Form	990	

Department of the Treasury

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.



Interr	nal Reve	nue Service Go to www.irs.gov/Form990 for instructions and the		Inspection						
AF	or th	e 2021 calendar year, or tax year beginning $ m JUL1$, 2021 and endir	ng JUN 30, 2022							
B c	Check if Ipplicab	C Name of organization	D Employer identificat	tion number						
	Addre	FAMILYAID BOSTON, INC.								
	Name	Doing business as FAMILYAID	04-2105756	5						
Initial Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number										
	-7286 14,681,211.									
	lreturn	Amended BOSTON, MA 02130 H(a) Is this a group retur								
	Applie tion pendi	^{A⁻} F Name and address of principal officer: LAWRENCE SEAMANS SAME AS C ABOVE	for subordinates?							
	-		H(b) Are all subordinates inclu							
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or te: ► WWW • FAMILYAIDBOSTON • ORG	527 If "No," attach a lis							
			H(c) Group exemption r Year of formation: 1920 M S							
	art I	Summary		nale of legal dofinicile. HA						
	1	Briefly describe the organization's mission or most significant activities: FAMILYA	TO IS THE LEADI	JG						
Ce	'	PROVIDER OF INNOVATIVE AND PROVEN SOLUTIONS	TO FAMILY HOME	LESSNESS						
Governance	2	Check this box								
ver	3	Number of voting members of the governing body (Part VI, line 1a)		19						
ဗီ	4	Number of independent voting members of the governing body (Fart VI, line Ta)		18						
8 8	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		131						
itie				256						
Activities &	70	Total number of volunteers (estimate if necessary)		0.						
¥		Net unrelated business taxable income from Form 990-T, Part I, line 12		0.						
			Prior Year	Current Year						
•	8	Contributions and grants (Part VIII, line 1h)	10 600 000	13,926,408.						
nue	9	Program service revenue (Part VIII, line 2g)		335,654.						
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		179,867.						
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		195,263.						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		14,637,192.						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		5,909,943.						
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.						
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,944,937.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.						
бе С	b	Total fundraising expenses (Part IX, column (D), line 25) 1,188,339.								
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,983,814.	2,352,850.						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,622,153.	15,207,730.						
	19	Revenue less expenses. Subtract line 18 from line 12	-591,194.	-570,538.						
Net Assets or Fund Balances			Beginning of Current Year	End of Year						
sets alan	20	Total assets (Part X, line 16)		11,166,112.						
t As d Bis	21	Total liabilities (Part X, line 26)		2,107,473.						
Fun	22	Net assets or fund balances. Subtract line 21 from line 20	10,244,045.	9,058,639.						
Pa	art II	Signature Block								

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer LAWRENCE SEAMANS, PRES Type or print name and title	SIDENT	Date					
	Print/Type preparer's name	Preparer's signature Date						
Paid	SORIE M. KABA, C.P.A.	SORIE M. KABA, C.P.A11/03						
Preparer	Firm's name AAFCPAS, INC.		Firm's EIN ▶ 04-2571780					
Use Only	Firm's address 50 WASHINGTON ST	TREET						
	WESTBOROUGH, MA	01581	Phone no.508-366-9100					
May the IRS discuss this return with the preparer shown above? See instructions								
	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (202							
2	SEE SCHEDULE O FOR ORGANIZ	ZATION MISSION STATEMENT C	ONTINUATION					
0839110	3 715045 27049 20	21.05000 FAMILYAID BOSTON	, INC. 27049_1					

orm	990 (2021) FAMILYAID BOSTON, INC.	04-2105756	Page
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🖸
1	Briefly describe the organization's mission:		
	FAMILYAID BOSTON EMPOWERS PARENTS AND CAREGIVERS FACING		
	TO SECURE AND SUSTAIN HOUSING AND BUILD STRONG FOUNDATI	ONS FOR THE	IR
	CHILDREN'S FUTURES.		
2	Did the organization undertake any significant program services during the year which were not listed on the		XN
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services'		XN
3	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a	s measured by expense	s
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth		
	revenue, if any, for each program service reported.	····, ···· ···, ····,	
4a	(Code:) (Expenses \$ 13,557,946 · including grants of \$ 5,909,943 ·) (Revel	nue\$ 335,	654.
	FAMILYAID IS GREATER BOSTON'S LARGEST ORGANIZATION SOLE	LY DEDICATE	ОТ С
	CHILDREN AND PARENTS FACING HOMELESSNESS, PROVIDING PRE		
	SERVICES, EMERGENCY SHELTER, HOUSING AND SUPPORT, AND C	OMPREHENSIVE	2
	CASE MANAGEMENT TO 4,277 CHILDREN AND PARENTS IN FY22.		
	OUR WORK INCLUDES:		
	HOMELESSNESS PREVENTION: FAMILYAID'S EARLY INTERVENTIC		
	MITIGATES THE TRAUMA AND FINANCIAL RUIN OF HOMELESSNESS		.NG
	CRISES "UPSTREAM," BEFORE FAMILIES ENTER THE EVICTION P		<u>אד</u>
	PREVENTION PARTNERS BOSTON PUBLIC SCHOOLS, BOSTON CHILD AND BOSTON MEDICAL CENTER IDENTIFY FAMILIES FACING HOME		
	REFER THEM TO FAMILYAID FOR COMPREHENSIVE SERVICES THAT		,
4b	(Code:) (Expenses \$ including grants of \$) (Rever		
10		iue	
4c	(Code:) (Expenses \$ including grants of \$) (Reve	nue \$	
		·····	
4.4	Other program con views (Describe on Schedule O)		
40	Other program services (Describe on Schedule O.))	
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 13,557,946.		
		Form	990 (202
32002	SEE SCHEDULE O FOR CONTINUATION (、
	21		
91	103 715045 27049 2021.05000 FAMILYAID BOSTON, II	NC. 270	49

Form 990 (2021)

FAMILYAID BOSTON, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	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		х	
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
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? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
e	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
6	provide advice on the distribution or investment of amounts in such funds or accounts of which donors have the right to	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
•	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	- 11	
Iza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12.0		
5	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)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		37	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		
b 21	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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
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Form 990 (2			
Part IV	Ch	ecklist of Required Schedules (continued)	

