Form	990
Form	990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023 B Credit all struct or regulation Charme of organization D Employer identification number Partial Summary FAMILYAID DOIng business as FAMILYAID Doing business as FAMILYAID 04-2105756 Number and street (ar P.0. box if mail is not delivered to street address) Room/sume E Telephone number Control of the address of principal officer. LAWRENCE SEAMANS State AS C ABOVE Meeter FName and address of principal officer. LAWRENCE SEAMANS State AS C ABOVE Meeter Monthy and the address of principal officer. LAWRENCE SEAMANS Htp) Areal taccorrelates includer Meeter WWW. FAMILYA IDDOSTON. ORG Errel organization: % issoin or most significant activities. FAMILYAD IS THE LEADING PartII Summary Fifty describe the organization 's mission or most significant activities. FAMILYAD IS THE LEADING PartII Summary If the organization discontinue to soposed or more than 25% of its net assets. 1 Number of independent voting members of the governing body (Part VI, line 2a) 6 2 Check this box if the organization discontinue calcind year 2022 (Part VI, line 2a) 6 7 </th <th>Depa</th> <th>rtment</th> <th>of the Treasury enue Service Go to www.irs.gov/Form</th> <th></th> <th>-</th> <th>•</th> <th>Open to Public Inspection</th>	Depa	rtment	of the Treasury enue Service Go to www.irs.gov/Form		-	•	Open to Public Inspection				
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Sector 3815 WASHINGTON STREET (617) 542-7286 City or town, state or province, courty, and ZIP or foreign postal code Gross recepts 3 20,117,091. Marken Berling F Ame and address of principal officer: LAWRENCE SEAMANS H(a) Is this a group return for subordinates? Yes No I Taxexempt status: S101(3) 501(c)(1) (insert no.) 4947(a)(1) or 527 I Taxexempt status: S101(c)(3) 501(c)(1) (insert no.) 4947(a)(1) or 527 I Taxexempt status: S101(c)(1) 501(c)(1) (insert no.) 4947(a)(1) or 527 I Taxexempt status: S101(c)(1) S101(c)(1) (insert no.) 4947(a)(1) or 527 I Taxexempt status: S101(c)(1) Insert no.) 4947(a)(1) or 527 Yes No I Taxexempt status: S101(c)(1) Insert no.) 4947(a)(1) or 527 Yes No I Taxexempt status: S101(c)(1) Insert no.) 1.17 No 1.17 No I Taxexempt status: S101(c)(1) Insert no Inse		Initia		d to street address)	Room/suite						
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^{hending} F Name and address of principal officer: LAWRENCE SEAMANS for subordinates? Yes X No I Tax-exempt status: [X] 501(b)(3) 501(c) (insert no.) 4947(a)(1) or State AS C ABOVE No J Website: WWW.FAMILYAIDBOSTON.ORG H(b) Are all audountates include? No Part I Summary Corporation Trust Association Other L Year of formation: 1920 M State of legal domicile: MA Part I Summary I Briefly describe the organization's mission or most significant activities: FAMILYAID IS THE LEADING Part IS Part I Summary 1 Briefly describe the organization discontinued its operations or disposed of more than 25% of its net assets. Sumber of voling members of the governing body (Part VI, line 1a) Sate of legal domicile: MA Part I Summary S foral number of voluing members of the governing body (Part VI, line 2a) Sate of legal domicile: MA S foral number of volunters (estimate if necessary) S foral number of volunters (estimate if necessary) S for a long of individual semployed in calendar year 2022 (Part VI, line 2a) S for a long of indinubase of volunters (estimate if necessary)	X	returi	n BUSIUN, MA UZISU			H(a) Is this a group r	eturn				
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11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 13, 32, 20, 3, 20, 3, 20, 3, 20, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,	Ine										
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 13, 32, 20, 3, 20, 3, 20, 3, 20, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,	ven										
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 14, 637, 192. 18, 348, 949. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 5, 909, 943. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 6, 944, 937. 8, 704, 656. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 1, 306, 645. 15, 207, 730. 18, 482, 563. 17 Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 15, 207, 730. 18, 482, 563. 19 Revenue less expenses. Subtract line 18 from line 12 -570, 538. -133, 614. 20 Total assets (Part X, line 16) 11, 166, 112. 13, 522, 933. 21 Total liabilities (Part X, line 26) 2, 107, 473. 4, 354, 788. 22 Net assets or fund balances. Subtract line 21 from line 20 9, 058, 639. 9, 168, 145.	Be										
13 Grants and similar amounts paid (Part IX, column (A), lines 1·3) 5,909,943. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10) 6,944,937. 8,704,656. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 1,306,645. 2,352,850. 9,777,907. 18 Total expenses. Add lines 13·17 (must equal Part IX, column (A), line 25) 15,207,730. 18,482,563. 19 Revenue less expenses. Subtract line 18 from line 12 -570,538. -133,614. 20 Total assets (Part X, line 16) 11,166,112. 13,522,933. 21 Total liabilities (Part X, line 26) 2,107,473. 4,354,788. 22 Net assets or fund balances. Subtract line 21 from line 20 9,058,639. 9,168,145.		1									
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Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 11,166,112. 13,522,933. 21 Total liabilities (Part X, line 26) 2,107,473. 4,354,788. 22 Net assets or fund balances. Subtract line 21 from line 20 9,058,639. 9,168,145.						15,207,730.	18,482,563.				
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<u>2 22 Net assets or fund balances. Subtract line 21 from line 20</u>	t As:	21									
	ENei	22		20		9,058,639.	9,168,145.				

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.

	Lamm MSeamer		Dec 19, 202	3			
Sign	Signature of officer		Date				
Here	LAWRENCE SEAMANS, PRESIDE	NT					
	Type or print name and title	1					
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN			
Paid	SORIE M. KABA, C.P.A.	SORIE M. KABA, C.P.A	12/15/23 self-employe	d ₽00535908			
Preparer	Firm's name AAFCPAS, INC.		Firm's EIN 04	1-2571780			
Use Only	Ise Only Firm's address 50 WASHINGTON STREET						
	WESTBOROUGH, MA 01581 Phone no. 508-366-9100						
May the II	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No			
232001 12-1	13-22 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990 (2022)			

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2022) FAMILYAID BOSTON, INC. t III Statement of Program Service Accomplishments	04-2105756 F	Page
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	FAMILYAID BOSTON EMPOWERS PARENTS AND CAREGIVERS FACIN	G HOMELESSNESS	
	TO SECURE AND SUSTAIN HOUSING AND BUILD STRONG FOUNDAT		
	CHILDREN'S FUTURES.		
2	Did the organization undertake any significant program services during the year which were not listed on the	9	
	prior Form 990 or 990-EZ?	Yes 🖸	XN
	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 service	es? Yes 🛛	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services	, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	others, the total expenses, and	
	revenue, if any, for each program service reported.		
		Revenue \$ 307,24	
	FAMILYAID IS GREATER BOSTON'S LARGEST ORGANIZATION SOL)
	CHILDREN AND PARENTS FACING HOMELESSNESS, PROVIDING PR		
	SERVICES, EMERGENCY SHELTER, HOUSING AND SUPPORT, AND		
	CASE MANAGEMENT TO 5,444 CHILDREN AND PARENTS IN FY23.		
	OUR WORK INCLUDES:		
	HOMELESSNESS PREVENTION: FAMILYAID'S EARLY INTERVENTI		
	MITIGATES THE TRAUMA AND FINANCIAL RUIN OF HOMELESSNES		
	CRISES "UPSTREAM," BEFORE FAMILIES ENTER THE EVICTION		
	PREVENTION PARTNERS BOSTON PUBLIC SCHOOLS, BOSTON CHIL		/
	AND BOSTON MEDICAL CENTER IDENTIFY FAMILIES FACING HOM		
	REFER THEM TO FAMILYAID FOR COMPREHENSIVE SERVICES THA	T RESTORE	
4b	(Code:) (Expenses \$ including grants of \$) (including grants of \$)	Revenue \$	
4c	(Code:) (Expenses \$ including grants of \$) (I	Revenue \$	
70			
4d	Other program services (Describe on Schedule O.)		
4d	(Expenses \$ including grants of \$) (Revenue \$)	
)	
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 16,625,224.) Form 990) (202
4e	(Expenses \$ including grants of \$) (Revenue \$) (202

