Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| <u>A</u> | ror the | e 2023 calendar year, or tax year beginning JUL I, ZUZS and € | enaing J | UN 30, 2024 | |
|-------------------------|--------------------------|---|---------------|-------------------------------------|-------------------------------|
| В | Check if applicabl | C Name of organization | | D Employer identific | cation number |
| | Addre chang | e FAMILIAID BOSION, INC. | | | |
| | Name chang | Doing business as FAMILYAID | | 04-21057 | 56 |
| | Initial return | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone numbe | |
| | Final return | 3815 WASHINGTON STREET | | (617) 54 | 2-7286 |
| | termin ated | | | G Gross receipts \$ | 25,519,019. |
| | Amen | BOSION, MA 02130 | | H(a) Is this a group re | |
| | Applic tion pendir | F Name and address of principal officer: LAWKENCE SEATIANS | | for subordinates | ? Yes X No |
| | | SAME AS C ABOVE | | H(b) Are all subordinates in | cluded? Yes No |
| <u> 1</u> | Tax-ex | empt status: $X = 501(c)(3) = 501(c)()$ (insert no.) 4947(a)(1) o | or 527 | If "No," attach a | list. See instructions |
| | Websi | | | H(c) Group exemptio | |
| | | organization: X Corporation Trust Association Other | L Year | of formation: 1920 N | State of legal domicile; MA |
| P | art I | Summary | 777 TD | TO MUD IDAD | TNO |
| ė | 1 | Briefly describe the organization's mission or most significant activities: FAMII | | | |
| and | | PROVIDER OF INNOVATIVE AND PROVEN SOLUTION | | | |
| ern' | 2 | Check this box if the organization discontinued its operations or dispose | | ı | sets. |
| 90 | 3 | | | | 20 |
| 8 | 5 | Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2023 (Part V, line 2a) | | | 151 |
| ties | 6 | Total number of volunteers (estimate if necessary) | | | 326 |
| Activities & Governance | 72 | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. |
| Ą | 'a | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | 0. |
| | <u> </u> | The difficulty business taxable mounts from 16th 16th 15th 15th 15th 15th 15th 15th 15th 15 | | Prior Year | Current Year |
| _ | 8 | Contributions and grants (Part VIII, line 1h) | | 18,016,519. | 23,761,907. |
| nue | 9 | Program service revenue (Part VIII, line 2g) | | 307,095. | 329,964. |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 104,925. | 243,167. |
| ď | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | -79,590. | -94,113. |
| | 1 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 18,348,949. | 24,240,925. |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| Ø | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 8,704,656. | 10,069,372. |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| χ | b | Total fundraising expenses (Part IX, column (D), line 25) 1,581,94 | <u> 19.</u> | | |
| Ш | '' | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 9,777,907. | 10,865,993. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 18,482,563. | 20,935,365. |
| _ | 19 | Revenue less expenses. Subtract line 18 from line 12 | | -133,614. | 3,305,560. |
| Net Assets or | 9 | | Ве | ginning of Current Year | End of Year |
| sset | 20 | Total assets (Part X, line 16) | | 13,522,933. | 35,057,552. |
| etA | 21 | Total liabilities (Part X, line 26) | | 4,354,788. | 23,132,530. |
| | 22 art II | Net assets or fund balances. Subtract line 21 from line 20 | | 9,168,145. | 11,925,022. |
| | | Ities of perjury, I declare that I have examined this return, including accompanying schedules | and etatome | ante and to the heet of my | knowledge and helief it is |
| | | it, and complete. Declaration of preparer (other than officer) is based on all information of whi | | • | kilowieuge allu bellei, it is |
| truc | , | t, and complete. Declaration of proparti (other than officer) is based on an information of win | ion proparoi | ilas arīy Kriowicuge. | |
| Sig | ın | Signature of officer | | Date | |
| He | | LAWRENCE SEAMANS, PRESIDENT | | | |
| 110 | | Type or print name and title | | | |
| | | Print/Type preparer's name Preparer's signature | 1 | Date Check | PTIN |
| Pai | d | SORIE M. KABA, C.P.A. SORIE M. KABA, C | P.A | 1/12/24 if self-employ | ed P00535908 |
| | parer | Firm's name AAFCPAS, INC. | | | 4-2571780 |
| | only | Firm's address 50 WASHINGTON STREET | | | |
| _ | | WESTBOROUGH, MA 01581 | | Phone no. 50 | 8-366-9100 |
| Ма | y the II | RS discuss this return with the preparer shown above? See instructions | | | X Yes No |