 3 Dick and and scale and scale and a scale and a scale and and a scale and a scal	art IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> id the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current nd former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i> <i>chedule J</i> id the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the ist day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i> <i>chedule K. If</i> "No," <i>go to line 25a</i> id the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? id the organization maintain an escrow account other than a refunding escrow at any time during the year to defease ny tax-exempt bonds? id the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ection 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit ansaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	22 23 24a 24b 24c	x	
A and Sca Sca las Sca b Dic c Dic c Dic any d Dic 5a Se tra 5a Se tra 5a Con con con con con con con con con con c	If "Yes," complete chedule J is the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the st day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete chedule K. If</i> "No," go to line 25a is the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? id the organization maintain an escrow account other than a refunding escrow at any time during the year to defease ny tax-exempt bonds? is an "on behalf of" issuer for bonds outstanding at any time during the year? ection 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24a 24b	x	
A4a Dic las Sc. b Dic c Dic c Dic c Dic c Dic 5a Se tra b Ist tha Sc. 6 Dic c Co c Co c Co c Co c Co c Co c Co c C	chedule J id the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the set day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete chedule K. If "No," go to line 25a id the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? id the organization maintain an escrow account other than a refunding escrow at any time during the year to defease my tax-exempt bonds? id the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ection 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24a 24b	x	
las Sc. Sc. Dic c Dic c Dic c Dic c Dic 5a Se tra 5a Se for Dic c C c C c C c C c C c C c C c C c C c	Ist day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete chedule K. If</i> "No," go to line 25a	24b		
b Dic c Dic any d Dic 5a Se tra 5a Se tra 5a Se 6 Dic con con con con con con con con con co	chedule K. If "No," go to line 25a	24b		
 b Dic c Dic any d Dic 5a Se trained b Ist that Science c Dic orn c Content c	id the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? id the organization maintain an escrow account other than a refunding escrow at any time during the year to defease ny tax-exempt bonds? id the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ection 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24b		x
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 any d Dic d Dic 5a Se tra <litra< li=""> tra tra<</litra<>	ny tax-exempt bonds? id the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ection 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24c		<u> </u>
5a Se traine traine b Ist that Scale 6 Dictor 7 Dictor 7 Dictor 7 Dictor 8 Water 8 Materia 9 Dictor 10 Dictor 11 Dictor 12 Dictor 13 Dictor 14 Dictor 15 Dictor 14 Water 15 Dictor 16 See 17 Dictor 18 Water 19 Dictor 10 Dictor 13 Dictor 14 Water 15 Dictor 16 See 17 Dictor 16 See 17 Dictor 16 See 17 Dictor	ection 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
train b Ist that Sc. 6 Dictor 66 Dictor 7 Dictor 7 Dictor 7 Dictor 8 Water 8 Water 9 Dictor 10 Dictor 11 Dictor 12 Dictor 13 Dictor 14 Water 15 Dictor 16 Seer 17 Dictor 18 Water 19 Dictor 10 Dictor 11 Dictor 12 Dictor 13 Dictor 14 Water 15 Dictor 16 See 17 Dictor 18 Dictor 19 Dictor 10 Dictor 11 Dictor 12 Dictor 13 Dictor		24d		
b Is t tha Sc. Sc. Or 1 cor cre ent sc. 7 Dic 7 Dic 8 Wa 18 Wa 18 Wa 18 Wa 19 Dic 10 Dic 11 Dic 12 Dic 13 Dic 14 Wa 15a Dic 15a Dic 15a Dic 15a Dic 15a Dic 16 See 17 Dic 18 Dic 19 Dic 10 If " 11 Dic 12 Dic 13 Dic 14 Wa 15a Dic 16 See <tr td=""> <tr td=""></tr></tr>	ansaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			
tha Sc. Sc. Sc. off con con con con a A b b b b c A c A c A c A c A c A c A c A c A c A c a c a c a c a b b f b f b f a c c c c c		25a		X
6 Dick or 1 con creation 7 Dick or 2 8 Wather instant 8 Wather 'Yether b 9 Dick 'Yether b 9 Dick 'Yether 'Yether 'Set	the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and nat the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete chedule L, Part I	25b		x
or 1 con con creations a A con "Ye b A f c A 3 "Ye b A f c A 3 "Ye b A f c A 3 "Ye c A 3 " "Ye c A 3 " " " " " " " " " " " " "	id the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200	<u> </u>	
coi cre end 8 Wa 8 Wa 8 Wa 9 Dic 0 Dic 0 Dic 0 Dic 1 Dic 2 Dic 2 Dic 3 Dic 3 Dic 5a	r former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		1	
7 Dick cree entitient 8 Wat 10 ins 10 a 11 Dick 12 Dick 13 Dick 14 Wat 15 Dick 16 See 17 Dick 18 Mathematical Sec 19 Dick 10 Con 12 Dick 13 Dick 14 Wat 15 Dick 16 Sec 17 Dick 18 Dick 19 Dick	ontrolled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	1	x
cree ent ent ent ins a b b c A c b c c d c d e d e d e d e d d e d e e d e <tr< td=""><td>id the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,</td><td></td><td></td><td></td></tr<>	id the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
8 Wa ins ins a A c "Ye "Ye b A f c A 3 "Ye "Ye 9 Dic 0 Dic 0 Dic 0 Dic 2 Dic 2 Dic 3 Dic 3 Dic 5a Dic 6 See 7 Dic 6 See 7 Dic 7 Dic 8 Dic 8 Dic	reator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
8 Wa ins ins a A c "Ye "Ye b A f c A 3 "Ye "Ye 9 Dic 0 Dic 0 Dic 0 Dic 2 Dic 2 Dic 3 Dic 3 Dic 5a Dic 6 See 7 Dic 6 See 7 Dic 7 Dic 8 Dic 8 Dic	ntity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
a A c "Ye b A f c A 3 "Ye 9 Dic 0 Dic 0 Dic 0 Dic 0 Dic 0 Con 1 Dic 2 Dic 3 Dic 3 Dic 3 Dic 3 Dic 3 Dic 4 Wa Pau 5 a Dic 5 a D	/as the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
"Ye b A f c A 3 "Ye 9 Dic 0 Dic con 1 Dic 2 Dic 3 Dic 3 Dic 3 Dic 5a Dic 5a Dic 5a Dic 6 Se 1 f" 7 Dic 3 A 8 Dic 8 Dic	structions for applicable filing thresholds, conditions, and exceptions):			
"Ye b A f c A 3 "Ye 9 Dic 0 Dic con 1 Dic 2 Dic 3 Dic 3 Dic 3 Dic 5a Dic 5a Dic 5a Dic 6 Se 1 f" 7 Dic 3 A 8 Dic 8 Dic	current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
b A f c A 3 "Ye 9 Dic 0 Dic 0 Dic 0 Dic 1 Dic 2 Dic 3 Dic 3 Dic 4 Wa 5a Dic 5a Dic 6 See /f " Mit 7 Dic 8 Dic	Yes," complete Schedule L, Part IV	28a		X
"Ye 9 Dic 0 Dic 0 Dic 1 Dic 2 Dic 2 Dic 3 Dic 3 Dic 8 A 7 Dic 6 Se 1 f" wit 6 Se 1 f" 7 Dic 3 A 8 Dic 8 Dic 8 Dic 8 No	family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
9 Dic 0 Dic 1 Dic 1 Dic 2 Dic 2 Dic 3 Dic 3 Dic 3 Dic 4 Wa 7 Dic 16 See 17 Dic 18 Dic 18 Dic	35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
9 Dic 0 Dic 1 Dic 1 Dic 2 Dic 2 Dic 3 Dic 3 Dic 3 Dic 4 Wa 7 Dic 16 See 17 Dic 18 Dic 18 Dic	Yes," complete Schedule L, Part IV	28c		X
con 1 Dic 2 Dic 3 Dic 3 Dic 3 Dic 4 Wa 7 Dic 6 Se 1f" 7 Dic 8 Dic 8 Dic 8 Dic 8 Dic 8 Dic 8 Dic 9	id the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
1 Dic 2 Dic 3 Dic 3 Dic 3 Dic 4 Wa 5a Dic b If " witt See 6 See // If " Dic and Bic 8 Dic	id the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation ontributions? <i>If "Yes," complete Schedule M</i>	30		x
2 Dia Sc. Sa Dia Sec 4 Wa Pau 5a Dia b If " with 6 Sec If " 7 Dia ana 8 Dia 8 Dia	id the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
3 Dic sec sec 4 Wa Pau Pau 55a Dic b If " wit wit 66 Sec 1f " If " 7 Dic and and 8 Dic No No	id the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	32		x
sec 4 Wa Pau 5a Dic 5 b If " wit 6 Se If " 7 Dic and 8 Dic No	id the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
 4 Wa Pau 5a Dio b If " wit 6 Se If " 7 Dio and 8 Dio No 	ections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
Pau 5a Dic b If " wit 6 Se If " 7 Dic and 8 Dic No	/as the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<u> </u>
5a Dic b If " wit 6 Se <i>If</i> " 7 Dic and 8 Dic No	art V, line 1	34		x
b If " wit 6 Se <i>If</i> " 7 Dic and 8 Dic No	id the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
wit 6 Se <i>If</i> " 7 Dic and 8 Dic No	"Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
6 Se <i>If</i> " 7 Dic and 8 Dic No	ithin the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
// // // // // // // // // // // // //	ection 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
7 Dic and 8 Dic No		36		X
8 Dic <u>No</u>	"Yes," complete Schedule R, Part V, line 2			
No	"Yes," complete Schedule R, Part V, line 2	37		X
Part V	id the organization conduct more than 5% of its activities through an entity that is not a related organization	1 1	Х	
	id the organization conduct more than 5% of its activities through an entity that is not a related organization nd that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> id the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? lote: All Form 990 filers are required to complete Schedule O	38		
	id the organization conduct more than 5% of its activities through an entity that is not a related organization nd that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> id the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Inte: All Form 990 filers are required to complete Schedule O	38	. <u></u>	
	id the organization conduct more than 5% of its activities through an entity that is not a related organization nd that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> id the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? lote: All Form 990 filers are required to complete Schedule O			No
	id the organization conduct more than 5% of its activities through an entity that is not a related organization nd that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> id the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? lote: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V		Yes	
	id the organization conduct more than 5% of its activities through an entity that is not a related organization nd that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> id the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? ote: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V nter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	
	id the organization conduct more than 5% of its activities through an entity that is not a related organization ind that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI id the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? iote: All Form 990 filers are required to complete Schedule O V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Inter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 284 1b 0		Yes	
(ga	id the organization conduct more than 5% of its activities through an entity that is not a related organization ind that is treated as a partnership for federal income tax purposes? <i>If</i> " <i>Yes</i> ," <i>complete Schedule R, Part VI</i> id the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Inter the number reported in box 3 of Form 1096. Enter -0- if not applicable Inter the number of Forms W-2G included on line 1a. Enter -0- if not applicable id the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
2004 12-	id the organization conduct more than 5% of its activities through an entity that is not a related organization ind that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI id the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? iote: All Form 990 filers are required to complete Schedule O V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Inter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 284 1b 0	1c	x	
9110	id the organization conduct more than 5% of its activities through an entity that is not a related organization nd that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> id the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Iote: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Inter the number reported in box 3 of Form 1096. Enter -0- if not applicable Inter the number of Forms W-2G included on line 1a. Enter -0- if not applicable id the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming gambling) winnings to prize winners?	1c		(202