Form 990	1 (2022)

 Form 990 (2022)
 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			77
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		v	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
~	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u>_</u>		х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
~	Schedule D, Part III	8		
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?			х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
	Part VI	<u>11a</u>	_A	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
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		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	~	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	~	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	v	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	1.0		v
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
a	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	4.4%		х
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		- 11
15		15		х
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10		16		х
17	or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		- 23
18		18	х	
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	- ¹⁰	- 23	
19		10		х
20-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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		х
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 Form 990 (2022)
 FAMILYAID BOSTON, INC.
 04-2105756
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Ves
 No

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		v
	22		
Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			X
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		x	
Schedule J	23	<u> </u>	
Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
ast day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
Schedule K. If "No," go to line 25a	24a		X
	240		
	04-		
	240		
	05.		x
	25a		
	0.51		v
,	250		X
			- v
	26		X
			v
	27		X
			X X
	28b		
			X
	29		X
			X
	31		X
	32		X
			<u></u>
	33		X
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	34		X
	35a		X
	35b		
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	36		X
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	38	Х	
Check if Schedule O contains a response or note to any line in this Part V			
		Yes	No
	-		
Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
gambling) winnings to prize winners?	1c	Х	
12-13-22	Form	990	(2022
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O 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 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Did the organization maintai an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bands? 240 Did the organization act as an "on behaft of" issuer for bonds outstanding at any time during the year? 240 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prory year, and that the transaction has not been reported on any of the organization's pior Forms 990 or 990-E27. If "Yes," complete Schedule 1, Par1 255 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prory year, and that the transaction has not been reported on any of the organization's pior Forms 990 or 990-E27. If "Yes," complete Schedule 1, Par1 26 Did the organization act out any anount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustes, key employee, control entry in cluding an employee thereof or family member of any of these persons? If "Yes," complete Schedule 1, Part II 27 Was the organization a party to a buinness transaction with one of the following parties (see the Schedule 1, Part II) 28 A start or officer, director, trustes, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule 1, Part IV 28 A start or officer, director, trustes, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule 1, Part IV 28 A start or organization receive more more individual described in line 28a? If "Yes," complete Schedule N, Part I 30 A start organization	Did the cignizitation maintain an escow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 24d Out the organization act as an "on behaf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 24d Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 980 E2? If 'Yes,' complete Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for recevables from or payables to any current or former officer, director, trustes, key employse, creator or former, officer, director, trustes, key employse, creator or former officer, director, trustes, key employse, creator or substantial contributor? If 28 A current of freme officer, director, trustes, key employse, creator or former officer, director, trustes, key employse, creator or substantial contributor? If 28 A current of more officer, director, trustes, key employse, creator or conder, or substantial contributor? If 28 </td

	990 (2022) FAMILYAID BOSTON, INC. 04-2105	756	P	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 132		37	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			37
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
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?	<u>6a</u>		<u> </u>
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).		37	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	<u> </u>
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			37
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
a	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:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.)	10-		
	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.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	138		
h	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue gualified health plans			
-				
	Enter the amount of reserves on hand	140		x
14a b	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		<u></u>
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>			
15		15		х
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
10	If "Yes," complete Form 4720, Schedule O.	10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
232005	5 12-13-22	Form	990	(2022)

5 2022.05010 FAMILYAID BOSTON, INC. 27049_1

Form 990	(2022)
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Check if Schedule O contains a response or note to any line in this Part VI

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

				_		Yes	;
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		20			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		19			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	iny other				
	officer, director, trustee, or key employee?				2		
3	Did the organization delegate control over management duties customarily performed by or under the			F			
	of officers, directors, trustees, or key employees to a management company or other person?				3		
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		
6	Did the organization have members or stockholders?				6		
	Did the organization have members, stockholders, or other persons who had the power to elect or ap			··· -			
	more members of the governing body?				7a		
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			F	14		
5					7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			F	75		l
			•		8a	х	
	The governing body?				oa 8b	X	
				ŀ	uo	- 11	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				•		
Soci	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		
	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			V	
				Г	10	Yes	
	Did the organization have local chapters, branches, or affiliates?			-	10a		•
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	affiliates,				
				···· F	10b	37	-
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?	'	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			-	12a	X	•
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			L	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? /f "Y	′es," de	escribe				
	on Schedule O how this was done				12c	Х	_
13	Did the organization have a written whistleblower policy?				13	Х	_
14	Did the organization have a written document retention and destruction policy?			L	14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by ind	lependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official			L	15a	Х	
b	Other officers or key employees of the organization			Г	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						ſ
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	th a				
	taxable entity during the year?			. [16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			·			ļ
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-				
	exempt status with respect to such arrangements?			- 1	16b		
Sect	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filedMA , RI , NH						•
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	T (section 501/c	:)(<u>3)s</u>	onlv) :	avail	; ;
	for public inspection. Indicate how you made these available. Check all that apply.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		- v und	1
	X Own website Another's website X Upon request Other (explain)	000-	hadula ()				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	and	financ		
J		rinict C	i interest policy,	anu	manc	JIdl	
20	statements available to the public during the tax year.	ko er	l rooordo				
20	State the name, address, and telephone number of the person who possesses the organization's boot ELBA MARCILLO, CFO – (617) $542-7286$	oks and	records				
	3815 WASHINGTON STREET, BOSTON, MA 02130						
	SOIS WIDHINGION DINHEI, DODION, MI 02150						,

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Form 990	(2022)
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Part VII	Compensation of Officers, Dire	ectors, Trustees,	Key Employees,	Highest Compensate	ed
-	[–] Employees, and Independent C	Contractors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• 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.

	T	T	mzu			iper	Jour			
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			200	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week	offi	cer an	d a d	irecto	r/trus	tee)	from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				eq		organization	(W-2/1099-MISC/	from the
	related	tee o	Istee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trus	lal tri		oyee	a mo		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Insti	Officer	Key	High	Former			
(1) ALICIA IANIERE	45.00									
CDO						x		250,506.	0.	27,210.
(2) LAWRENCE SEAMANS	45.00									
PRESIDENT & CEO		х		х				214,737.	0.	9,906.
(3) ELBA MARCILLO	45.00									
CFO				х				174,429.	0.	22,526.
(4) ANNIE MARCKLINGER GORDON	45.00						Ť			
COO (UNTIL 5/6/23)				Х				161,842.	0.	29,113.
(5) CHRISTIAN BRUNNER	45.00									
SR. PROGRAM OFFICER, PERFORMANCE AND						X		136,043.	0.	28,021.
(6) EVA BARNES	45.00									
MAJOR GIFTS OFFICER						X		131,861.	0.	6,546.
(7) MIKAYLA FRANCOIS	45.00									
PROGRAM MANAGER PREVENTION						X		102,171.	0.	26,518.
(8) CARLA RICHARDS	45.00									
DIRECTOR OF PROGRAMS						X		119,101.	0.	8,014.
(9) JOHN WORRALL	0.20									
CHAIR		Х		Х				0.	0.	0.
(10) LAURA SCOTT	0.20									
VICE CHAIR		Х		Х				0.	0.	0.
(11) PIERCE HALEY	0.20									
CLERK		Х		Х				0.	0.	0.
(12) BRUCE LIDDELL	0.20									-
CHAIR OF THE FINANCE/AUDIT		Х		Х				0.	0.	0.
(13) MICHAEL J. MCCORMACK	0.20									
EMERITUS		Х						0.	0.	0.
(14) CHRISTOPHER KELLY	0.20									_
EMERITUS		Х						0.	0.	0.
(15) KIP SANFORD	0.20									
DIRECTOR		Х				<u> </u>		0.	0.	0.
(16) DANIEL W. HALSTON	0.20									-
DIRECTOR		Х				<u> </u>		0.	0.	0.
(17) C. RICHARD CARLSON	0.20									-
DIRECTOR		Х						0.	0.	0.
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2022.05010 FAMILYAID BOSTON, INC.

