F	iler information		FAMI	LIE	2023	0001				•				
2 Type of filer														
a Individ	dual b Partnership	o c 🗶 Corp	ooration o	d .	Consolid	dated e	Fid	luciary o	r other - En	iter typ	ре <u> </u>			
3 U.S. Taxpayer Identification Number 3a TIN type 4 Foreign identification (Complete only if item 3 is not applied									not applicab	le)	5 Individual's date of birth			
814082657 SSN/ITIN a Type: Passport Foreign TIN Other_									Other		MM/DD/YYYY			
If filer has no U.S. Identification.														
<u>number c</u>	complete item 4		b Numl	ber		c Cou	ntry of Iss	ue						
	or organization name S MENTORING F	'AMILIES	5			7F	irst name				8 1	Middle initia	ıl 8:	a Suffix
9 Mailing addr	ress (number, street, and	apt. or suite n	o.)											
1462 MO	UNTAIN VIEW D	RIVE												
10 City			11 State	12 ZII	ZIP/Postal Code		13 Cour	ıntry						
SPANISH	FORK		UT	846	60		USA							
		erest in 25 or n					0.011							
14 a) Does the filer have a financial interest in 25 or more financial accounts? Yes Enter number of accounts Do not complete Part II or Part III, but maintain records of the information.														
No X	_						_		_					
b) Does the	e filer have signature auth Enter number of acco	•								hoea h	ahalf ·	tha filar hac	cian -	authority
No X		unts		Comp. i	raitiv, itt	51113 J4 U	iiougii 43	ioi cacii į	Jei Soli oli Wi	11036 11	GIIAII	uie iiiei iias	siyii.	authority.
Part II Ir	formation on finan	cial accour	nt(s) owr	ned s	eparat	ely								
15 Maximum va	alue of account during ca	lendar year	15a Amou	unt 16	Type of	accoun	ta 🔲 E	Bank b	Secui	rities	с	Other - E	nter ty	ype below
			unknow	n										
17 Name of fina	ancial institution in which	account is hel	d											
18 Account nui	mber or other designation	19 Mailing	g address (i	numbe	r, street,	apt. or	suite no.)	of financ	cial instituti	on in	whicl	h account i	s hel	d
20 City 21 State, if known 22 F							l code, if	known	23 Country	/				
Signature	44a Check here X	if this report	is complete	ed by a	third pa	rty prep	arer and	complet	e the third	party p	orepa	arer section	 1.	
14 Filer signatu The report wi signed		r title, if not rep									Date	(MM/DD/Y s date will auto BAR is electron	YYY)	en the
	47 Preparer's last name	48 First name MICHAEL			49 MI 50 Check			f 51 TIN				TIN type		PTIN
Third Party	WINWARD				P	self	-employed		<u> 290039</u>			SSN/ITIN		Foreign
Preparer	52 Contact phone no. 8012256900		3 Firm's n. วบบรษ		COMPANY DO			54 Firm's TIN 87-0343246			54a	TIN type	X	
Use Only	55 Mailing address (nur				, , , , , , , , , , , , , , , , , , ,				57 State 58 ZIP/Postal (Foreign 59 Country		
	1329 S 800 E				1				UT 84097				US	

	tion on finand y but no finar				filer has signature or other			FinCEN Form 114		
Complete a separa										
-				order to	provide information on all account	s				
1 Filing for calendar year										
,	X Taxpaver I	dentification	Number		FAMILIES MENTORIN	G FAM	TLTES			
2023]=	entification N								
		tification num		:						
15 Maximum value of	_	alendar year	15a A unkr		16 Type of account a X Bank	curities c	Other - Enter type below			
d= Nouse of financial in	12,000.									
17 Name of financial in STANBIC BAN		n account is r	neia							
18 Account number of 90400087040		I	•	•	nber, street, apt. or suite no.) of finar OR PLOT NO. 5 BLOCI		ution in which	account is held		
20 City OSOKWA		21 State	, if know	n	22 Foreign postal code, if known	ntry				
34 Last name or organ	35a TIN type									
3					Tax identification number of accoun		EIN			
FAMILIES MEN	TORING F	MILIES			CS 65989201		X For	eign		
36 First name		37 Middle in	itial 37	a Suffi	x 38 Mailing address (number, stree PO BOX UP 983	t. or suite no.)				
39 City KNUST	40 State	•		41 ZIP/Postal Code	42 Coun	-				
43 Filer's title with this	owner	•			•	•				
15 Maximum value of	account during c	alendar year	15a A unkr		16 Type of account a Bank	b Sec	curities c	Other - Enter type below		
17 Name of financial in	nstitution in which	h account is h	neld							
18 Account number or other designation 19 Mailing address (r					ber, street, apt. or suite no.) of finar	ncial institu	ution in which	account is held		
20 City	21 State	, if know	n	22 Foreign postal code, if known	23 Cour	Country				
34 Last name or organ	nization name of a	account owne	er	35 1	Tax identification number of account owner 35a T			e SSN/ITIN		
36 First name		37 Middle in	itial 37	a Suffi	x 38 Mailing address (number, stree	et, and ap	t, and apt. or suite no.)			
39 City	40 State	!		41 ZIP/Postal Code	42 Coun	42 Country				
43 Filer's title with this	owner	1			L	1				