| Pai | Till Statement of Program Service Accomplishments | \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ |
|-----|---|--|
| | · · · · · · · · · · · · · · · · · · · | X |
| 1 | Briefly describe the organization's mission: | |
| | FAMILYAID BOSTON EMPOWERS PARENTS AND CAREGIVERS FACING HOMELESSNESS | |
| | TO SECURE AND SUSTAIN HOUSING AND BUILD STRONG FOUNDATIONS FOR THEIR | |
| | CHILDREN'S FUTURES. | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | ٦ |
| | prior Form 990 or 990-EZ? |] No |
| _ | If "Yes," describe these new services on Schedule O. | ٦ |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X |] No |
| _ | If "Yes," describe these changes on Schedule O. | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and | |
| 4- | revenue, if any, for each program service reported. (Code:) (Expenses \$ 18,693,754 • including grants of \$) (Revenue \$ 330,125 | |
| 4a | (Code:) (Expenses \$18,693,754. including grants of \$) (Revenue \$330,125] FAMILYAID IS BOSTON'S LARGEST ORGANIZATION SOLELY DEDICATED TO CHILDREN | |
| | AND PARENTS FACING HOMELESSNESS, PROVIDING EDUCATION AND TRAINING, | <u> </u> |
| | PREVENTION SERVICES, EMERGENCY SHELTER, TEMPORARY AND PERMANENT HOUSING | |
| | AND SUPPORT AND COMPREHENSIVE CASE MANAGEMENT TO 4,700 CHILDREN AND | - |
| | PARENTS IN FY24. | |
| | FARENIS IN FIZ4. | |
| | OUR WORK INCLUDES: | |
| | COR WORK INCLUDED: | |
| | 2GEN SERVICES UTILIZING EVIDENCE-BASED MODELS FROM THE ASPEN | |
| | INSTITUTE, FAMILYAID REDUCES THE AMOUNT OF TIME FAMILIES EXPERIENCE THE | |
| | TRAUMA OF HOMELESSNESS. EMPLOYING DIRECT SUPPORT TO INCREASE FAMILIES' | |
| | ACCESS AND UTILIZATION OF EMPLOYMENT AND HOUSING SERVICES, EARLY | |
| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$ | |
| | (Code:) (Experied = | — ′ |
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| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$ |) |
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| | | |
| 4d | Other program services (Describe on Schedule O.) | |
| | (Expenses \$ including grants of \$) (Revenue \$) | |
| 4e | Total program service expenses 18,693,754. | |
| | Total program out not disparate | |

08011112 715045 27049

Form 990 (2023) 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 | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | _X_ |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | 7.7 | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | Х | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | 37 |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | _X_ |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | 37 |
| _ | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | <u> </u> |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | v |
| _ | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | _X_ |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | v |
| • | Schedule D, Part III | 8 | | _X_ |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | х |
| 10 | 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 | |
| 44 | or in quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | | |
| 2 | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. | | | |
| а | | 11a | х | |
| h | Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | 110 | | |
| D | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| c | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| · | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| _ | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | Х | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete | | | |
| | Schedule D. Parts XI and XII | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | _X_ |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | _X_ |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | <u> X</u> |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | X | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | _ <u>X</u> _ |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | _X_ |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II | 21 | 000 | X |
| 332003 | 12-21-23 | Form | 990 | (2023) |

Form 990 (2023) FAMILYAID BOSTON, INC.

Part IV Checklist of Required Schedules (continued)

| | i (continued) | | Yes | No |
|-------|---|-----------|-----|----------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | 163 | NO |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | x |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | T |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | Х | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | l |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | 37 | X |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M | 29 | X | - |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | 7.7 |
| • | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | v |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | X |
| 24 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | 24 | | X |
| 25.0 | Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 34 35a | | X |
| | • | SSa | | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(h)(13)? If "Yes" complete Schodule P. Part V. line 3 | 35b | | 1 |
| 36 | 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? | 330 | | \vdash |
| 50 | If "Yes," complete Schedule R, Part V, line 2 | 36 | | x |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | <u></u> |
| ٥. | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | x |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | <u> </u> | | |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | х | 1 |
| Pai | rt V Statements Regarding Other IRS Filings and Tax Compliance | | • | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | | |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | Х | |
| 22000 | 1 10 01 20 | Form | 990 | (2023) |

Form 990 (2023) FAMILYAID BOSTON, INC.

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

| | | | | | Yes | No |
|-----|--|--------|---|-----|-----|-----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | |
| | filed for the calendar year ending with or within the year covered by this return | 2a | 151 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | ns? | | 2b | Х | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | За | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule | Ο. | | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial a | ccour | nt)? | 4a | | Х |
| 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 Advanced in the Financi | ccoun | ts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | | | 5b | | X |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | 5с | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | e orga | nization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | | | 6a | | _X_ |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribution | | - | | | |
| _ | were not tax deductible? | | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | 7. | Х | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | | | 7a | X | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | uirod | 7b | Λ | |
| С | to file Form 8282? | | | 7c | | х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | 1 | 70 | | 21 |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or | | | 7e | | Х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra | | | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | | 99 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | | | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | | | | | |
| | | | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | |
| а | 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: | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | 1 | 1 | | | |
| 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.) | 11b | <u> </u> | 40- | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | ı | <u>,</u> | 12a | | |
| 13 | If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. | 12b | 1 | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | | |
| u | Note: See the instructions for additional information the organization must report on Schedule O. | | ••••• | .oa | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | |
| | organization is licensed to issue qualified health plans | 13b | <u> </u> | | | |
| С | Enter the amount of reserves on hand | 13c | | | | |
| 14a | | | | 14a | | Х |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul | | | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner | | | | | |
| | excess parachute payment(s) during the year? | | | 15 | | X |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment | incor | ne? | 16 | | Х |
| | If "Yes," complete Form 4720, Schedule O. | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac | | | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | | 17 | | |
| | If "Yes," complete Form 6069. | | | | 000 | |