Form	990	(2022)
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Part VII Section A. Officers, Directors, Tru		ploy	ees,			ghes	st C		, ,			
(A)	(B)				C)	.		(D)	(E)		(F)	
Name and title	Average hours per		not c	Position check more than one less person is both an				Reportable	Reportable	Estimated		
	week					is botr pr/trus		compensation from	compensation from related		amount of other	
	tor .					the	organizations		compensation			
	hours for	or dire				ted		organization	(W-2/1099-MISC	/	from the	
	related	stee c	truste			pensa		(W-2/1099-MISC/	1099-NEC)		organization	
	organizations below	ual tru	io nal 1		ployee	t com		1099-NEC)			and related organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former				organizations	
(18) REGINA NORFOLK	0.20											
DIRECTOR		Х						0.	(0.	0.	
(19) CHARLES DEKNATEL	0.20										0	
DIRECTOR (20) JAY C. HART	0.20	X			-	-		0.		0.	0.	
DIRECTOR	0.20	x						0.		0.	0.	
(21) PAUL WHITE	0.20					\vdash				••		
DIRECTOR		x						0.		0.	0.	
(22) KEVIN COSTELLO	0.20	1								-		
DIRECTOR		Х						0.		0.	0.	
(23) ELLEN CROSS	0.20											
DIRECTOR		Х						0.		0.	0.	
(24) CHRISTIAN TOSI DIRECTOR	0.20							0.			0	
(25) MEGHAN KEANEY ANDERSON	0.20	X				F		0.		0.	0.	
DIRECTOR	0.20	x						0.		0.	0.	
(26) TAISHA STURDIVANT-ULYSSE	0.20									-		
DIRECTOR		х						0.	(0.	0.	
1b Subtotal								1,290,690.		0.	157,854.	
c Total from continuation sheets to Part V								0.		0.	0.	
d Total (add lines 1b and 1c)			<u></u>					1,290,690.		0.	157,854.	
2 Total number of individuals (including but	not limited to th	iose	liste	ed at	oove) wh	o re	ceived more than \$100,	000 of reportable			
compensation from the organization											8	
	- P									ſ	Yes No	
3 Did the organization list any former office		· ·	-	•	-		Ŭ	• •			3 X	
line 1a? If "Yes," complete Schedule J forFor any individual listed on line 1a, is the s											3 11	
and related organizations greater than \$15											4 X	
5 Did any person listed on line 1a receive or												
rendered to the organization? If "Yes," col	mplete Schedule	e J f	or su	ich j	pers	on .					5 X	
Section B. Independent Contractors												
1 Complete this table for your five highest co	-									nsat	ion from	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	lith o	or wi	thin I	the organization's tax ye	ear.		(C)	
(A) Name and busines	s address							(ם) Description of s	ervices	С	(C) ompensation	
LONGPOINT CONSULTING, IN	с.							CONSULTING FO	OR .			
398 COLUMBUS AVE, #242,	BOSTON,	MA	. 0	21	16		þ	PROJECTS FOR	NEW PRO		127,375.	
INFRANET SOLUTIONS, 2 BA		CH	P.	AR	к,			MIS SUPPORT S	SERVICES			
SUITE 102, QUINCY, MA 02	169							& EQUIPMENT			125,032.	
							_					
							+					
2 Total number of independent contractors	including but n	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organ				<u></u>	2	2					000	
SEE PART VII, SECTIO	N A CONT	TN	UΑ	.T.T	ON	S.	ΗĽ	ETS			Form 990 (2022)	
232008 12-13-22												

Form 990 Part VII	990 FAMILYAID BOSTON, INC.							04-2105756					
Part VII	Section A. Officers, Directors, Tru	ustees, Key Employees, and Highest Com							Compensated Employe	ees (continued)			
	(A) (B)					C)			(D)	(E)	(F)		
	Average				itior	ı		Reportable	Reportable	Estimated			
Name and title		hours per	(cl	heck	all '	that	app	ly)	compensation	compensation from related	amount of		
									from		other		
		week	5				loyee		the	organizations	compensation		
		(list any hours for	lirecto				emp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization		
		related	e or c	stee			sated		(00-2/1099-10130)		and related		
		organizations	Individual trustee or director	Institutional trustee		yee	Highest com pen sated em ployee				organizations		
		below	idual	tution	er	Key employee	est cc	er			5		
		line)	Indiv	Insti	Officer	Key	High	Former					
(27) MAR	IA SULSER	0.20											
DIRECTOR			х						0.	0.	0.		
							ľ –						
Total to Pa	art VII, Section A, line 1c												

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	n 990 (2		TON, INC.	•		04-2105	756 Page 9
Pa	rt VIII	Statement of Revenue					
		Check if Schedule O contains a response of	or note to any lin	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a b c d f f <u>g</u> h	Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, and similar amounts not included above1fNoncash contributions included in lines 1a-1f1g \$Total. Add lines 1a-1f19	88,870. 336,073. 13,610,962. 3,980,614. Business Code	18,016,519.			
Program Service Revenue	b c d e	RENTAL INCOME	532000	307,095.	307,095.		
	g 3 4	Total. Add lines 2a-2f Investment income (including dividends, intere- other similar amounts) Income from investment of tax-exempt bond pu	st, and roceeds	307,095. 91,782.			91,782
ue	b c d 7 a	Royalties (i) Real Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c Net rental income or (loss) 6c Gross amount from sales of assets other than inventory (i) Securities Less: cost or other basis and sales expenses 7b 1,673,042.	(ii) Personal (ii) Other				
Other Revenue	d	Gain or (loss) 7c 13,143. Net gain or (loss) Gross income from fundraising events (not including \$ 336,073. of contributions reported on line 1c). See Part IV, line 18 8a		13,143.			13,143
	с 9 а	Less: direct expenses8bNet income or (loss) from fundraising eventsGross income from gaming activities. SeePart IV, line 19Less: direct expenses9b	95,100.	-79,740.			-79,740
	с 10 а b	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances Less: cost of goods sold					
Miscellaneous Revenue	11 а b с	Net income or (loss) from sales of inventory OTHER REVENUE	Business Code 900099	150.	150.		
Misc B		All other revenue		150. 18,348,949.	307,245.	0.	25,185. Form 990 (2022

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FAMILYAID BOSTON, INC. Part IX Statement of Functional Expenses

	Check if Schedule O contains a response	(A)		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising 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				
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,	624 150	200 017	152 660	01 475
_	trustees, and key employees	634,152.	389,017.	153,660.	91,475
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	6,430,100.	5,705,124.	36,602.	688,374
7	Other salaries and wages	0,430,100.	5,705,124.	30,002.	000,3/4
8	Pension plan accruals and contributions (include	12/ 127	120 617	1 001	9 610
•	section 401(k) and 403(b) employer contributions)	<u>134,137.</u> 878,127.	120,617. 757,565.	4,901. 52,577.	67 QQ5
9	Other employee benefits	628,140.	531,005.	29,657.	8,619 67,985 67,478
0	Payroll taxes	020,140.	JJ1,005.	29,037.	07,470
1	Fees for services (nonemployees):				
	Management	7,975.		7,975.	
		56,600.		56,600.	
	Accounting	489.		489.	
	Lobbying Professional fundraising services. See Part IV, line 17			±0,0	
	Investment management fees	20,175.		20,175.	
f	Other. (If line 11g amount exceeds 10% of line 25,	20,113.		20,175.	
y	column (A), amount, list line 11g expenses on Sch 0.)	1,538,698.	1,216,388.	119,821.	202 489
2	Advertising and promotion	53,987.	1,210,3000		202,489 53,987
23	Office expenses	137,167.	112,429.	7,719.	17,019
4	Information technology			.,,	
5	Royalties				
6	Occupancy	740,575.	698,252.	11,720.	30,603
7	Traval	81,227.	78,452.	1,968.	807
8	Payments of travel or entertainment expenses	•=,==::	,		•••
0	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
9	Interest	32,939.	32,939.		
.0 21	Payments to affiliates		,,		
2	Depreciation, depletion, and amortization	136,866.	129,800.	1,306.	5,760
3	Insurance		_ ,	,	· , · · · ·
.0 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.)				
а	CLIENT ASSISTANCE	6,406,471.	6,406,471.		
b	SMALL EQUIPMENT	308,818.	262,173.	17,883.	28,762
с	MISCELLANEOUS	255,920.	184,992.	27,641.	<u>28,762</u> 43,287
d			,	,	
	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	18,482,563.	16,625,224.	550,694.	1,306,645
<u>6</u>	Joint costs. Complete this line only if the organization		· , · = - , ·		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (
Part X	Balance	Sheet