	990 (2021) FAMILYAID BOSTON, INC. 04-2105	756	Р	age 5
Par	t 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 2a 131			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
~	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
32		3a		x
		3b		
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> " <i>No</i> " <i>to line 3b, provide an explanation on Schedule O</i>	30		
44		4-		x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7b		<u> </u>
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	-		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
4	Note: See the instructions for additional information the organization must report on Schedule O.			
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
D.				
-	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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Form 990	(2021)
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 FAMILYAID BOSTON, INC.
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 Part VI
 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
						Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1:	a	1	2		
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	11	b	1	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	hip wi	ith any c	ther			
	officer, director, trustee, or key employee?				2		2
3	Did the organization delegate control over management duties customarily performed by or under	the di	rect sup	ervision			
	of officers, directors, trustees, or key employees to a management company or other person?				3		2
4	Did the organization make any significant changes to its governing documents since the prior Form				4		2
5	Did the organization become aware during the year of a significant diversion of the organization's a				5		2
6	Did the organization have members or stockholders?				6		2
7a	Did the organization have members, stockholders, or other persons who had the power to elect or						
	more members of the governing body?				7a		2
b	Are any governance decisions of the organization reserved to (or subject to approval by) members.						
~	persons other than the governing body?				7b		2
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y				10		-
	The governing body?	-		-	8a	x	
	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 re				00		\vdash
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		2
	tion B. Policies (This Section B requests information about policies not required by the Internal				9		
		10701		0.)		Yes	N
0-	Did the organization have local chapters, branches, or affiliates?				10a	103	2
					104		-
D	If "Yes," did the organization have written policies and procedures governing the activities of such and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
110					11a	x	\vdash
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo			ig the lonn?	11a	- 11	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				10-	x	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>				12a	X	-
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri				12b		-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If					x	
	on Schedule O how this was done				12c	X	-
	Did the organization have a written whistleblower policy?				13	X	-
14	Did the organization have a written document retention and destruction policy?				14	<u> </u>	
15	Did the process for determining compensation of the following persons include a review and appro	-	/ indepe	ndent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision						
	The organization's CEO, Executive Director, or top management official				15a	X	<u> </u>
b	Other officers or key employees of the organization				15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	emen	t with a				
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	iate it	s partici	pation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	aniza	tion's				
	exempt status with respect to such arrangements?	<u></u>			16b		
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed MA						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and §	990-T (se	ection 501(c)(3)s only) avail	abl
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (expla	in on	Schedu	le O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	confli	ct of inte	erest policy, a	nd fina	ncial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's t	ooks	and rec	ords 🕨			
	ELBA MARCILLO, CFO - (617) 542-7286	-					
	3815 WASHINGTON STREET, BOSTON, MA 02130						
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	25						
91	103 715045 27049 2021.05000 FAMILYAID BOST	ON	, IN	с.	270)49	

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensate	d
	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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per		not c	heck	more	than is bot		Reportable compensation	Reportable compensation	Estimated amount of
	week		cer an	ndaid I	irecto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	stee			Isated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 1120)	and related
	below	vidual	Institutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indiv	Insti	Officer	Key	High emp	Forn			
(1) LAWRENCE SEAMANS	50.00									0 0 0 -
PRESIDENT		X	-	X				194,876.	0.	8,865.
(2) ELBA MARCILLO	50.00							146 001	0	10 041
CFO	FO 00			X				146,081.	0.	19,841.
(3) ANNIE MARCKLINGER	50.00			v				122 260	0	
	50.00			X				133,260.	0.	25,984.
(4) CHRISTIAN BRUNNER	50.00					x		122,978.	0.	25,476.
SR. PROGRAM OFFICER, PERFORMANCE AND (5) MARTIN LUTTRELL	50.00							122,970.	0.	23,470.
DIRECTOR OF FACILITIES	50.00					x		113,625.	0.	22,413.
(6) EVA BARNES	50.00		_					115,025.		22,115.
MAJOR GIFTS OFFICER						x		125,611.	0.	5,994.
(7) ALICIA IANIERE	50.00								• -	
CDO						x		107,203.	0.	10,754.
(8) JOHN WORRALL	0.20							-		
CHAIR		Х		X				0.	0.	0.
(9) LAURA SCOTT	0.20									
VICE CHAIR		Х		Х				0.	0.	0.
(10) TAISHA STURDIVANT	0.20									
CLERK		Х		Х				0.	0.	0.
(11) BRUCE LIDDELL	0.20									
CHAIRMAN OF THE FINANCE/AU		Х		Х				0.	0.	0.
(12) MICHAEL J. MCCORMACK	0.20								0	0
EMERITUS	0.00	Х						0.	0.	0.
(13) CHRISTOPHER KELLY	0.20	v						0.	0.	0
EMERITUS (14) KIP SANFORD	0.20	X						0.	0.	0.
(14) KIP SANFORD DIRECTOR	0.20	x						0.	0.	0.
(15) DANIEL W. HALSTON	0.20	<u>^</u>						0.	0.	0.
DIRECTOR	0.20	x						0.	0.	0.
(16) C. RICHARD CARLSON	0.20								0.	
DIRECTOR		x						0.	0.	0.
(17) REGINA NORFOLK	0.20									
DIRECTOR		x						0.	0.	0.
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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	d Hi	ighe	st C	Compensated Employe	es (continued)		
(A) (B) (C)						(D)					
Name and title Average				Posi			one	Reportable	Reportable		Estimated
hours per b			(do not check more than one box, unless person is both an					compensation	compensation		amount of
	week	<u> </u>	cer and	d a d	recto	or/trus	itee)	from	from related		other
	(list any hours for	recto						the	organizations	,	compensation
	related	e or di	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/	′	from the
	organizations	rustee	l trust		ee	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		organization and related
	below	ndividual trustee or director	Institutional trustee	_	nploy	st co I	5	10001120)			organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former				C
(18) CHARLES DEKNATEL	0.20										
DIRECTOR		X						0.	C).	0.
(19) JAY C. HART	0.20										
DIRECTOR		Х						0.	C).	0.
(20) PAUL WHITE	0.20										
DIRECTOR		Х						0.	C).	0.
(21) PIERCE HALEY	0.20										
DIRECTOR		х						0.	C).	0.
(22) KEVIN COSTELLO	0.20										
DIRECTOR	0.00	X						0.	0).	0.
(23) ELLEN CROSS	0.20										0
DIRECTOR	0.20	X				<u> </u>		0.	L L).	0.
(24) CHRISTIAN TOSI	0.20	x						0.	, c).	0 .
DIRECTOR	0.20	<u>^</u>						0.	(<u>'</u> +	0.
(25) MEGHAN KEANEY ANDERSON DIRECTOR	0.20	x						0.	C C).	0.
(26) ANGIE JANSSEN	0.20							0.		' +	0.
DIRECTOR (UNTIL 11/2021)	0.20	x						0.	().	0.
1b Subtotal						-		943,634.).	119,327
c Total from continuation sheets to Part VI								0.).	0.
d Total (add lines 1b and 1c)								943,634.	C).	119,327
2 Total number of individuals (including but n							<u>י</u> 10 r	-	0,000 of reportable		
compensation from the organization											-
											Yes No
3 Did the organization list any former officer,	director, trust	ee, ł	key e	mpl	oye	e, o	r hig	phest compensated emp	oloyee on		
line 1a? If "Yes," complete Schedule J for s	uch individual									L	3 X
4 For any individual listed on line 1a, is the su			-					-	the organization		
and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J i	for such individual		L	4 X
5 Did any person listed on line 1a receive or a								ted organization or indivi	dual for services		
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ich j	oers	son .					5 X
Section B. Independent Contractors						<u> </u>			<u> </u>		
1 Complete this table for your five highest co	-	-								ensa	ition from
the organization. Report compensation for	the calendar y	ear	enair	ng w	ntri	or w	ntnii I	v	year.		(0)
(A) Name and business	address							(B) Description of s	ervices	Cc	(C) ompensation
INFRANET SOLUTIONS, 2 BAT		RCI	I F	PAF	١ĸ		_	MIS SUPPORT			
SUITE 102, QUINCY, MA 021						,		& EQUIPMENT			142,499
LONGPOINT CONSULTING, INC								CONSULTING F	OR		,
398 COLUMBUS AVE, #242, H		MZ	A 0	21	11	6		PROJECTS FOR	NEW PRO		122,500
	-										