FAMILYAID BOSTON, INC. 04-2105756 Form 990 (2023) 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 Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 21 1a Enter the number of voting members of the governing body at the end of the tax year 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. 20 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a 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 chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х on Schedule O how this was done 12c Х Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MA, RI, NH Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website Another's website X Upon request ___ Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records

ELBA MARCILLO, CFO - (617) 542-7286 3815 WASHINGTON STREET, BOSTON, MA

Form **990** (2023)

02130

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

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

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

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

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

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

| (A) Name and title | (B) Average hours per | box | not c | ss per | ition more son i | than o | n an | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
|-------------------------------------|--|------------------|-----------------------|-----------|------------------------|------------------------------|------|---|---|--|
| | week (list any hours for related organizations below line) | stee or director | Institutional trustee | Officer B | Key employee | Highest compensated employee | | from the organization (W-2/1099-MISC/ 1099-NEC) | from related organizations (W-2/1099-MISC/ 1099-NEC) | other compensation from the organization and related organizations |
| (1) ALICIA IANIERE CDO | 50.00 | | | | | x | | 256,394. | 0. | 29,219. |
| (2) LAWRENCE SEAMANS | 50.00 | | | | | | | | | |
| PRESIDENT & CEO | | Х | | х | | | | 232,506. | 0. | 8,537. |
| (3) ELBA MARCILLO CFO | 50.00 | | | х | | | | 191,008. | 0. | 22,262. |
| (4) CHRISTIAN BRUNNER | 50.00 | | | | | | _ | | | |
| SR. PROG. OFF., PERFORMANCE & EVAL. | | 1 | | | | x | | 136,447. | 0. | 28,252. |
| (5) CARLA RICHARDS | 50.00 | | | | 7 | | | , | - | , |
| DIRECTOR OF PROGRAMS | | | | | | X | | 142,021. | 0. | 12,879. |
| (6) EVA BARNES | 50.00 | | | | | | | | | • |
| MAJOR GIFTS OFFICER | | | | | | X | | 139,854. | 0. | 5,611. |
| (7) KAREN CONWAY | 50.00 | | | | | | | | | _ |
| VP OF HUMANS RESOURCES & OPERATION | | | | | | Х | | 142,822. | 0. | 981. |
| (8) TRACY WELSH | 50.00 | | | | | | | | | |
| COO (AS OF 5/2024) | | | | Х | | | | 0. | 0. | 0. |
| (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) KIP SANFORD | 0.20 | | | | | | | | _ | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (14) DANIEL W. HALSTON | 0.20 | 1 | | | | | | | | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (15) C. RICHARD CARLSON | 0.20 | | | | | | | | | |
| DIRECTOR | 0 00 | Х | | | | _ | | 0. | 0. | 0. |
| (16) REGINA NORFOLK | 0.20 | | | | | | | | _ | _ |
| DIRECTOR | 0 00 | Х | _ | | | _ | | 0. | 0. | 0. |
| (17) CHARLES DEKNATEL | 0.20 | ٠, | | | | | | | ^ | _ |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |

332007 12-21-23

Form **990** (2023)

04-2105756

| | WID POSION | | | | | | | | 04-2103 | 730 Page 0 |
|--|------------------------|--------------------------------|--------------------------|---------|--------------|------------------------------|--------|---------------------------------|------------------------------|-----------------------|
| Section A. Officers, Directors, | | oloy | ees, | | | ghes | t Co | | ' | ı |
| (A) | (B) | | | _ ((| | | | (D) | (E) | (F) |
| Name and title | Average | (do | not c | Posi | | | one | Reportable | Reportable | Estimated |
| | hours per | | , unles | | | | | compensation | compensation | amount of |
| | week | | | | | 174443 | lcc) | from | from related | other |
| | (list any hours for | irecto | | | | | | the | organizations | compensation from the |
| | related | e or d | tee | | | sated | | organization (W-2/1099-MISC/ | (W-2/1099-MISC/ 1099-NEC) | organization |
| | organizations | ruste | n stit utio nal tru stee | | ee, | mpen | | 1099-NEC) | 1099-1120) | and related |
| | below | dualt | ntio na | _ | oldu | st co | - - | 10001120, | | organizations |
| | line) | Individual trustee or director | Institu | Officer | Key employee | Highest compensated employee | Former | | | g |
| (18) JAY C. HART | 0.20 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (19) PAUL WHITE | 0.20 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (20) KEVIN COSTELLO | 0.20 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (21) ELLEN CROSS | 0.20 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (22) CHRISTIAN TOSI | 0.20 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (23) MEGHAN KEANEY ANDERSON | 0.20 | | | | | | | | | |
| DIRECTOR | | Х | | | | | 4 | 0. | 0. | 0. |
| (24) TAISHA STURDIVANT-ULYSSE | 0.20 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (25) MARIA SULSER | 0.20 | | | | | | | | | |
| DIRECTOR | | Х | 4 | | | | | 0. | 0. | 0. |
| (26) ANIL KHURAN | 0.20 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 1,241,052. | 0. | 107,741. |
| c Total from continuation sheets to Pa | · · | | | | - | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,241,052. | 0. | 107,741. |