Pari	נא	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,158,278.	1	996,509
	2	Savings and temporary cash investments			591,160.	2	524,969
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			1,722,433.	4	2,781,844
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualit	ied per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sect	tion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	– • • • • • • • •			82,631.	9	184,566
	10a	Land, buildings, and equipment: cost or other		[
		basis. Complete Part VI of Schedule D	10a	2,959,148.			
	b	Less: accumulated depreciation	10b	1,025,618.	1,965,681.	10c	1,933,530
	11	Investments - publicly traded securities			5,645,929.	11	5,122,220
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			0.	15	1,979,295
	16	Total assets. Add lines 1 through 15 (must equa			11,166,112.	16	13,522,933
	17	Accounts payable and accrued expenses			552,068.	17	828,129
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
ŝ	22	Loans and other payables to any current or form	er offic	er, director,			
litie		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of thes	e perso	ons		22	
	23	Secured mortgages and notes payable to unrela	ted thir	d parties	1,555,405.	23	1,517,111
	24	Unsecured notes and loans payable to unrelated	l third p	arties		24	
	25	Other liabilities (including federal income tax, pa	yables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			0.	25	2,009,548
	26	Total liabilities. Add lines 17 through 25			2,107,473.	26	4,354,788
		Organizations that follow FASB ASC 958, che	ck here				
Ces		and complete lines 27, 28, 32, and 33.					
aŭ	27	Net assets without donor restrictions			4,309,043.	27	4,944,505
Ba	28	Net assets with donor restrictions			4,749,596.	28	4,223,640
nd L		Organizations that do not follow FASB ASC 9	58, che	ck here			
щ		and complete lines 29 through 33.					
s S	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ec				30	
As	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			9,058,639.	32	9,168,145
_	33				11,166,112.	33	13,522,933

Form 990 (2022)

232011 12-13-22

Form	1990 (2022) FAMILYAID BOSTON, INC.	04	-2105756	5 F	Page 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u></u>	
			10.01		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,34		
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,48		
3	Revenue less expenses. Subtract line 2 from line 1	3			614.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,05		
5	Net unrealized gains (losses) on investments	5	24	13,	120.
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 1 /	- ~	1 4 -
De	column (B))	10	9,16	<u>, 8</u>	145.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				Ye	s No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
_	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule				v
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>2</u> a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
-	Separate basis Consolidated basis Both consolidated and separate basis			v	
b	Were the organization's financial statements audited by an independent accountant?			X	-
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			x	
	review, or compilation of its financial statements and selection of an independent accountant?				
0-	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	eaule).		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		0-	x	
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	· · · · · · · · · · · · · · · · · · ·	<u>3a</u>		-
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?			x	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				0 (2022)
			For		- (2022)

232012 12-13-22

Department of the Treasury Internal Revenue Service

(Form 990)

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.

OMB No. 1545-0047
2022
Open to Public

Inspection

-

Nan	ne of t	ne organization							dentification number			
			LYAID BOST						4-2105756			
Pa	irt I	Reason for Public (Sharity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions	S.				
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	heck only o	one box.)						
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).					
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)							
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).					
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,			
		city, and state:										
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in			
		section 170(b)(1)(A)(iv). (C		°	·	, ,						
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).					
	T	· · · · -	-					e general i	oublic described in			
'		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
0		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8		-						المصحا مسما				
9		An agricultural research org	-			-		-	-			
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	ine college	eor			
		university:										
10		An organization that norma	• • • •									
		activities related to its exem							-			
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.			
		See section 509(a)(2). (Con	mplete Part III.)									
11		An organization organized a	and operated exclusi	vely to test for public sat	ety.See	section 50)9(a)(4).					
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform the	ne functio	ns of, or to car	ry out the	purposes of one or			
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section \$	5 09(a)(2) .	See section 5	6 09(a)(3). (Check the box on			
		lines 12a through 12d that	describes the type o [.]	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.				
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving			
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	upporting			
		organization. You must o	complete Part IV, Se	ections A and B.								
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatior	n(s), by hav	/ing			
		control or management o	f the supporting orga	anization vested in the sa	ame persoi	ns that co	ntrol or manag	e the sup	ported			
		organization(s). You mus	t complete Part IV,	Sections A and C.								
с		Type III functionally inte			in connect	ion with, a	and functionall	y integrate	ed with,			
		its supported organization	-					, ,	,			
d] Type III non-functionally						ted organiz	zation(s)			
-		that is not functionally int						-				
		requirement (see instructi			•		-	anacontr				
е		Check this box if the orga										
		functionally integrated, or					Type I, Type I	i, iype iii				
	Ente	er the number of supported of		, , , , , , , , , , , , , , , , , , , ,	0 0							
1		vide the following information	•	d organization(a)								
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other			
		organization	.,	(described on lines 1-10	in your governi Yes	ng document? No	support (see in		support (see instructions)			
		-		above (see instructions))	165							
									ļ			
Tota	al											

Schedule	A (Forn	n !	990) 2	2022
Part II		Su	p	poi	t	Sc

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7872872.	15581849.	12683323.	13926408.	<u>18016519.</u>	68080971.
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 \dots						
4	Total. Add lines 1 through 3	7872872.	<u>15581849.</u>	12683323.	13926408.	<u>18016519.</u>	68080971.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly				1		
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						68080971.
	ction B. Total Support	I					
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	7872872.	15581849.	12683323.	13926408.	18016519.	68080971.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	170,796.	133,201.	63,124.	179,867.	91,782.	638,770.
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						68719741.
	Gross receipts from related activities,		, ,				,668,187.
13	First 5 years. If the Form 990 is for the	-					
0.0	organization, check this box and stor						
	ction C. Computation of Publi		-				00 07
	Public support percentage for 2022 (I		-			14	<u>99.07 %</u>
	Public support percentage from 2021					15	98.83 %
168	33 1/3% support test - 2022. If the c						77
	stop here. The organization qualifies		0		line 15 in 00 1/00/		
C	33 1/3% support test - 2021. If the c						
47-	and stop here. The organization qual						
1/8	10% -facts-and-circumstances test						
	and if the organization meets the fact			-		-	
Ŀ	meets the facts-and-circumstances te	0		, ,,	•	17a and lina 15 ia	
C	10% -facts-and-circumstances test more and if the organization meets the	-					
	more, and if the organization meets the organization meets the facts-and-circu						
18	Private foundation. If the organization		•				
				a, 700, 17a, 01 17b			(Form 990) 2022
							· · · · · · · · · · · · · · · · · · ·

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	••	(-) 0010	(1-) 0010	(-) 0000	(-1) 0001	(-) 000	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b		r				
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				1		
14	First 5 years. If the Form 990 is for the	•		-			·
0.	check this box and stop here						<u></u>
	tion C. Computation of Publ					<u> </u>	
	Public support percentage for 2022 (•	olumn (f))		15	%
	Public support percentage from 2021		1			16	%
	tion D. Computation of Inves					<u> </u>	
17	Investment income percentage for 20			ne 13, column (f))		17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the	-					line 17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2021. If the						
00	line 18 is not more than 33 1/3%, che						
-	Private foundation. If the organization	on did not check a	box on line 14, 19a	a, or 190, check t	inis box and see ins		
23202	3 12-09-22		16			Sche	dule A (Form 990) 2022

2022.05010 FAMILYAID BOSTON, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2022

Yes No

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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 disgualified 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) 2022	
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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	tion 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	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
4				

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (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 🗌] The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instruction <u>s).</u>
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- 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.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

13371215 715045 27049

2022.05010 FAMILYAID BOSTON, INC.

27049_1

Yes No

Schedule A	(Form 990)	2022 (FAM	ILYAID	BOSTON	Ι,	INC.	
Part V	Type III	Non	-Functionally	Integrated	509(a)(3) Sι	pporting	Organizations

1	Check here if the organization estisfied the Integral Part Test on a qualifying		Nov 20 1070 (Dort VI) Soc instructions
•	Check here if the organization satisfied the Integral Part Test as a qualifying All other Type III non-functionally integrated supporting organizations must		•	Part VI). See instructions.
Sect	ion A - Adjusted Net Income	complet	(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		
	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	y integra	ated Type III supporting orga	anization (see

instructions).