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

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Pa	rt VI							
		Check if Schedule O	contains a resp	oonse or note to any lir	ne in this Part VIII	(D)	(0)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded
nts its	1 a	a Federated campaigns	1a	127,242.				
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues						
s, G	c	c Fundraising events						
Gift lar ,	c	d Related organizations						
is, (e Government grants (contr		9,852,933.				
rior S	f	f All other contributions, gifts,	grants, and					
ibu		similar amounts not included	l above 1f	3,946,233.				
d C	ç	g Noncash contributions included in	lines 1a-1f	\$				
arc	ł	h Total. Add lines 1a-1f		►	13,926,408.			
				Business Code				
ice	2 8	a RENTAL INCOME		532000	335,654.	335,654.		
Program Service Revenue	k	b						
n S /eni	c	c				4		
grai Rev	c	d						
roç		e						
ш.	f	1 5			225 654			
	- '	g Total. Add lines 2a-2f			335,654.			
	3	Investment income (includ	•		179,867.			179,867
	4	other similar amounts)			175,007.			179,007
	4 5	Income from investment of						
	5	Royalties	(i) Rea					
	6 -	a Gross rents	6a					
		b Less: rental expenses	6b					
		c Rental income or (loss)	6c					
		d Net rental income or (loss)						
		a Gross amount from sales of	(i) Secur	ities (ii) Other				
		assets other than inventory	7a					
	k	b Less: cost or other basis						
an		and sales expenses	7b					
Revenue	c	c Gain or (loss)						
		d Net gain or (loss)						
her		a Gross income from fundraisir						
Oth		including \$	of					
		contributions reported on	line 1c). See					
		Part IV, line 18		8a 239,282.				
	k	b Less: direct expenses		8b 44,019.				
		c Net income or (loss) from	•		195,263.			195,263
	9 a	a Gross income from gamin	-					
		Part IV, line 19						
		b Less: direct expenses						
		c Net income or (loss) from		es ►				
	10 a	a Gross sales of inventory, I						
		and allowances						
		b Less: cost of goods sold						
	0	c Net income or (loss) from	sales of invent					
sne	44 -	-		Business Code				
neo	11 a							
ven		b						
Miscellaneous Revenue								
Σ		d All other revenue e Total. Add lines 11a-11d						
	12	Total revenue. See instructio			14,637,192.	335,654.	0.	375,130
13200	9 12-0			·····	, ,			Form 990 (2021
13200	J 12-L	00 21						

FAMILYAID BOSTON, INC.

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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).

Do not include amounts reported on lines 6b,	(A) Total expenses	this Part IX (B) Program service	(C) Management and	(D) Fundraising
7b, 8b, 9b, and 10b of Part VIII.	•	ĕxpenses	general expenses	expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	5,909,943.	5,909,943.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	561,627.	346,474.	134,696.	80,457
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,076,293.	4,298,177.	65,641.	712,475
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	94,357.	82,608.	4,582. 57,863.	7,167
9 Other employee benefits	741,632.	616,172.	57,863.	7,167 67,597
0 Payroll taxes	471,028.	387,003.	17,262.	66,763
 Fees for services (nonemployees): a Management 				
b Legal	21,934.		21,934.	
c Accounting	34,000.		34,000.	
d Lobbying	264.		264.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	30,957.		30,957.	
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A), amount, list line 11g expenses on Sch 0.)	578,308.	430,815.	44,054.	103,439
2 Advertising and promotion	16,818.	100 100		16,818
3 Office expenses	165,480.	108,122.	17,560.	39,798
4 Information technology				
5 Royalties	680,930.	644,853.	9,417.	26,660
	166,678.	165,821.	687.	20,000
7 Travel	100,070.	105,021.	007.	170
8 Payments of travel or entertainment expenses for any federal, state, or local public officials				
9 Conferences, conventions, and meetings	24 220	24 220		
20 Interest	34,320.	34,320.		
Payments to affiliates	142,755.	135,162.	1,403.	6,190
Depreciation, depletion, and amortization Insurance	144,100.	133,102.	1,4UJ•	0,190
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
a SMALL EQUIPMENT	258,160.	229,371.	5,338.	23,451
b MISCELLANEOUS	222,246.	169,105.	15,787.	37,354
c				
d				
e All other expenses	15,207,730.	13,557,946.	461,445.	1,188,339
Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	1,201,130.	13,337,340.	401,44).	т,тоо,эээ
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 (2

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2021.05000 FAMILYAID BOSTON, INC.

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 Part X
 Balance Sheet

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

		Check if Schedule O contains a response or note to any line in this Part X			······
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,034,386.	1	1,158,278.
	2	Savings and temporary cash investments	284,890.	2	591,160.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,351,264.	4	1,722,433.
	5	Loans and other receivables from any current or former officer, director,		-	
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	135,863.	9	82,631.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,854,433.			
	b	Less: accumulated depreciation 10b 888,752.	2,028,714.	10c	1,965,681.
	11	Investments - publicly traded securities	7,577,502.	11	5,645,929.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	12,412,619.	16	11,166,112.
	17	Accounts payable and accrued expenses	579,195.	17	552,068.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab.		controlled entity or family member of any of these persons	1 500 050	22	
-	23	Secured mortgages and notes payable to unrelated third parties	1,589,379.	23	1,555,405.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	2,168,574.	26	2,107,473.
S		Organizations that follow FASB ASC 958, check here X			
ů.		and complete lines 27, 28, 32, and 33.	1 106 003		1 200 013
ala	27	Net assets without donor restrictions	<u>4,496,003.</u> 5,748,042.	27	4,309,043. 4,749,596.
Ыd	28	Net assets with donor restrictions	5,740,042.	28	4,749,590.
n		Organizations that do not follow FASB ASC 958, check here			
o		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
Ass	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
et /	31	Retained earnings, endowment, accumulated income, or other funds	10,244,045.	31	9,058,639.
z	32	Total net assets or fund balances	12,412,619.	32 33	11,166,112.
	33	Total liabilities and net assets/fund balances	14,414,019.	33	11,100,112.

Form 990 (2021)

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D21) FAMILYAID BOSTON, INC.

Form	1990 (2021) FAMILYAID BOSTON, INC.	04	-2105756	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
			14 62	- 1	0.0
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,63 15,20		
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses. Subtract line 2 from line 1	3	-57		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,24		
5	Net unrealized gains (losses) on investments	5	-61	4,8	68.
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,		0 05	~ ~	~ ~ ~
	column (B))	10	9,05	8,6	39.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d 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?			Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basi	в,		
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-			
	Act and OMB Circular A-133?			Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired au	ıdit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	
			Form	990	(2021)

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.

1	2021
	Open to Public Inspection
Employer	identification number

OMB No. 1545-0047

Name of the organization

		LYAID BOST						4-2105756			
Part I	Reason for Public	Charity Status.	(All organizations must c	omplete tl	his part.) S	See instruction	S.				
The organ	nization is not a private found	lation because it is: ((For lines 1 through 12, c	heck only	one box.)						
1	A church, convention of ch	urches, or associatio	on of churches described	d in sectio	on 170(b)([.]	1)(A)(i).					
2	A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)							
3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(i	ii).					
4	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:										
5	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).										
7 X											
	section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8 🔄	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	t II.)							
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college			
	or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of	the colleg	e or			
	university:										
10	An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, membersl	nip fees, a	nd gross receipts from			
	activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more that	n 33 1/3% of i	ts support	from gross investment			
	income and unrelated busi	ness taxable income	(less section 511 tax) fro	om busine	esses acqu	uired by the or	ganization	after June 30, 1975.			
	See section 509(a)(2). (Co	mplete Part III.)									
11 🛄	An organization organized	and operated exclus	ively to test for public sa	ifety. See	section 50	09(a)(4).					
12	An organization organized	and operated exclus	ively for the benefit of, to	perform [•]	the function	ons of, or to ca	arry out the	e purposes of one or			
	more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 5	6 09(a)(3). (Check the box on			
	_lines 12a through 12d that	describes the type of	of supporting organizatio	n and con	nplete line	s 12e, 12f, and	d 12g.				
a	Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s), t	ypically by	' giving			
	the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	supporting			
	organization. You must o	complete Part IV, Se	ections A and B.								
b	Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organizatio	n(s), by ha	iving			
	control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	ge the sup	ported			
_	organization(s). You mus	t complete Part IV,	Sections A and C.								
c 🗆	Type III functionally interest	grated. A supporting	g organization operated	in connec	tion with,	and functiona	ly integrate	ed with,			
_	its supported organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.					
d	Type III non-functionally	y integrated. A supp	porting organization oper	ated in co	nnection \	with its suppor	ted organi	zation(s)			
	that is not functionally int	tegrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and	d an attent	iveness			
	requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	, and Part	V .					
e	Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	II, Type III				
	functionally integrated, o	r Type III non-functio	nally integrated support	ing organi	zation.						
	er the number of supported of	•									
	vide the following information			(iv) is the orga	inization listed	(
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount of support (see in	,	(vi) Amount of other support (see instructions)			
	organization		above (see instructions))	Yes	No	Support (See III	311 401 101 13)				
Total											
	Paperwork Reduction Act N	lotice see the Instr	ructions for Form 990 o	r 990-F7	132021 01.	-04-22	Sche	dule A (Form 990) 2021			

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Schedule A (Form 990) 2021

FAMILYAID BOSTON, INC.