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

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) | (B) | (C) |
|--|-------------------------|--------------|
| Name and business address | Description of services | Compensation |
| LONGPOINT CONSULTING, INC. | CONSULTING FOR | |
| 398 COLUMBUS AVE, #242, BOSTON, MA 02116 | PROJECTS FOR NEW PRO | 149,875. |
| TUTUS GROUP | | |
| 24 GROVE ST., NORWELL, MA 02061 | IT SERVICES | 139,366. |
| SLP CONSULTANT, 436 BACK CREEK DRIVE, | HUMAN RESOURCES | |
| SAINT AUGUSTINE, FL 32092 | SERVICES | 130,824. |
| ROLANDO RODRIGUEZ | PAINTING AND | |
| 52 LORNE ST.#1, DORCHESTER, MA 02124 | CLEANING SERVICES | 125,346. |
| | | |
| | | |

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2023)

11

| (B) | nplo | yee | | | lighe | est (| Compensated Employe | ees (continued) | |
|--|---|--|--|--|---|--|---|---|---|
| | | | | | | | | | |
| | | | | C) | | | (D) | (E) | (F) |
| Average | | | | ition | | | Reportable | Reportable | Estimated |
| hours per | (cl | neck | all t | that | | ly) | compensation from | compensation from related | amount of other compensation |
| (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employe | Former | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related organizations |
| 0.20 | х | | | | | | 0. | 0. | 0 |
| 0.20 | | | | | | | | | |
| | X | | | | | | 0. | 0. | 0 |
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| | week (list any hours for related organizations below line) 0.20 | week (list any hours for related organizations below line) 0.20 X 0.20 X | week (list any hours for related organizations below line) 0.20 X 0.20 X | week (list any hours for related organizations below line) 0.20 X 0.20 X O.00 O.00 Dilutional trustees Othered Othered | week (list any hours for related organizations below line) 0.20 X 0.20 X 0.20 A | week (list any hours for related organizations below line) 0.20 X 0.20 X Highest compensated employee | week (list any hours for related organizations below line) 0.20 X 0.20 X Individual trustee ordinate ordinate trustee ordinate ordinate trustee ordinate trustee ordinate ordinate trustee ordinate | week (list any) hours for related organizations below line) 0.20 X 0.0.20 X 0.0.20 | week (list any hours for related organizations below line) 3 |