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

FAMILYAID BOSTON, INC. conally Integrated 509(a)(3) Supporting C

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Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	inizations (continued)	
Secti	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
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 (<i>describe in Part VI</i>). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.	•	8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
с	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
с	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
	Excess from 2022			

Schedule A (Form 990) 2022

27049__1

<u>Schedule A</u>	(Form 990) 2022			BOSTON,		04-2105756 Page 8
Part VI	Supplemental In Part IV, Section A, lin line 1; Part IV, Section	nes 1, 2, 3b, 3c, 4 on D, lines 2 and 3	b, 4c, 5a, 6 ; Part IV, S	6, 9a, 9b, 9c, Section E, line	required by Part II, line 10; Part II, line 17a of 11a, 11b, and 11c; Part IV, Section B, lines 1 s 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V and 6. Also complete this part for any additio	[·] 17b; Part III, line 12; and 2; Part IV, Section C, /, Section B, line 1e; Part V,
				· · · · · · · · · · · · · · · · · · ·		
					7	
232028 12-09-2	2				01	Schedule A (Form 990) 202
					21	

SCHEDULE C	Po	litical Campaign a	and Lobbying	g Activities		OMB No. 1545-0047
(Form 990) For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.						2022
	-	•		.,		
Department of the Treasury Internal Revenue Service	-	to www.irs.gov/Form990 for in				Open to Public Inspection
-		Form 990, Part IV, line 3, or For		e 46 (Political Cam	baign Act	ivities), then
		plete Parts I-A and B. Do not com	•			
		1(c)(3)) organizations: Complete F	Parts I-A and C below.	Do not complete Pa	t I-B.	
Section 527 organization	•					
		Form 990, Part IV, line 4, or For nave filed Form 5768 (election und				
		nave NOT filed Form 5768 (election direction		•		
	•	Form 990, Part IV, line 5 (Proxy	.,			•
Tax) (See separate inst				,		
 Section 501(c)(4), (5) 	, or (6) organizat	ions: Complete Part III.				
Name of organization						er identification number
	FAMILYA	ID BOSTON, INC.				04-2105756
Part I-A Comple	ete if the org	anization is exempt unde	r section 501(c) o	or is a section 5	27 orga	nization.
		ation's direct and indirect political			•	
2 Political campaign	, ,				\$_	
3 Volunteer hours for	political campai	gn activities			···· <u> </u>	
Part I-B Comple	ete if the org	anization is exempt unde	r section 501(c)(3	3).		
-		incurred by the organization unde		,	\$	
		incurred by organization manager				
		n 4955 tax, did it file Form 4720 fo				
4a Was a correction m		, 				Yes No
b If "Yes," describe ir	n Part IV.					
Part I-C Comple	ete if the org	anization is exempt unde	r section 501(c), o	except section	501(c)(3	3).
1 Enter the amount d	irectly expended	by the filing organization for sect	ion 527 exempt function	on activities	\$ _	
2 Enter the amount o	f the filing organ	ization's funds contributed to othe	er organizations for see	ction 527		
exempt function ac	tivities				\$_	
-	-	. Add lines 1 and 2. Enter here an				
					\$_	
•••						Yes No
		ployer identification number (EIN)		-		
	-	tion listed, enter the amount paid omptly and directly delivered to a				-
		additional space is needed, provid			eparate s	egregated fund of a
(a) Name		(b) Address	(c) EIN	(d) Amount paid	from	(e) Amount of political
(a) Name	5	(b) Address		filing organizatio		ontributions received and
				funds. If none, en		promptly and directly
						delivered to a separate political organization.
						If none, enter -0
	ion Act Nation	and the Instructions for Form 00	 0 or 000 E7	1		adula C (Earm 000) 2022

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

Schedule C (Form 990) 2022

232041 11-08-22

Schedule C (Form 990) 2022 Part II-A Complete if the org	FAMIL	YAID B	OSTON, INC.	501(a)(2) and file	04-2	2105756	Page 2
section 501(h)).	anizatio		npt under section		a Forni 5766 (ei		;1
	tion belon	ns to an affi	liated group (and list ir	Part IV each affiliated	aroup member's nam	e address FIN	J
expenses, and shar					group member o nam	ie, uduress, Eir	•,
		, ,	nd "limited control" pro	ovisions apply.			
Limi	ts on Lob	oying Expe	•		(a) Filing organization's totals	(b) Affiliated totals	
1a Total lobbying expenditures to influ	ience pub	ic opinion (arassroots lobbying)				
b Total lobbying expenditures to influ							
c Total lobbying expenditures (add li							
d Other exempt purpose expenditure							
e Total exempt purpose expenditure	s (add line	s 1c and 1d)				
f Lobbying nontaxable amount. Ente	er the amo	unt from the	e following table in bot	h columns.			
If the amount on line 1e, column (a) o	r (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	0,000	\$100,00	00 plus 15% of the exc	ess over \$500,000.			
Over \$1,000,000 but not over \$1,5			00 plus 10% of the exc				
Over \$1,500,000 but not over \$17,	000,000		00 plus 5% of the exce	ss over \$1,500,000.			
Over \$17,000,000		\$1,000,	000.				
		line 14					
g Grassroots nontaxable amount (enh Subtract line 1g from line 1a. If zero		,					
i Subtract line 1f from line 1c. If zero							
j If there is an amount other than zer			line 11 did the organiz		<u> </u>		
reporting section 4911 tax for this						Yes	No
	,		eraging Period Under				
(Some organizations the second s		a section 5		have to complete all c	of the five columns b	elow.	
	Lob	oying Expe	nditures During 4-Yea	ar Averaging Period			
Calendar year (or fiscal year beginning in)	(a)	2019	(b) 2020	(c) 2021	(d) 2022	(e) Tot	al
2a Lobbying nontaxable amount							
b Lobbying ceiling amount (150% of line 2a, column(e))						L	
c Total lobbying expenditures							
d Grassroots nontaxable amount							
e Grassroots ceiling amount (150% of line 2d, column (e))							
f Grassroots lobbying expenditures					0-1	lule C (Form 9	00) 0000

Schedule C (Form 990) 2022

232042 11-08-22

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 e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(4	a)	(b)
of the	lobbying activity.	Yes	No	Amo	unt
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		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х		
с	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?		X		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i	Other activities?	X			489.
j	Total. Add lines 1c through 1i				489.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	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), sectio 501(c)(6).	n 501(c)(b), or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
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 th				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), sectio				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OR	(b) Part I	II-A, line	3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par					
Prov	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	list); Part II	A, lines 1 a	nd 2 (See	
instru	ictions); and Part II-B, line 1. Also, complete this part for any additional information.				

PART II-B, LINE 1, LOBBYING ACTIVITIES:

ENGAGED SERLIN HALEY LLC

Schedule C (Form 990) 2022

		Supplement	al Einanaial Statamanta		OMB No. 1545-0047
	HEDULE D n 990)		al Financial Statements anization answered "Yes" on Form 990,		2022
•		Part IV, line 6, 7, 8, 9, 10), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		Open to Public
	ment of the Treasury I Revenue Service		Attach to Form 990. 90 for instructions and the latest information.		Inspection
Nam	e of the organization	on FAMILYAID BOSTON,	TNC	Emp	loyer identification number $04 - 2105756$
Par	t I Organiza		d Funds or Other Similar Funds or Ac	coun	
		n answered "Yes" on Form 990, Part IV, lir			
			(a) Donor advised funds (I	b) Fund	ds and other accounts
1	Total number at er	nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year	writing that the assets held in donor advised fund		
5	-		exclusive legal control?		Yes No
6			advisors in writing that grant funds can be used or		
•	0	o , , ,	or donor advisor, or for any other purpose conferri		
	impermissible priva	ate benefit?			Yes No
Par	rt II Conserv	ation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part IV,	line 7.	
1		servation easements held by the organizati	· · · · · · · · · · · · · · · · · · ·		
		of land for public use (for example, recrea	·		•
		f natural habitat	Preservation of a certif	ied his	toric structure
0		of open space	fied concernation contribution in the form of a con	o o re vot	ion accoment on the last
2	day of the tax year	o o .	fied conservation contribution in the form of a con	Iserval	Held at the End of the Tax Year
а				2a	
b				2b	
c	٠.		ucture included in (a)	2c	
d		vation easements included in (c) acquired			
	historic structure li	isted in the National Register		2d	
3	Number of conservyear	vation easements modified, transferred, re	leased, extinguished, or terminated by the organiz	ation o	during the tax
4		where property subject to conservation ea			
5	Does the organization	tion have a written policy regarding the pe	riodic monitoring, inspection, handling of		
•	•	orcement of the conservation easements i			
6		_	handling of violations, and enforcing conservation		C <i>I</i>
7	Amount of expens	es incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation eas	ement	s during the year
8			ve satisfy the requirements of section 170(h)(4)(B)(i	<i>.</i>	
•					
9	,	6	ion easements in its revenue and expense stateme		
		ounting for conservation easements.	note to the organization's financial statements tha	i uesci	ides the
Par	t III Organiza	ations Maintaining Collections of	f Art, Historical Treasures, or Other Si	milar	Assets.
		the organization answered "Yes" on Form			
1 a	If the organization	elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and bala	nce sh	eet works
	of art, historical tre	easures, or other similar assets held for pu	blic exhibition, education, or research in furtherand	ce of p	ublic
	· •		ncial statements that describes these items.		
b	-		58, to report in its revenue statement and balance		
			c exhibition, education, or research in furtherance	of pub	lic service,
	•	ng amounts relating to these items:		4	,
2	. ,		easures, or other similar assets for financial gain, p		,
-	•	unts required to be reported under FASB A			
а	-			9	S
					3
		eduction Act Notice, see the Instruction			Schedule D (Form 990) 2022
232051	09-01-22				