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7,474,641.	7,872,872.	15,581,849.	12,683,323.	13,926,408.	57,539,093.
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						
	Total. Add lines 1 through 3	7,474,641.	7,872,872.	15,581,849.	12,683,323.	13,926,408.	57,539,093.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						57,539,093.
_	ction B. Total Support						37,335,053.
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	7,474,641.	7,872,872.	15,581,849.	12,683,323.	13,926,408.	57,539,093.
	Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	132,876.	170,796.	133,201.	63,124.	179,867.	679,864.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						58,218,957.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	,576,802.
13	First 5 years. If the Form 990 is for the	e organization's fir	rst, second, third, ⁻	fourth, or fifth tax	year as a section 5	501(c)(3)	
_	organization, check this box and stop	here	-				▶∟_
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2021 (I					14	98.83 %
	Public support percentage from 2020					15	98.78 %
16a	33 1/3% support test - 2021. If the c	-					
	stop here. The organization qualifies						
Ľ	33 1/3% support test - 2020. If the c						
47.	and stop here. The organization qual						
1/8	10% -facts-and-circumstances tes						
	and if the organization meets the fact			-		-	
٣	meets the facts-and-circumstances te 10% -facts-and-circumstances tes	•			•	17a and line 15 is	
Ľ	more, and if the organization meets the						
	organization meets the facts-and-circl						
18	Private foundation. If the organizatio						s
				, , , or it k	,		(Form 990) 2021

FAMILYAID BOSTON, INC.

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.)

	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 20)21	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in							
	any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ- ization's benefit and either paid to							
	or expended on its behalf				4			
E								
5	The value of services or facilities furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and					1		
	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							
с	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
e	tion B. Total Support							
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 20)21	(f) Total
	Amounts from line 6							
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
_							<u> </u>	
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
3	Total support. (Add lines 9, 10c, 11, and 12.)							
4	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) o	rganizatio	n,
	check this box and stop here							►
jeo	tion C. Computation of Public	ic Support Pe	ercentage					
	Public support percentage for 2021 (I			column (f))		15		%
	Public support percentage from 2020					16		%
	tion D. Computation of Invest							,
	Investment income percentage for 20					17		%
	Investment income percentage from 2		'			18		%
	33 1/3% support tests - 2021. If the			on line 14 and line			nd line 17	
199		-					nu ine i i	
b	more than 33 1/3%, check this box as 33 1/3% support tests - 2020. If the						3 1/3%, ar	▶∟ nd
	line 18 is not more than 33 1/3%, che	ck this box and s t	top here. The orga	nization qualifies a	as a publicly supp	orted orgar	nization	►
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	<u></u>)
	23 01-04-22							(Form 990) 202 ⁻
				34				
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FAMILYAID BOSTON, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2021

chedule A	(Form 990) 2021	F.	
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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	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	etion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
				1

	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).	
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.

Section 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 yea(see instructions).
- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c L The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

 Yes
 No

 2a
 ...

 2a
 ...

 2b
 ...

 3a
 ...

 3b
 ...

2

3

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Schedule A (Form 990) 2021

Schedule A			
Part V	Туре		No

(Form 990)		FAMILYAID		
Type III	Non-Function	onally Integrate	d 509(a)(3) S	upporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifying	truet c	n Nov. 20 1970 (evolain in E	Part VI) See instructions
•	All other Type III non-functionally integrated supporting organizations must of			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	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		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting orga	anization (see

instructions).

Schedule A (Form 990) 2021

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Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
Secti	on D - Distributions			Current Year						
1	Amounts paid to supported organizations to accomplish exe	1								
2	Amounts paid to perform activity that directly furthers exemption									
	organizations, in excess of income from activity	2								
3	Administrative expenses paid to accomplish exempt purpos	ns 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 t	he organization is responsive	e							
	(provide details in Part VI). See instructions.	-	8							
9	Distributable amount for 2021 from Section C, line 6		9							
10	Line 8 amount divided by line 9 amount		10							
	· ·	(i)	(ii)	(iii)						
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021						
1	Distributable amount for 2021 from Section C, line 6									
2	Underdistributions, if any, for years prior to 2021 (reason-									
	able cause required - explain in Part VI). See instructions.									
3	Excess distributions carryover, if any, to 2021									
а	From 2016									
b	From 2017									
с	From 2018									
d	From 2019									
е	From 2020									
f	Total of lines 3a through 3e									
g	Applied to underdistributions of prior years									
h	Applied to 2021 distributable amount									
i	Carryover from 2016 not applied (see instructions)									
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.									
4	Distributions for 2021 from Section D,									
	line 7: \$									
а	Applied to underdistributions of prior years									
b	Applied to 2021 distributable amount									
с	Remainder. Subtract lines 4a and 4b from line 4.									
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h									
	and 4b from line 1. For result greater than zero, explain in									
	Part VI. See instructions.									
7	Excess distributions carryover to 2022. Add lines 3j									
	and 4c.									
8	Breakdown of line 7:									
	Excess from 2017									
	Excess from 2018									
	Excess from 2019									
	Excess from 2020									
	Excess from 2021									

Schedule A (Form 990) 2021

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	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
2028 01-04-2	2 Schedule A (Form 990

SCHEDULE C	Political Campaign and Lobbying Activities For Organizations Exempt From Income Tax Under section 501(c) and section 527					OMB No. 1545-0047			
(Form 990)						2021			
		if the organization is described				LULI			
Department of the Treasury Internal Revenue Service		to to www.irs.gov/Form990 for			550-LZ.	Open to Public Inspection			
					nairm Aat	-			
-		Form 990, Part IV, line 3, or Fo		ne 40 (Political Call	paigh Act	ivities), then			
	-	1(c)(3)) organizations: Complete	•	/ Do not complete Pa	rt I-B				
 Section 527 organiz 									
0		Form 990, Part IV, line 4, or Fo	orm 990-EZ. Part VI. I	ine 47 (Lobbying Act	ivities), tl	hen			
-	• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.								
 Section 501(c)(3) or 	ganizations that I	nave NOT filed Form 5768 (electi	on under section 501((h)): Complete Part II-E	3. Do not	complete Part II-A.			
If the organization ans	wered "Yes," on	Form 990, Part IV, line 5 (Prox	y Tax) (See separate	instructions) or Forr	n 990-EZ	, Part V, line 35c (Proxy			
Tax) (See separate inst									
), or (6) organizat	ions: Complete Part III.							
Name of organization						r identification number			
Dout I A Comm		ID BOSTON, INC.	er costion EO1(c))4 - 2105756			
Part I-A Compl	ete if the org	anization is exempt und	er section 501(c)	or is a section a	ozi orga	anization.			
 Dura dala a alexandadi 			-1	in David BV					
		ation's direct and indirect politic			► \$				
		ures gn activities			· · · · —				
	political campai				·				
Part I-B Compl	ete if the org	anization is exempt und	er section 501(c)	(3).					
		incurred by the organization und			▶\$				
		incurred by organization manage							
		n 4955 tax, did it file Form 4720				Yes No			
4a Was a correction m	ade?					Yes No			
b If "Yes," describe in	n Part IV.								
		anization is exempt und				3).			
		l by the filing organization for sec			.▶\$				
2 Enter the amount of	f the filing organ	zation's funds contributed to oth	ner organizations for s	ection 527					
exempt function ac					. ► \$				
		. Add lines 1 and 2. Enter here a							
		1100 DOL for this year?				Yes No			
		1120-POL for this year? ployer identification number (EII							
		tion listed, enter the amount paid							
	-	omptly and directly delivered to a							
political action corr	mittee (PAC). If a	additional space is needed, prov	ide information in Part	IV.					
(a) Name	e	(b) Address	(c) EIN	(d) Amount paid	from	(e) Amount of political			
				filing organizatio	n's co	ntributions received and			
				funds. If none, ent		promptly and directly delivered to a separate			
						political organization.			
						If none, enter -0			
				_					
For Paperwork Reduct	ion Act Notice,	see the Instructions for Form 9	90 or 990-EZ.		Sche	edule C (Form 990) 2021			
LHA									