Form 990 (2023) FAMILYA
Part VIII Statement of Revenue

| | | Check if Schedule O contains a response or | r note to any lin | e in this Part VIII | | | |
|--|------|---|---------------------|---|-------------------|------------------|---|
| | | Officer if Ochedule O contains a response of | Thote to arry iii i | (A) | (B) | (C) | (D) |
| | | | | Total revenue | Related or exempt | Unrelated | Revenue excluded |
| | | | | | function revenue | business revenue | from tax under |
| | | | | | | | sections 512 - 514 |
| ts st | 1 : | a Federated campaigns 1a | 50,000. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | ı | b Membership dues 1b | | | | | |
| , a | | c Fundraising events1c | 363,495. | | | | |
| ifts | | d Related organizations 1d | | | | | |
| nis, | | | 15,164,833. | | | | |
| Sir | | f All other contributions, gifts, grants, and | , , - | | | | |
| ĘĖ | | | 8,183,579. | | | | |
| ĕξ | | similar amounts not included above 1f | | | | | |
| d t | ! | g Noncash contributions included in lines 1a-1f 1g \$ | 44,643. | | | | |
| <u>2</u> <u>p</u> | | h Total. Add lines 1a-1f | | 23,761,907. | | | |
| | | | Business Code | | | | |
| ø | 2 | a RENTAL INCOME | 532000 | 329,964. | 329,964. | | |
| Š | | b | | | | | |
| Ser | | c | | | 1 | | |
| m Y | | .1 | | | | | |
| gra Re | ' | | | | | | _ |
| Program Service Revenue | ' | e | | | | | |
| а. | | f All other program service revenue | | | | | |
| | | g Total. Add lines 2a-2f | | 329,964. | | | |
| | 3 | Investment income (including dividends, interest | t, and | | | | |
| | | other similar amounts) | | 237,623. | | | 237,623. |
| | 4 | Income from investment of tax-exempt bond pro | oceeds | | | | |
| | 5 | Royalties | | | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6 | | () | | | | |
| | | | | | | | |
| | | b Less: rental expenses 6b | | | | | |
| | | c Rental income or (loss) 6c | | | | | |
| | | d Net rental income or (loss) | | | | | |
| | 7 | a Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | | assets other than inventory 7a 1,181,614. | | | | | |
| | 1 | b Less: cost or other basis | | | | | |
| ē | | and sales expenses 7b 1,176,070. | | | | | |
| Revenue | | c Gain or (loss) 7c 5,544. | | | | | |
| ev | | d Net gain or (loss) | | 5,544. | | | 5,544. |
| her F | | a Gross income from fundraising events (not | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| ţ | 0 | | | | | | |
| ŏ | | | | | | | |
| | | contributions reported on line 1c). See | | | | | |
| | | Part IV, line 18 8a | 7,750. | | | | |
| | | b Less: direct expenses 8b | 102,024. | | | | |
| | | c Net income or (loss) from fundraising events | | -94,274. | | | -94,274. |
| | 9 | a Gross income from gaming activities. See | | | | | |
| | | Part IV, line 199a | | | | | |
| | | b Less: direct expenses 9b | | | | | |
| | | c Net income or (loss) from gaming activities | | | | | |
| | | | | | | | |
| | 10 | a Gross sales of inventory, less returns | | | | | |
| | | and allowances 10a | | | | | |
| | I | b Less: cost of goods sold10b | | | | | |
| | | c Net income or (loss) from sales of inventory | | | | | |
| | | | Business Code | | | | |
| snc | 11 : | a OTHER REVENUE | 900099 | 161. | 161. | | |
| nec | | b | | | | | |
| Miscellaneous Revenue | | c | | | | | |
| Sce | | d All other revenue | | | | | |
| Ξ | · | | | 161. | | | |
| | | e Total. Add lines 11a-11d | | | 220 125 | 0 | 1/0 002 |
| | 12 | Total revenue. See instructions | | 24,240,925. | 330,125. | 0. | 148,893. |

332009 12-21-23

Form **990** (2023)

| | 1990 (2023) FAMILYAID BO | | | 04-21 | 105756 Page 10 |
|-----------|--|----------------|--------------------------|------------------|-----------------------|
| | | | av avanizations must sav | malata aduma (A) | |
| Secti | on 501(c)(3) and 501(c)(4) organizations must comp | | | | |
| | Check if Schedule O contains a respor | (A) | this Part IX(B) | (C) | (D) |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service | Management and | Fundraising |
| 1 | Grants and other assistance to domestic organizations | | expenses | general expenses | expenses |
| • | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| _ | | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| Ū | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| • | trustees, and key employees | 487,621. | 263,893. | 155,296. | 68,432. |
| 6 | Compensation not included above to disqualified | | | | , |
| - | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 7,567,260. | 6,564,999. | 82,016. | 920,245. |
| 8 | Pension plan accruals and contributions (include | | | | • |
| | section 401(k) and 403(b) employer contributions) | 177,341. | 161,583. | 3,772. | 11,986. |
| 9 | Other employee benefits | 1,141,133. | 1,014,290. | 45,814. | 11,986. 81,029. |
| 10 | Payroll taxes | 696,017. | 589,656. | 21,243. | 85,118. |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | 17,981. | | 17,981. | |
| С | Accounting | 87,625. | | 87,625. | |
| d | Lobbying | 312. | | 312. | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | 18,780. | | 18,780. | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A), amount, list line 11g expenses on Sch 0.) | 1,278,271. | 974,692. | 121,633. | 181,946. 63,655. |
| 12 | Advertising and promotion | 63,655. | | | 63,655. |
| 13 | Office expenses | 193,913. | 142,195. | 13,094. | 38,624. |
| 14 | Information technology | | | | |
| 15 | Royalties | 505.000 | 504 454 | 00.015 | 25.446 |
| 16 | Occupancy | 787,082. | 731,451. | 20,215. | 35,416. |
| 17 | Travel | 42,473. | 29,732. | 11,884. | 857. |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 47 200 | 47 200 | | |
| 20 | Interest | 47,328. | 47,328. | | |
| 21 | Payments to affiliates | 131,699. | 123,098. | 3,039. | 5,562. |
| 22 | Depreciation, depletion, and amortization | 131,099. | 143,090. | 3,039. | 5,304. |
| 23 | Insurance | | | | |
| 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 O.) | | | | |
| а | CLIENT ASSISTANCE | 7,411,727. | 7,411,727. | | |
| b | SMALL EQUIPMENT | 396,755. | 351,066. | 11,868. | 33,821. |
| С | MISCELLANEOUS | 374,267. | 273,919. | 45,090. | 55,258. |
| d | BAD DEBT | 14,125. | 14,125. | | |
| е | All other expenses | 00 00 00 00 00 | 10 600 77 | 650 660 | 4 504 040 |
| <u>25</u> | Total functional expenses. Add lines 1 through 24e | 20,935,365. | 18,693,754. | 659,662. | 1,581,949. |
| 06 | to the country of the control of the | | | i | |