29					
2022.05010	FAMILYAID	BOSTON,	INC.	27049	_1

Sche	dule D (Form 990) 2022 FAMILYAI	D BOSTON,	INC.			04 - 21	0575	6 Р	age 2
Par	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	easures, or Oth	er Simila	r Assets	s (contir	nued)	
3	Using the organization's acquisition, accessio	n, and other records	, check any of the	following that make	significant	use of its		, i i	
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's col	lections and explain	how they further th	ne organization's ex	empt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	receive donations o	f art, historical trea	sures, or other simil	ar assets				
	to be sold to raise funds rather than to be mai		<u>u</u>				Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Part		te if the organizatic	n answered "Yes" o	on Form 990	0, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custodia	n or other intermedi	ary for contribution	s or other assets no	t included				
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the foll	owing table:				_		_
		·	U				Amoun	t	
с	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance				1 f				
2a	Did the organization include an amount on Fo	rm 990, Part X, line :	21, for escrow or cu	ustodial account lial	oility?		Yes		No
-	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete if						T		
	-	(a) Current year	(b) Prior year	(c) Two years back		years back		·	
1a	Beginning of year balance	2,299,146.	2,813,707.			029,615.	1	,956,	351.
b	Contributions	071.000	-79,006.	,	-				
С	Net investment earnings, gains, and losses	271,669.	-435,555.	451,667	•	55,345.		91,	,513.
	Grants or scholarships				-				
е	Other expenditures for facilities					20.024		1.0	240
_	and programs					28,024.		18,	249.
f	Administrative expenses	2 570 915	2 200 146	2 912 707				0.2.0	615
g	End of year balance	2,570,815.	2,299,146.	, ,	• 2,0	056,936.	2	,029,	615.
2	Provide the estimated percentage of the curre	92.0000)) held as:					
a L	Board designated or quasi-endowment Permanent endowment 6.6500		_%						
U Q	1 2 5 0 0	%							
C									
20	The percentages on lines 2a, 2b, and 2c shou Are there endowment funds not in the posses		tion that are hold a	ad administered for	the				
Ja	organization by:	sion of the organiza		iu aurimnistereu ior	uie		[Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization	ions listed as require	ed on Schedule R?						<u> </u>
4	Describe in Part XIII the intended uses of the o								L
Par	t VI Land, Buildings, and Equipme								
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part 2	X, line 10.				
	Description of property	(a) Cost or ot	her (b) Cost	t or other (c)	Accumulat	ed	(d) Boo	k valu	e
	,	basis (investm	• • •		depreciatior				
1a	Land		4	7,000.			4	7,0	00.
	Buildings			2,580.	607,3	82.	1,78		
	Leasehold improvements				· ·			·	
	Equipment		9	5,672.	93,6	82.		1,9	90.
	Other			3,896.	324,5	54.		9,3	
	. Add lines 1a through 1e. (Column (d) must eq		K. column (B). line 1	0c.)			1,93	3,5	30.
			· · · · ·			Schedule	D (Forn	n 990)	2022

	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
) Financial derivatives		
) Closely held equity interests		
) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
tal. (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, line	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)		
tol (Col (b) must agual Form QQ() Dart Y col (B) ling 12)		
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.		
Part IX Other Assets. Complete if the organization answered "Yes"		
Part IX Other Assets. Complete if the organization answered "Yes" (a)	Description	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a)		
Part IX Other Assets. Complete if the organization answered "Yes" (a)	Description	(b) Book value
Other Assets. Complete if the organization answered "Yes" (a) (1) RIGHT-OF-USE ASSETS - OPE	Description	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) RIGHT-OF-USE ASSETS - OPE (2)	Description	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) RIGHT-OF-USE ASSETS - OPE (2) (3) (4)	Description	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) RIGHT-OF-USE ASSETS - OPE (2) (3) (4) (5)	Description	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) RIGHT-OF-USE ASSETS - OPE (2) (3) (4) (5) (6)	Description	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) RIGHT-OF-USE ASSETS - OPE (2) (3) (4) (5) (6) (7)	Description	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) RIGHT-OF-USE ASSETS - OPE (2) (3) (4) (5) (6) (7) (8)	Description	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) RIGHT-OF-USE ASSETS - OPE (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) lin	Description RATING	(b) Book value 1,979,29
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) RIGHT-OF-USE ASSETS - OPE (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)	(b) Book value 1,979,29
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) RIGHT-OF-USE ASSETS - OPE (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes"	e 15.)	(b) Book value 1,979,29
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) RIGHT-OF-USE ASSETS - OPE (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" (a) (b) (c) (c) (c) (a) (b) (c) (c)	e 15.)	(b) Book value 1,979,29
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) RIGHT-OF-USE ASSETS - OPE (2) (3) (4) (5) (6) (7) (8) (9) other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Pescription RATING e 15.) on Form 990, Part IV, line	(b) Book value 1,979,29
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) RIGHT-OF-USE ASSETS - OPE (2) (3) (4) (5) (6) (7) (8) (9) tatl. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITI	Pescription RATING e 15.) on Form 990, Part IV, line	(b) Book value 1,979,29
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) RIGHT-OF-USE ASSETS - OPE (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) lin 'art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITI (3)	Pescription RATING e 15.) on Form 990, Part IV, line	(b) Book value 1,979,29
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) RIGHT-OF-USE ASSETS - OPE (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) lin art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITI (3) (4)	Pescription RATING e 15.) on Form 990, Part IV, line	(b) Book value 1,979,29
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) RIGHT-OF-USE ASSETS - OPE (2) (3) (4) (5) (6) (7) (8) (9) Mathematical (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITI (3) (4) (5) (5)	Pescription RATING e 15.) on Form 990, Part IV, line	(b) Book value 1,979,29
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) RIGHT-OF-USE ASSETS - OPE (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITI (3) (4) (5) (6)	Pescription RATING e 15.) on Form 990, Part IV, line	(b) Book value 1,979,29
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) RIGHT-OF-USE ASSETS - OPE (2) (3) (4) (5) (6) (7) (8) (9) other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Pescription RATING e 15.) on Form 990, Part IV, line	(b) Book value 1,979,29
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) RIGHT-OF-USE ASSETS - OPE (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITI (3) (4) (5) (6)	Pescription RATING e 15.) on Form 990, Part IV, line	(b) Book value 1,979,29
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) RIGHT-OF-USE ASSETS - OPE (2) (3) (4) (5) (6) (7) (8) (9) other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITI (3) (4) (5) (6) (7) (7)	Pescription RATING e 15.) on Form 990, Part IV, line	(b) Book value 1,979,29
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) RIGHT-OF-USE ASSETS - OPE (2) (3) (4) (5) (6) (7) (8) (9) vart X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITI (3) (4) (5) (6) (7) (8)	e 15.) on Form 990, Part IV, line	(b) Book value 1,979,29 1,979,29 1,979,29 (b) Book value 2,009,54 2,009,54

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.