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		BOSTON, INC.			2105756 Page 2
Part II-A Complete if the organiza	tion is exe	mpt under sectio	n 501(c)(3) and fil	ed Form 5768 (e	lection under
section 501(h)).					
A Check 🕨 🛄 if the filing organization be	longs to an aff	iliated group (and list ir	n Part IV each affiliated	group member's nan	ne, address, EIN,
expenses, and share of ex	, 0	1 ,			
B Check ▶ if the filing organization ch	ecked box A a	nd "limited control" pro	ovisions apply.		r
Limits on L	obbying Expe	nditures		(a) Filing organization's	(b) Affiliated group totals
(The term "expenditures	" means amo	unts paid or incurred.)	totals	lotais
1a Total lobbying expenditures to influence	oublic opinion	(grassroots lobbying)			
b Total lobbying expenditures to influence	legislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add lines 1a	and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (add	lines 1c and 1	d)			
f Lobbying nontaxable amount. Enter the a	mount from th	e following table in bot	h columns.		
If the amount on line 1e, column (a) or (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000,000	\$100,0	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,0	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,00	0 \$225,0	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000	000.			
g Grassroots nontaxable amount (enter 259	, ,				
h Subtract line 1g from line 1a. If zero or les					
i Subtract line 1f from line 1c. If zero or les					
j If there is an amount other than zero on e				1	
reporting section 4911 tax for this year?			Castier 501/h)	l	Yes No
(Some organizations that ma		eraging Period Under		of the five columns h	helow
		ate instructions for li	•		
		nditures During 4-Yea			
Calendar year	a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
(or fiscal year beginning in)					
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2021

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Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a	I)	(b)	
of the	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?		Х		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х		
	Media advertisements?		Х		
d	Mailings to members, legislators, or the public?		Х		
	Publications, or published or broadcast statements?		Х		
	Grants to other organizations for lobbying purposes?		Х		
	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х		
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
	Other activities?	Х			264.
j	Total. Add lines 1c through 1i				264.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
b	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ction	
	501(c)(6).	/ 			
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from t			-	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), secti	• •			
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	I "No" OR	(b) Part	III-A, lin	ie 3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
с	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
	expenditure next year?				
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	••				
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	o list); Part II	-A, lines 1 a	and 2 (See	
	ictions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAI	RT II-B, LINE 1, LOBBYING ACTIVITIES:				

ENGAGED SERLIN HALEY LLC

Schedule C (Form 990) 2021

132043 11-03-21

SC	HEDULE D		al Financial Statements		OMB No. 1545-0047		
(Forr	n 990)	Complete if the org	anization answered "Yes" on Form 990,), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.				
Depart	ment of the Treasury		Attach to Form 990.		Open to Public		
	Revenue Service		90 for instructions and the latest information.				
Nam	e of the organizatio	FAMILYAID BOSTON,	INC.	Em	ployer identification number $04 - 2105756$		
Pa	rt I Organiza		ed Funds or Other Similar Funds or A	Accou			
	organization	answered "Yes" on Form 990, Part IV, lin					
			(a) Donor advised funds	(b) Fur	nds and other accounts		
1		d of year					
2		contributions to (during year)					
3		grants from (during year)					
4 5		end of year	writing that the assets held in donor advised fur	nds			
Ŭ	-		exclusive legal control?		Yes No		
6			advisors in writing that grant funds can be used				
	for charitable purpo	oses and not for the benefit of the donor o	or donor advisor, or for any other purpose confe	rring			
	impermissible priva						
Pa			ganization answered "Yes" on Form 990, Part IV	, line 7			
1		ervation easements held by the organizat	· · · · · · · · · · · · · · · · · · ·	orioally	important land area		
		of land for public use (for example, recrea natural habitat	ation or education) Preservation of a hist		•		
		of open space		ineu m			
2			fied conservation contribution in the form of a c	onserv	ation easement on the last		
	day of the tax year.				Held at the End of the Tax Year		
а	Total number of cor	nservation easements		2a			
b				2b			
c			ructure included in (a)	2c			
d			after 7/25/06, and not on a historic structure	0.1			
3			eleased, extinguished, or terminated by the orga	2d	l n during the tax		
5	year ►	ation easements mouned, transferred, re	leased, extinguished, or terminated by the orga	Inzatio			
4		/here property subject to conservation ea	sement is located ►				
5	Does the organizati	on have a written policy regarding the pe	riodic monitoring, inspection, handling of				
	violations, and enfo	prcement of the conservation easements i	it holds?		Yes No		
6	Staff and volunteer	hours devoted to monitoring, inspecting,	, handling of violations, and enforcing conservat	ion eas	sements during the year		
-							
7	Amount of expense	es incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation e	aseme	nts during the year		
8	· · ·	ation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(l	B)(i)			
Ū					Yes No		
9			ion easements in its revenue and expense state		and		
	balance sheet, and	include, if applicable, the text of the foot	note to the organization's financial statements t	hat de	scribes the		
		unting for conservation easements.	<u> </u>	<u>.</u>			
Pa		-	of Art, Historical Treasures, or Other	Simi	lar Assets.		
10		the organization answered "Yes" on Form	58, not to report in its revenue statement and ba	lanaa	aboat warka		
Id	•		blic exhibition, education, or research in furthera				
			ncial statements that describes these items.		- Finana		
b	· •		58, to report in its revenue statement and balance	ce she	et works of		
	•		c exhibition, education, or research in furtherand				
	•	g amounts relating to these items:					
	(i) Revenue includ				\$		
	.,				·		
2			easures, or other similar assets for financial gain,	provid	de		
-		nts required to be reported under FASB A			¢		
a h					\$\$		
					-		

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990
13205	1 10-28-21

Schedule D (Form 990) 2021

INC.

132051 10-28-21

	43	
2021.05000	FAMILYAID	BOSTON,

Sche		D BOSTON,				04-21			age 2
Par	t III Organizations Maintaining Co	llections of Art	, Historical Tr	easures, or Oth	ner Simil	ar Asse	ts (contii	nued)	
3	Using the organization's acquisition, accession	, and other records	, check any of the	following that make	significant	use of its			
	collection items (check all that apply):								
а	Public exhibition	d		hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's colle					ose in Par	t XIII.		
5	During the year, did the organization solicit or r		,	,			-		7
De	to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Par		-	e if the organizatio	n answered "Yes" o	on Form 990	D, Part IV,	line 9, oi		
	reported an amount on Form 990, Part								
1a	Is the organization an agent, trustee, custodiar						7.		٦.,
	on Form 990, Part X?					L	Yes		No
b	b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount								
								L	
	Beginning balance								
	Additions during the year								
e 4	Distributions during the year								
י 22	Ending balance Did the organization include an amount on For						Yes		No
	If "Yes," explain the arrangement in Part XIII. C				• • • • • • • • • • • • • • • • • • • •	·····			
Par									
		(a) Current year	(b) Prior year	(c) Two years back		/ears back	(e) Fou	vears	back
1a	Beginning of year balance	2,813,707.	2,056,936.			56,351.	. ,	,977,	
	Contributions	-79,006.	305,104.		,	, -		, ,	
	c Net investment earnings, gains, and losses -435,555. 451,667. 55,345. 91,513.						128,	978.	
	Grants or scholarships			,				,	
	Other expenditures for facilities								
	and programs			28,024		18,249.		149,	890.
f	Administrative expenses								
g	End of year balance	2,299,146.	2,813,707.	2,056,936	. 2,0	29,615.	1	,956,	351.
2	Provide the estimated percentage of the current	nt year end balance	(line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment	92.2300	%						
b	Permanent endowment > 7.4400	%							
с	Term endowment ► .3300 %								
	The percentages on lines 2a, 2b, and 2c shoul	d equal 100%.							
3a	Are there endowment funds not in the possess	sion of the organizat	tion that are held a	nd administered for	the organiz	zation			
	by:							Yes	No
	(i) Unrelated organizations						3a(i)		Х
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization						3b		
4	Describe in Part XIII the intended uses of the o	0	vment funds.						
Par	t VI Land, Buildings, and Equipme								
	Complete if the organization answered								
	Description of property	(a) Cost or oth			Accumulate		(d) Boo	k value	е
		basis (investme	,	. ,	epreciation				00
	Land			7,000.	E42 C	01		7,0	
	Buildings		2,36	4,570.	543,6	אד ו	1,82	υ,8	19.
	Leasehold improvements			F 672	02 1			<u> </u>	<u></u>
	Equipment			5,672. 7,191.	93,1 251,9			2,5 5,2	
	Other				201,9	<u>+ + • </u>	9 1,96		
Tota	. Add lines 1a through 1e. (Column (d) must equ	iai Form 990, Part X	., column (B), line 1	UC.)		P			
						Schedule	ורorn ע	n 990)	2021

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, Im (b) Book value	e 11b. See Form 990, Part X, line 12.	of yoar market value
	(b) BOOK value	(c) Method of Valuation. Cost of end	-or-year market value
 (1) Financial derivatives (2) Cleachy hold aguity interacts 			
(2) Closely held equity interests			
(3) Other			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	47.)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, IIn	e TTe or TTT. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	27.)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line		•	
Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote	to the organization's financial statements t	hat reports the

ation's financial statements that reports the ٢р i, p oothote to the organiz 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... X