Form **990** (2023)

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)

| Part | [X | Balance Sneet | | | | | |
|-------------|----------|---|------------------|-----------------------|---------------------------------|-----------|---------------------------|
| | | Check if Schedule O contains a response or note | to any | / line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 996,509. | 1 | 1,747,584 |
| | 2 | Savings and temporary cash investments | | | 524,969. | 2 | 408,562 |
| | 3 | Pledges and grants receivable, net | | 3 | | | |
| | 4 | Accounts receivable, net | 2,781,844. | 4 | 3,109,715 | | |
| | 5 | Loans and other receivables from any current or for | | | | | |
| | | trustee, key employee, creator or founder, substan | | | | | |
| | | controlled entity or family member of any of these | | 5 | | | |
| | 6 | Loans and other receivables from other disqualified | sons (as defined | | | | |
| | | under section 4958(f)(1)), and persons described i | | 6 | | | |
| ည | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| ž | 9 | Prepaid expenses and deferred charges | | | 184,566. | 9 | 216,423 |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | | 3,041,079. | 4 | | |
| | b | Less: accumulated depreciation | 10b | 1,157,317. | 1,933,530. | 10c | 1,883,762 7,067,903 |
| | 11 | Investments - publicly traded securities | 5,122,220. | 11 | 7,067,903 | | |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | | | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | | | |
| | 14 | Intangible assets | | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | | | 1,979,295. | 15 | 20,623,603 |
| _ | 16 | Total assets. Add lines 1 through 15 (must equal | | | 13,522,933. | 16 | 35,057,552 |
| | 17 | Accounts payable and accrued expenses | | 828,129. | 17 | 2,178,175 | |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | | 19 | | | |
| | 20 | Tax-exempt bond liabilities | | | 20 | | |
| | 21 | Escrow or custodial account liability. Complete Pa | | | | 21 | |
| es l | 22 | Loans and other payables to any current or forme | | | | | |
| ┋╽ | | trustee, key employee, creator or founder, substan | | | | | |
| Liabilities | | controlled entity or family member of any of these | | | 1 [17 111 | 22 | 1 776 770 |
| | 23 | Secured mortgages and notes payable to unrelate | | | 1,517,111. | 23 | 1,736,372 |
| | 24 | Unsecured notes and loans payable to unrelated | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, paya | | | | | |
| | | parties, and other liabilities not included on lines 1 | 17-24). | . Complete Part X | 2 000 549 | | 10 217 002 |
| | | | | | 2,009,548. | | 19,217,983 |
| + | 26 | Total liabilities. Add lines 17 through 25 | | | 4,354,788. | 26 | 23,132,530 |
| ဖွ | | Organizations that follow FASB ASC 958, check | k nere | | | | |
| <u>ا</u> و | 07 | and complete lines 27, 28, 32, and 33. | | | 4,944,505. | 27 | 4,873,351 |
| <u>a</u> | 27 | Net assets with dance restrictions | 4,223,640. | 28 | 7,051,671 | | |
| ין <u>מ</u> | 28 | Net assets with donor restrictions | | | 4,223,040. | 20 | 7,031,071 |
| 5 | | Organizations that do not follow FASB ASC 958 | o, cne | ck nere | | | |
| ō . | 20 | and complete lines 29 through 33. | 1 | | 29 | | |
| ets | 29 20 | Capital stock or trust principal, or current funds | | | | | |
| SS | 30 | Paid-in or capital surplus, or land, building, or equ Retained earnings, endowment, accumulated inco | | | | 30 31 | |
| - | 31 32 | | | | 9,168,145. | 32 | 11,925,022 |
| | | Total liabilities and not assets/fund balances | | | 13,522,933. | 33 | 35,057,552 |
| | 33 | Total liabilities and net assets/fund balances | | | 10,000,000 | აა | Form 990 (202 |

| Pa | t XI Reconciliation of Net Assets | | | | | |
|----|---|---------|-----|-----|-----|-----|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | X |
| | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 24 | ,24 | 0,9 | 25. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 20 | ,93 | 5,3 | 65. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 3 | ,30 | 5,5 | 60. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 9 | ,16 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | 25 | 7,0 | 63. |
| 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 | | -80 | 5,7 | 46. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | |
| | column (B)) | 10 | 11 | ,92 | 5,0 | 22. |
| Pa | t XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | X |
| | | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | Ο. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | | |
| | consolidated basis, or both: | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sche | edule C |). | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | | 3a | X | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | | lit | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | 3b | Х | |