13371215 715045 27049

0	dule D (Form 990) 2022 FAMILYAID BOSTON, INC.				2105/50 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				10 005 550
1	Total revenue, gains, and other support per audited financial statements			1	18,825,778.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	243,120. 253,884.		
b	Donated services and use of facilities				
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	497,004.
3	Subtract line 2e from line 1			3	18,328,774.
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	20,175.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b		4c	20,175.	
_				5	18,348,949.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				
5 Pa	t XII Reconciliation of Expenses per Audited Financial Statement				
5 Pa					n.
5 Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts Wit	h Expenses per R		
_	TXII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	nts Wit	h Expenses per F	letur	n.
1	Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	nts Wit	h Expenses per R	letur	n.
1 2	TXII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nts Wit	h Expenses per F	letur	n.
1 2 a	T XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	nts Wit	h Expenses per F	letur	n.
1 2 a	TXII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	h Expenses per F	letur	n.
1 2 a b c	Image: Second state in the organization of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses per R	letur	n. <u>18,716,272.</u> 253,884.
1 2 b c d	t XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	h Expenses per R	letur 1	n. 18,716,272.
1 2 b c d e	Image: Second state in the organization of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses per R	letur 1 2e	n. <u>18,716,272.</u> 253,884.
1 2 b c d e 3	t XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 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:	2a 2b 2c 2d	h Expenses per R	letur 1 2e	n. <u>18,716,272.</u> 253,884.
1 2 3 4	Image: Second line of the line line of the line line of the line line line line line line line lin	2a 2b 2c 2d 4a	h Expenses per R	letur 1 2e	n. <u>18,716,272.</u> 253,884.
1 2 3 4 3	t XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 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:	2a 2b 2c 2d 4a 4b	h Expenses per R 253,884. 20,175.	letur 1 2e	n. <u>18,716,272.</u> <u>253,884.</u> <u>18,462,388.</u> 20,175.
1 2 3 4 3	It XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 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.)	2a 2b 2c 2d 4a 4b	h Expenses per R 253,884. 20,175.	1 2e 3	n. <u>18,716,272</u> . <u>253,884</u> . <u>18,462,388</u> .

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 232054 09-01-22 Schedule D (Form 990) 2022

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Schedule D (Form 990) 2022 FAMILYAID BOSTON, INC.	04-2105756	Page 5
Schedule D (Form 990) 2022 FAMILYAID BOSTON, INC. Part XIII Supplemental Information (continued)		
EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS	AT JUNE 30,	
2023. FAB'S INFORMATION RETURNS ARE SUBJECT TO EXAMINATION E	Y THE FEDERAL	L
AND STATE JURISDICTIONS.		
	Schedule D (Form 99	90) 2022

232055 09-01-22

SCHEDULE G	Suppleme	ntal Information Rega	rding	Func	Iraisi	ing or Gaming A	ctiv	ities 0	DMB No. 1545-0047
(Form 990)		e organization answered "Y					r 19,	or if the	2022
	0	rganization entered more t Attach to Forr							Open to Public
Department of the Treasury Internal Revenue Service	Go te	www.irs.gov/Form990 for					n.		Inspection
Name of the organization									ntification number
Double Fundacio		ID BOSTON, INC.						04-2105	
	complete this part	Complete if the organization	answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list b If "Yes," list the 10 	ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	f g r oral agreement with any inc art VII) or entity in connection iduals or entities (fundraisers	Solicitat Solicitat Special lividual with pr	ion of ion of fundra (incluc	non-g gover iising ling of onal fi	overnment grants nment grants events fficers, directors, trus undraising services?		Yes	
compensated at le	ast \$5,000 by the	organization.							
(i) Name and addres or entity (fund		(ii) Activity		(iii) fundi have c or cor contrib	ustody itrol 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				
				\leq					
Total									
3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to	solicit c	ontrib	utions	or has been notified	it is e	exempt from re	gistration
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for	Form 9	90 or	990-E	Z .		Schedule	e G (Form 990) 2022

232081 10-27-22

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 gro	(a) Event #1	(b) Event #2	(c) Other events	
			HOLIDAY		NONE	(d) Total events
			EVENT			(add col. (a) through
			(event type)	(event type)	(total number)	- col. (c))
nue						
Revenue	1	Gross receipts	351,433.			351,433.
۳						
	2	Less: Contributions	336,073.			336,073.
			15 260			15 260
_	3	Gross income (line 1 minus line 2)	15,360.			15,360.
			501.			501.
	4	Cash prizes	501.			501.
	5	Noncash prizes				
SS	-					
Direct Expenses	6	Rent/facility costs	13,214.			13,214.
ă						
st I	7	Food and beverages	52,029.			52,029.
Dir						
	8	Entertainment	24,836.			24,836.
	9	Other direct expenses	4,520.			4,520.
	10	Direct expense summary. Add lines 4 through	9 in column (d)			95,100.
	11	Net income summary. Subtract line 10 from li			•	-79,740.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than

\$15,000 on Form 990-EZ, line 6a.

nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
s	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
lirect E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	Yes %	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9		ter the state(s) in which the organization condu				
		he organization licensed to conduct gaming ac No," explain:				
	_					
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No
	_					
2320	32 10	0-27-22			Sche	dule G (Form 990) 2022

Sch	edule G (Form 990) 2022	FAMILYAID	BOSTON,	INC.	04-2	2105756	Page 3
11	Does the organization conduct ga					Yes	No
	Is the organization a grantor, bene						
	to administer charitable gaming?					Yes	No
13	Indicate the percentage of gaming						
а	The organization's facility					13a	%
	An outside facility					13b	%
14	Enter the name and address of the	e person who prepar	es the organizat	ion's gaming/special even	ts books and records:		
	Name						
	Address						
							—
1 5a	Does the organization have a cont	tract with a third part	y from whom th	e organization receives ga	ming revenue?	L Yes	└── No
h	If "Vec " enter the emount of some		by the excepted	tion	and the amount		
U	If "Yes," enter the amount of gaming revenue retained by the				and the amount		
	If "Yes," enter name and address			—			
C	in res, entername and address	or the third party.					
	Name						
	Address						
16	Gaming manager information:						
	Name						
	Gaming manager compensation	\$					
	Description of services provided						
	Director/officer	Employee		dependent contractor			
17	Mandatory distributions:						
а	Is the organization required under	state law to make ch	naritable distribu	tions from the gaming pro	ceeds to		
						Yes	No No
b	Enter the amount of distributions			uted to other exempt orga	inizations or spent in the		
Do	organization's own exempt activiti						
Pa					columns (iii) and (v); and Pa	rt III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also pro	vide any additio	nal information. See instru	ctions.		
23208	33 10-27-22				Sched	lule G (Form	990) 2022
				36			

Schedule G	(Form	99
	-	_

Schedule G	(Form 990) FAMILYAID BOSTON, Supplemental Information (continued)	INC.	04-2105756	Page 4
Part IV	Supplemental Information (continued)			
			Schedule G (F	orm 990)
232084 04-01-2		27		

SCHEDULE J		Compensation Information		OMB No. 1	545-004	47	
(For	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22		
		Compensated Employees		2022			
Depar	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to Public			
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection			
Nam	e of the organization	1		identificatio		mber	
		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	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 companions Payments for business use of personal reside		sidence				
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	s				
	Discretionary s	spending account Personal services (such as maid, chauffer	ır, 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			
		ny, of the following the organization used to establish the compensation of the organization's					
		ctor. Check all that apply. Do not check any boxes for methods used by a related organization	on to				
	·	ation of the CEO/Executive Director, but explain in Part III.					
	Compensatior						
		ompensation consultant					
	Form 990 of o	ther organizations X Approval by the board or compensation of	ommittee				
		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re					77	
		e payment or change-of-control payment?		4		X X	
		eive payment from a supplemental nonqualified retirement plan?				X	
		eive payment from an equity-based compensation arrangement?		4c			
	If "Yes" to any of IIr	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only continu E01/a	V(2) = EO1(a)V(4) and $EO1(a)V(20)$ argumentations must complete lines E O					
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. In Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic	2				
	contingent on the r		11				
	•			5a		x	
		ation?				X	
		r 5b, describe in Part III.					
		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
	contingent on the n						
	-			6a		x	
		ation?				X	
		r 6b, describe in Part III.					
		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	;				
		ies 5 and 6? If "Yes," describe in Part III		7		X	
		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th					
						X	
		d the organization also follow the rebuttable presumption procedure described in					
		53.4958-6(c)?	<u></u>	9			
		eduction Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990)	2022	

232111 10-18-22

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.