Schedule D (Form 990) 2021

55.10	edule D (Form 990) 2021 FAMILYAID BOSTON, INC.				2105/56 Page	<u>; 4</u>	
Pa	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total revenue, gains, and other support per audited financial statements			1	14,163,311	- •	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	2a	-614,868.				
b	Donated services and use of facilities	2b	171,944.				
с	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIII.)	2d					
е	Add lines 2a through 2d			2e	-442,924		
3	Subtract line 2e from line 1			3	14,606,235	j.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	30,957.				
b	Other (Describe in Part XIII.)	4b					
с	Add lines 4a and 4b			4c	30,957		
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	14,637,192	2.	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents V	Vith Expenses per	Retu	ırn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total expenses and losses per audited financial statements			1	15 3/9 717		
2					15,348,717	7 <u> </u>	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:				13,540,717	7.	
а		2a	171,944.		13,540,717	<u> </u>	
a b	Donated services and use of facilities		171,944.			<u>.</u>	
	Donated services and use of facilities	2b	171,944.			<u> </u>	
	Donated services and use of facilities Prior year adjustments Other losses	2b 2c	171,944.				
b c	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2b 2c 2d		2e	171,944	1.	
b c d	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2b 2c 2d		2e 3		1.	
b c d e	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2b 2c 2d		3	171,944	1.	
b c d e	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2b 2c 2d		3	171,944	1.	
b c d 3 4	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2b 2c 2d		3	171,944 15,176,773	<u>1.</u> 3.	
b c d 3 4	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2b 2c 2d 4a 4b	30,957.	3	171,944 15,176,773 30,957	<u>1.</u> 3.	
b c e 3 4 a b c 5	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	2b 2c 2d 4a 4b	30,957.	3	171,944 15,176,773	<u>1.</u> 3.	
b c e 3 4 a b c 5	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2b 2c 2d 4a 4b	30,957.	3 4c	171,944 15,176,773 30,957	<u>1.</u> 3.	

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

PART V, LINE 4:

THE BOARD DESIGNATED ENDOWMENT IS INTENDED TO BE HELD FOR LONG-TERM GROWTH AND SUPPORT OF THE OPERATIONS. THE INCOME ON THE PERMANENT ENDOWMENT IS USED TO SUPPORT THE OPERATIONS OF FAMILYAID BOSTON.

PART X, LINE 2:

FAMILYAID BOSTON (FAB) ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN

ACCORDANCE WITH ASC TOPIC, INCOME TAXES. THIS STANDARD CLARIFIES THE

ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION

THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENTS REGARDING

A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. FAB HAS

DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUALIFY FOR 132054 10-28-21 Schedule D (Form 990) 2021 46 2021.05000 FAMILYAID BOSTON, INC.

08391103 715045 27049

010575

Part XIII Supplemental Information (continued)

EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AT JUNE 30,

2022. FAB'S INFORMATION RETURNS ARE SUBJECT TO EXAMINATION BY THE FEDERAL

AND STATE JURISDICTIONS.

Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE G (Form 990)	Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the							OMB No. 1545-0047	
х <i>ў</i>		rganization entered	more than \$1	5,000	on Fo	rm 990-EZ, line 6a.		,	2UZ I
Department of the Treasury Internal Revenue Service	E Go	► Attac to www.irs.gov/For	h to Form 990 m990 for instr				ion		Open to Public Inspection
Name of the organization					5 and				ntification number
		ID BOSTON,						04-2105	
required to	complete this par							7. Form 990-E	Z filers are not
c Phone solici d In-person so 2 a Did the organization	tions email solicitations tations blicitations on have a written o ted in Form 990, P) highest paid indiv	or oral agreement with art VII) or entity in con viduals or entities (fur	e Solicitat f Solicitat g Special n any individual nnection with p	tion of tion of fundra (inclue profess	non-g gover iising ding o ional f	overnment grants nment grants events fficers, directors, tru fundraising services?	stees ?	Yes	
(i) Name and addres or entity (fund		(ii) Activ	ity	(iii) fundr have c or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No				
Total				1					
3 List all states in wh or licensing.		n is registered or lice			outions	I s or has been notifie	l d it is	exempt from r	l egistration
LHA For Paperwork R	eduction Act Noti	ce, see the Instruct	ions for Form	990 or	990-	EZ.		Schedule	e G (Form 990) 2021

132081 10-21-21

FAMILYAID BOSTON, INC.

04-2105756 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b, List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gr	oss income on Form 990	-EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1 HOLIDAY EVENT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
Ð			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	239,282.			239,282.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	239,282.			239,282.
	4	Cash prizes				
í	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
rect E	7	Food and beverages				
Ē	8 9	Entertainment Other direct expenses				44,019.
	-	Direct expense summary. Add lines 4 through			Þ	44,019.
	11	Net income summary. Subtract line 10 from li	ine 3, column (d)			195,263.
Pa	rt I		answered "Yes" on Form	1990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
anue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direc	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	í from line 1, column (d)			
		ter the state(s) in which the organization condu	ucts gaming activities:			
		the organization licensed to conduct gaming a No," explain:		states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No

132082 10-21-21

Schedule G (Form 990) 2021

Schedule G (Form 990) 2021	FAMILYAID BOSTON, INC.	04-2105756 Page
11 Does the organization co	nduct gaming activities with nonmembers?	
	tor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	I
to administer charitable g	jaming?	🗌 Yes 🔲 N
	of gaming activity conducted in:	
a The organization's facility	۱	13a
14 Enter the name and addr	ess of the person who prepares the organization's gaming/special events books and rec	cords:
Name 🕨		
Address 🕨		
15a Does the organization ha	ve a contract with a third party from whom the organization receives gaming revenue? $_{\cdot}$	Yes N
Tou boos the organization ha	ve a contract with a time party north whom the organization receives gaming revenues :	
b If "Yes," enter the amoun	It of gaming revenue received by the organization \blacktriangleright \$ and the ar	nount
	ed by the third party ▶\$	
c If "Yes," enter name and		
,		
Name 🕨		
Address 🕨		
16 Gaming manager informa	tion:	
Name 🕨		
Gaming manager compe	nsation 🕨 \$	
Description of services pi	rovided	
Director/officer	Employee Independent contractor	
17 Mandatory distributions:		
	ed under state law to make charitable distributions from the gaming proceeds to	
	cense?	Yes N
	ibutions required under state law to be distributed to other exempt organizations or spe	
	pt activities during the tax year > \$	
	al Information. Provide the explanations required by Part I, line 2b, columns (iii) and	(v); and Part III, lines 9, 9b, 10b
15b, 15c, 16, and	17b, as applicable. Also provide any additional information. See instructions.	
132083 10-21-21		Schedule G (Form 990) 202
	50	
391103 715045 27	7049 2021.05000 FAMILYAID BOSTON, IN	C. 27049_1

		Schedule G (Form 990)
32084 11-18-21	-1	
91103 715045 27049	51 2021.05000 FAMILYAID BOSTON, INC.	27010 1
91109 119049 2/049	ZUZI UJUUU FAMILLIAID BUSTUN, INC.	270491

SCHEDU				irants and Oth					L	OMB No. 15	
(Form 99	0)	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								202	21
Department	of the Treasury enue Service	► Attach to Form 990. Open									Public tion
Name of 1	the organization	FAMILYAID	BOSTON,	INC.					Employer id	dentificatio 04-210	
Part I	-	mation on Grants a									
crite	eria used to awa	rd the grants or assi	stance?				ty for the grants or ass			Yes	X No
				oring the use of grant			· · · · · · · · · · · · · · · · · · ·	/ " E 000 D			
Part II	_		-	be duplicated if addit			anization answered "	res" on Form 990, Par	t IV, line 21, 1	or any	
1 (a)	Name and addre or goverr	ess of organization nment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		urpose of g r assistance	
						$\mathbf{)}$					
2 Ent	er total number o	of section 501(c)(3) a	and government or	ganizations listed in th	ne line 1 table		· · · · · · · · · · · · · · · · · · ·	I	····· ►		
		of other organization							►		
LHA Fo	or Paperwork Re	duction Act Notice	e, see the Instructi	ions for Form 990.					Schedu	le I (Form 9	90) 2021

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistanc
SSISTANCE WITH SHELTER	3812	5,909,943.	0.	N/A	N/A
				*	
Part IV Supplemental Information. Provide the information	tion required in Part I, lir	l ne 2; Part III, column	(b); and any other a	l dditional information.	