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

Inspection

OMB No. 1545-0047

Employer identification number Name of the organization FAMILYAID BOSTON, INC. 04-2105756 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Schedule A (Form 990) 2023 FAMILYAID BOSTON, INC. 04-2105756 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

| Sec | ction A. Public Support | | | | | | |
|-----|---|-----------------------|---------------------|-----------------------------|-----------------------------|---------------------|-----------------|
| | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 15581849. | 12683323. | 13926408. | 18016519. | 23761907. | 83970006. |
| 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 | 15501040 | 10602202 | 12006400 | 10016510 | 02561005 | 0000000 |
| | Total. Add lines 1 through 3 | 15581849. | 12683323. | 13926408. | 18016519. | 23761907. | 83970006. |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | 1 | | |
| | supported organization) included | | | | | | I |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | I |
| _ | column (f) | | | | | | 02070006 |
| | Public support. Subtract line 5 from line 4. | | | | | | 83970006. |
| | | (5) 0010 | (h) 0000 | (4) 0004 | (#) 0000 | (5) 0000 | (#\ T-1-1 |
| | ndar year (or fiscal year beginning in) | (a) 2019 15581849. | (b) 2020 | (c) 2021 1 3 9 2 6 4 0 8 | (d) 2022 1 8 0 1 6 5 1 9 | (e) 2023 | (f) Total |
| | Amounts from line 4 | 13301049. | 12003323. | 13920400. | 10010319. | 23701907. | 03970000 |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | 133,201. | 63,124. | 179,867. | 01 782 | 237 623 | 705,597. |
| 9 | and income from similar sources Net income from unrelated business | 155,201. | 03,124. | 179,007. | 71,702. | 231,023. | 105,557. |
| 9 | | | | | | | |
| | activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| 10 | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | 1 | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 84675603. |
| | Gross receipts from related activities. | etc. (see instruction | ons) | | | 12 1 | ,740,303. |
| | First 5 years. If the Form 990 is for the | | , | | | | .,, |
| | organization, check this box and sto | | | | | | |
| Sec | ction C. Computation of Publ | | | | | | |
| | Public support percentage for 2023 (| | | column (f)) | | 14 | 99.17 % |
| | Public support percentage from 2022 | | | | | 15 | 99.07 % |
| | 33 1/3% support test - 2023. If the | | | | | ore, check this bo | |
| | stop here. The organization qualifies | as a publicly supp | orted organization | | | | X |
| b | 33 1/3% support test - 2022. If the | organization did no | t check a box on l | ine 13 or 16a, and | line 15 is 33 1/3% | or more, check th | is box |
| | and stop here. The organization qua | | | | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | |
| | and if the organization meets the fact | s-and-circumstance | es test, check this | box and stop he | re. Explain in Part | VI how the organiz | zation |
| | meets the facts-and-circumstances to | est. The organizatio | n qualifies as a pu | blicly supported o | rganization | | |
| b | 10% -facts-and-circumstances test | t - 2022. If the org | anization did not d | check a box on line | e 13, 16a, 16b, or | 17a, and line 15 is | 10% or |
| | more, and if the organization meets t | ne facts-and-circum | nstances test, chec | ck this box and st | top here. Explain i | n Part VI how the | _ |
| | organization meets the facts-and-circ | umstances test. Th | e organization qua | alifies as a publicly | supported organiz | zation | |
| 18 | Private foundation. If the organization | on did not check a | box on line 13, 16a | a, 16b, 17a, or 17b | o, check this box a | nd see instructions | s |
| | | | | | | Schedule A | (Form 990) 2023 |

332022 12-21-23

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

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

| Se | ction A. Public Support | clow, picase comp | olete i art ii.j | | | | |
|------|--|----------------------|----------------------------|--------------------|---------------------|---------------------|---|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | (1) = 1 + 2 | (2)==== | (-, | (3)==== | (0, ==== | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 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 business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 78 | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| k | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| (| Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | Amounts from line 6 | (a) 2019 | (b) 2020 | (C) 2021 | (a) 2022 | (e) 2023 | (f) Total |
| | a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| t | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| | 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 | · · | | • | • | . , . , | . — |
| 60 | check this box and stop here | a Cunnart Day | | | | | |
| | ction C. Computation of Publ | | | . (2) | | T T | |
| | Public support percentage for 2023 (| | • | .,, | | 15 | <u>%</u> |
| | Public support percentage from 2022 ction D. Computation of Invest | | - | | | 16 | <u>%</u> |
| | Investment income percentage for 20 | | | ne 13 column (f) | 1 | 17 | % |
| | Investment income percentage from | | | | | 18 | —————————————————————————————————————— |
| | a 33 1/3% support tests - 2023. If the | | | | | | |
| 198 | more than 33 1/3%, check this box at | | | | | -41 | |
| k | 33 1/3% support tests - 2022. If the | e organization did n | not check a box on | line 14 or line 19 | a, and line 16 is m | ore than 33 1/3%, a | and |
| | line 18 is not more than 33 1/3%, che | ck this box and st | t op here. The orga | nization qualifies | as a publicly supp | orted organization | |
| 20 | Private foundation. If the organization | an did not check a | box on line 14 19: | a or 19h check t | his hox and see in | structions | |