(A) Name and Title		(B) Breakdown of W	-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ALICIA IANIERE	(i)	250,506.	0.	0.	5,010.	22,200.	277,716.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LAWRENCE SEAMANS	(i)	214,737.	0.	0.	8,589.	1,317.	224,643.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ELBA MARCILLO	(i)	174,429.	0.	0.	6,977.	15,549.		0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	161,842.	0.	0.	6,474.	22,639.	190,955.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CHRISTIAN BRUNNER	(i)	136,043.	0.	0.	5,412.	22,609.	164,064.	0.
SR. PROGRAM OFFICER, PERFORMANCE AND	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

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'

COMPENSATION ANNUALLY AND MAKES A RECOMMENDATION TO THE BOARD ABOUT PAY

CHANGES.	
	·

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

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

FY23. 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) 2022

 232211
 10-28-22

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Schedule O (Form 990) 2022	Page 2					
Name of the organization FAMILYAID BOSTON, INC.	Employer identification number $04 - 2105756$					
· · · · ·						
SHELTER UNITS IN FY23. WE OPENED A NEW CRISIS SHELTER IN F	ALL 2021 FOR					
HOMELESS FAMILIES SEEKING REFUGE IN EMERGENCY ROOMS AT BOS	TON					
CHILDREN'S HOSPITAL AND BOSTON MEDICAL CENTER, FUNDED WITH	A					
COMBINATION OF PUBLIC AND PRIVATE RESOURCES.						
STABILIZATION: ALL CHILDREN AND PARENTS ENGAGED WITH FAMI	LYAID RECEIVE					
AN ARRAY OF STABILIZATION SERVICES OVER A ONE-YEAR PERIOD	TO PROMOTE					
LONG-TERM SELF-SUFFICIENCY. IN FY23, CASE MANAGERS PROVIDE	D					
STABILIZATION SERVICES TO 2,080 CHILDREN AND PARENTS. A GR	OWING TEAM OF					
"NAVIGATORS" IS DEEPENING THE EFFECTIVENESS OF OUR STABILI	ZATION WORK					
BY BRINGING CONTENT EXPERTISE AND RESOURCES TO CASE MANAGE	RS AND					
BUILDING OUR FORMAL PARTNER NETWORK IN THE AREAS OF WORKFO	RCE					
DEVELOPMENT, CHILD DEVELOPMENT AND EDUCATIONAL SUPPORTS, A	ND BEHAVIORAL					
HEALTH. OVER THE PAST YEAR, THE AGENCY ALSO PRIORITIZED CR	EATING					
POSITIVE EXPERIENCES FOR THE CHILDREN IN OUR CARE TO INCREASE THEIR						
RESILIENCE AND OFFSET THE HARMFUL EFFECTS OF THE TRAUMA THEY 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 Schedule O (Form 990) 2022 232212 10-28-22 42 2022.05010 FAMILYAID BOSTON, INC. 27049_1

Schedule O (Form 990) 2022	Page 2							
Name of the organization FAMILYAID BOSTON, INC.	Employer identification number $04 - 2105756$							
PHILANTHROPIC COMMUNITY, OTHER NONPROFITS, GOVERNMENT AGE	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 PROV	IDED 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 OFFIC	ERS 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 A	PPROVED BY THE							
BOARD.								
FORM 990, PART VI, SECTION C, LINE 19:								
FAB MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST PO	LICY, AND							
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSIT	E AND UPON							
REQUEST.								
FORM 990, PART XII, LINE 2C:								
FAB HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE OV	ERSIGHT OF							
THE AUDIT OF THE FINANCIAL STATEMENTS.								

AMENDED RETURN

THE FORM 990 HAS BEEN AMENDED TO REFLECT A CHANGE ON PART VI, SECTION

 232212 10-28-22
 Schedule O (Form 990) 2022

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 43

Schedule O (Form 990) 2022	Page 2
Name of the organization FAMILYAID BOSTON, INC.	Employer identification number 04-2105756
C, LINE 18. LINE 18 HAS BEEN UPDATED TO ALSO CHECK "OWN WE	BSITE" AS AN
OPTION FOR MAKING THE FORM 990 AVAILABLE TO THE PUBLIC. TH	E SCHEDULE O
EXPLANATION FOR LINE 18 HAS ALSO BEEN UPDATED TO REFLECT T	HAT THE FORM
990 IS AVAILABLE ON THE ORGANIZATION'S WEBSITE.	
232212 10-28-22 44	Schedule O (Form 990) 2022

Form 8879-TE		IRS e-file Signature Authorization for a Tax Exempt Entity For calendar year 2022, or fiscal year beginning JUL 1 , 2022, and ending JUN 30 , 2023						OMB No. 1545-0047	
								<u>.</u> 23	
		For calendar ye		send to the IRS. K			<u> </u>	0 <u>23</u>	2022
	ent of the Treasury Revenue Service			send to the IRS. K s.gov/Form8879TE			L_		
Name o								EIN or SSN	
	FAMILY	AID BOS	TON, INC.					04-21	05756
Name a	nd title of officer or pe			E SEAMANS			I		
	-	-	PRESIDE						
Part	I Type of	Return and	Return Informa	ation					
Form 5 or 10a whiche	5330 filers may ente below, and the am	r dollars and c ount on that lir lank (do not er	ne for the return bein nter -0-). But, if you ei	rms, enter whole do g filed with this for	ollars only. If yo m was blank, t turn, then ente	ou check the hen leave line r -0- on the ap	box on lin 1b, 2b, 3 pplicable li	e 1a, 2a, 3 3b, 4b, 5b, ine below.	Ba, 4a, 5a, 6a, 7a, 8a, 9a, 6b, 7b, 8b, 9b, or 10b, Do not complete more 1b1 8, 348, 949.
2a	Form 990-EZ che			enue, if any (Forms enue, if any (Forms					2b
3a	Form 1120-POL			(Form 1120-POL, li					3b
4a	Form 990-PF che			d on investment ir					4b
5a	Form 8868 check			due (Form 8868, lir					5b
6a	Form 990-T chec			(Form 990-T, Part I					6b
7a	Form 4720 check			(Form 4720, Part II					7b
8a	Form 5227 check			ssets at end of tax					8b
9a	Form 5330 check			Form 5330, Part II,		,,			9b
10a	Form 8038-CP ch		`	of credit payment	,	rm 8038-CP,	Part III, lir		10b
Part			gnature Authori					,	
entry to financi later th payme person	o the financial institu al institution to deb nan 2 business days nt of taxes to receiv	ution account it the entry to t prior to the pa ve confidential nber (PIN) as r	information necessa ny signature for the e	preparation softwar oke a payment, I mu date. I also authoriz ary to answer inquir	re for payment ust contact the ze the financial ies and resolve	of the federa U.S. Treasur institutions in issues relate	I taxes ow ry Financia nvolved in ed to the p t to electro	ed on this i al Agent at the proces ayment. I h	return, and the 1-888-353-4537 no issing of the electronic have selected a withdrawal. N 27049 Enter five numbers, but
									do not enter all zeros
	with a state age on the return's o As an officer or return. If I have	ncy(ies) regula disclosure con person subjec indicated with	sent screen. t to tax with respect	to the IRS Fed/State to the entity, I will o opy of the return is	ate program, I a enter my PIN a s being filed wit	also authorize s my signatu h a state age	e the afore re on the t	ementioned	return is being filed ERO to enter my PIN 22 electronically filed narities as part of the
Signature	e of officer or person subje	0	,					Date	
Part			uthentication						
ERO's	EFIN/PIN. Enter yo	our six-digit ele	ectronic filing identific	cation					
numbe	er (EFIN) followed by	your five-digit	t self-selected PIN.			0419895 Do not enter			
submit		•	my PIN, which is my h the requirements o	-		•			confirm that I am S <i>e-file</i> Providers for
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	For Privacy Act and		Reduction Act Notic			Anonica		~	Form 8879-TE (2022)
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