132102 10-26-21

SC	HEDULE J	Compensation Information	1	OMB No.	1545-00	47	
(Fo	Drm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		F	2021			
-	Compensated Employees					I	
Dono	tmont of the Treesury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Open to Public		
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction		
Nam	e of the organizatio	1			entification number		
		FAMILYAID BOSTON, INC.	04-2	210575	6		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	ı 990,				
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c	harter travel Housing allowance or residence for perso	nal use				
	Travel for com	panions Payments for business use of personal re	sidence				
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	s				
	Discretionary	spending account Personal services (such as maid, chauffe	ur, chef)				
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b			
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization'	S				
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to				
	establish compens	ation of the CEO/Executive Director, but explain in Part III.					
	Compensatior	committee Written employment contract					
	Independent of	compensation consultant Compensation survey or study					
	Form 990 of o	ther organizations	ommittee				
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re					37	
а		e payment or change-of-control payment?				X	
b		eive payment from a supplemental nonqualified retirement plan?				X X	
С	c Participate in or receive payment from an equity-based compensation arrangement?						
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	0 1						
-		(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	วท				
-	contingent on the r			F -		x	
a	The organization?			5a		X	
a		ation?		5b			
~		rr 5b, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	~~				
0	contingent on the r		SH				
•	•			60		x	
		ation2				X	
U		ation?		6b			
7		or ob, describe in Part III. In Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	c				
'				7		x	
9		nes 5 and 6? If "Yes," describe in Part III					
0		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		x	
0				••••			
9		id the organization also follow the rebuttable presumption procedure described in		9			
		1 53.4958-6(c)? eduction Act Notice, see the Instructions for Form 990.		ule J (Forr	n 990	2021	

04-2105756

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) LAWRENCE SEAMANS	(i)	194,876.	0.	0.	7,801.	1,064.	203,741.	0.	
PRESIDENT	(ii)	0.	0.	0.	0.	0.		0.	
(2) ELBA MARCILLO	(i)	146,081.	0.	0.	6,083.	13,758.	165,922.	0.	
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) ANNIE MARCKLINGER	(i)	133,260.	0.	0.	5,644.	20,340.	159,244.	0.	
COO	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information

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

PART I, LINE 3:

THE BOARD HAS A COMPENSATION COMMITTEE THAT REVIEWS LAWRENCE SEAMANS

ANNUALLY AND MAKES A RECOMMENDATION TO THE BOARD ABOUT PAY CHANGES.

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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.



04-2105756

FAMILYAID BOSTON, INC.

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

IN GREATER BOSTON, PROVIDING HOUSING ASSISTANCE, HOMELESSNESS

PREVENTION SERVICES, EMERGENCY SHELTER, PERMANENT SUPPORTIVE HOUSING,

AND COMPREHENSIVE CASE MANAGEMENT TO 4,277 CHILDREN AND PARENTS IN

FY22.

FAMILYAID SUPPORTS FAMILIES EXPERIENCING OR AT RISK OF HOMELESSNESS THROUGH COMPREHENSIVE SERVICES FOCUSED ON LONG-TERM SELF-SUFFICIENCY AND FINANCIAL STABILITY, INCLUDING CASE MANAGEMENT; HOUSING SEARCH, PLACEMENT AND SUPPORT; FINANCIAL ASSISTANCE AND COACHING; AND ENROLLMENT IN COMMUNITY-BASED RESOURCES. THIS TWO-GENERATIONAL APPROACH EMPOWERS PARENTS AND CHILDREN TO OVERCOME THE BARRIERS THAT TRAP FAMILIES IN POVERTY AND HOMELESSNESS AND DEVELOP THE SKILLS AND SUPPORTS NECESSARY TO THRIVE LONG-TERM.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: STABILITY AND LEAD TO LONG-TERM SUCCESS. IN THE PAST THREE YEARS, OUR PREVENTION PROGRAM HAS GROWN FROM 200 CHILDREN AND PARENTS TO 3,427 IN FY22. WE ARE NOW BOSTON PUBLIC SCHOOL'S LEADING HOMELESSNESS PREVENTION PARTNER, WORKING WITH HOMELESS LIAISONS IN ALL 125 SCHOOLS TO IDENTIFY STRUGGLING FAMILIES AND HELP THEM GAIN STABILITY. WE ARE ALSO THE FIRST HOMELESS SERVICES PROVIDER TO BE FUNDED BY MASSHEALTH FOR OUR BOSTON CHILDREN'S HOSPITAL PREVENTION PARTNERSHIP.

SHELTER: FAMILYAID PROVIDED SHELTER, HOUSING PLACEMENT, AND

 COMPREHENSIVE
 CASE
 MANAGEMENT
 TO
 873
 CHILDREN
 AND
 PARENTS
 IN
 135
 LEASED

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

132211 11-11-21 57

Schedule O (Form 990) 2021	Page 2
Name of the organization FAMILYAID BOSTON, INC.	Employer identification number 04-2105756
	01 2200,00
SHELTER UNITS IN FY22. WE OPENED A NEW CRISIS SHELTER IN	FALL 2021 FOR
HOMELESS FAMILIES SEEKING REFUGE IN EMERGENCY ROOMS AT BC	STON
CHILDREN'S HOSPITAL AND BOSTON MEDICAL CENTER, FUNDED WIT	Н А
COMBINATION OF PUBLIC AND PRIVATE RESOURCES.	
STABILIZATION: ALL CHILDREN AND PARENTS ENGAGED WITH FAM	IILYAID RECEIVE
AN ARRAY OF STABILIZATION SERVICES OVER A ONE-YEAR PERIOD	TO PROMOTE
LONG-TERM SELF-SUFFICIENCY. IN FY22, CASE MANAGERS PROVID	ED
STABILIZATION SERVICES TO 2,080 CHILDREN AND PARENTS. A G	ROWING TEAM OF
"NAVIGATORS" IS DEEPENING THE EFFECTIVENESS OF OUR STABIL	IZATION WORK
BY BRINGING CONTENT EXPERTISE AND RESOURCES TO CASE MANAG	ERS AND
BUILDING OUR FORMAL PARTNER NETWORK IN THE AREAS OF WORKF	ORCE
DEVELOPMENT, CHILD DEVELOPMENT AND EDUCATIONAL SUPPORTS,	AND BEHAVIORAL
HEALTH. OVER THE PAST YEAR, THE AGENCY ALSO PRIORITIZED C	REATING
POSITIVE EXPERIENCES FOR THE CHILDREN IN OUR CARE TO INCR	EASE THEIR
RESILIENCE AND OFFSET THE HARMFUL EFFECTS OF THE TRAUMA T	HEY HAVE
EXPERIENCED.	

SYSTEMIC CHANGE: FAMILYAID IS LEADING A NEW FOUR-YEAR, MULTI-SECTOR COLLABORATION TO MAP THE SYSTEMS OF SOCIAL SERVICES FOR CHILDREN EXPERIENCING HOMELESSNESS. BY IDENTIFYING GAPS, STAKEHOLDERS WILL BE ABLE TO IMPLEMENT MORE EFFECTIVE, COORDINATED SERVICES WHILE BUILDING PUBLIC SUPPORT FOR POLICIES THAT IMPROVE THE OVERALL SYSTEM OF SERVICES FOR HOMELESS CHILDREN. A BROAD COALITION OF NONPROFIT PROVIDERS, AGENCY LEADERS, HOUSING DEVELOPERS, POLICYMAKERS, FAMILIES EXPERIENCING HOMELESSNESS, AND OTHER ALLIES ARE PARTICIPATING.

 FAMILYAID RECOGNIZES THAT ADDRESSING FAMILY HOMELESSNESS REQUIRES

 STRONG PARTNERSHIPS. WE ARE PROUD AND GRATEFUL TO COLLABORATE WITH THE

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PHILANTHROPIC COMMUNITY, OTHER NONPROFITS, GOVERNMENT AGENCIES, AND
ADVOCACY GROUPS TO IDENTIFY AND ADVANCE LASTING SOLUTIONS TO FAMILY
HOMELESSNESS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE PRESIDENT, TREASURER, AND BOARD OF DIRECTORS WERE PROVIDED A COPY OF
THE 990 PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
THERE IS AN ANNUAL QUESTIONAIRE THAT IS GIVEN TO THE OFFICERS AND BOARD OF
DIRECTORS TO DISCLOSE ANY CONFLICTS OF INTEREST.
FORM 990, PART VI, SECTION B, LINE 15:
THE COMPENSATION OF FAB'S OFFICER'S AND KEY EMPLOYEES IS APPROVED BY THE
BOARD.
FORM 990, PART VI, SECTION C, LINE 19:
FAB MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART XII, LINE 2C:
FAB HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF
THE AUDIT OF THE FINANCIAL STATEMENTS.
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FAMILYAID BOSTON, INC.

Name of the organization

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Employer identification number 04 - 2105756