332023 12-21-23

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | Yes | No |
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Schedule A (Form 990) 2023

| Par | art 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 | | |
| Sect | ction 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 office | rs, | | |
| | 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 | . d | | |
| | 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 | | |
| Sect | ction C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sect | ction 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 | | |
| | 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 | | |
| | 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 | | | |
| Sact | supported organizations played in this regard. ction E. Type III Functionally Integrated Supporting Organizations | 3 | | <u> </u> |
| | | | | |
| | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc | tions). | | |
| a b | Solidaria Solidaria | | | |
| C | | ooo inatruation | · ~ l | |
| 2 | Activities Test. Answer lines 2a and 2b below. | see mstruction | Yes | No |
| | | | 100 | 110 |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| | 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. | 2b | | |
| | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| а | 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. | 3a | | |
| 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. | 3b | | |

332025 12-21-23 Schedule A (Form 990) 2023

| Pa | t v Type III Non-Functionally integrated 509(a)(3) Supporting | <u>j orga</u> | nizations | | | | |
|------|---|---------------|------------------------------|--------------------------------|--|--|--|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. | | | | | | |
| | All other Type III non-functionally integrated supporting organizations must | complet | e Sections A through E. | | | | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) | | | |
| 1 | Net short-term capital gain | 1 | | | | | |
| 2 | Recoveries of prior-year distributions | 2 | | | | | |
| 3 | Other gross income (see instructions) | 3 | | | | | |
| 4 | Add lines 1 through 3. | 4 | | | | | |
| 5 | Depreciation and depletion | 5 | | | | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | | | | |
| | collection of gross income or for management, conservation, or | | | | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | | | | |
| 7 | Other expenses (see instructions) | 7 | | | | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | | | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) | | | |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | | | | |
| | instructions for short tax year or assets held for part of year): | | | | | | |
| а | Average monthly value of securities | 1a | | | | | |
| b | Average monthly cash balances | 1b | | | | | |
| С | Fair market value of other non-exempt-use assets | 1c | | | | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | | | | |
| е | Discount claimed for blockage or other factors | | | | | | |
| | (explain in detail in Part VI): | | | | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | | | | |
| 3 | Subtract line 2 from line 1d. | 3 | | | | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | | | | |
| | see instructions). | 4 | | | | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | | | | |
| 6 | Multiply line 5 by 0.035. | 6 | | | | | |
| 7 | Recoveries of prior-year distributions | 7 | | | | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | | | | |
| Sect | ion C - Distributable Amount | | | Current Year | | | |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | | | | |
| 2 | Enter 0.85 of line 1. | 2 | | | | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | | | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | | | | |
| 5 | Income tax imposed in prior year | 5 | | | | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | | | | |
| | emergency temporary reduction (see instructions). | 6 | | | | | |
| 7 | Check here if the current year is the organization's first as a non-functionally | integra | ted Type III supporting orga | nization (see | | | |
| | inatrustiana) | • | | • | | | |

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

a Excess from 2019 **b** Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

SCHEDULE C

(Form 990)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| • Section 501(c)(4), (5), or (6) organization | tions: Complete Part III. | | | |
|--|--------------------------------------|-----------------------|-------------------------|---|
| Name of organization | | | Er | nployer identification number |
| FAMILYA | ID BOSTON, INC. | 1: 504/) | | 04-2105756 |
| Part I-A Complete if the org | janization is exempt unde | er section 501(c) (| or is a section 527 | organization. |
| Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai | ures | | | |
| Part I-B Complete if the org | janization is exempt unde | er section 501(c)(| 3). | |
| 1 Enter the amount of any excise tax | incurred by the organization unde | er section 4955 | | \$ |
| 2 Enter the amount of any excise tax | incurred by organization manage | rs under section 4955 | | \$ |
| 3 If the organization incurred a section | | | | |
| 4a Was a correction made? | | | | |
| b If "Yes," describe in Part IV. | | | | |
| Part I-C Complete if the org | janization is exempt unde | er section 501(c), | except section 501 | I(c)(3). |
| 1 Enter the amount directly expended | d by the filing organization for sec | tion 527 exempt funct | ion activities | \$ |
| 2 Enter the amount of the filing organ | | • | | |
| exempt function activities | | | | \$ |
| 3 Total exempt function expenditures | | | | |
| line 17b | | | | |
| 4 Did the filing organization file Form | | | | |
| 5 Enter the names, addresses, and en | | | | |
| made payments. For each organiza contributions received that were pro- | | | | · |
| political action committee (PAC). If | | | • | rate segregated fund of a |
| (a) Name | (b) Address | (c) EIN | (d) Amount paid from | m (e) Amount of political |
| (a) Name | (b) Address | (C) EIIV | filing organization's | 1 ' ' |
| | | | funds. If none, enter - | 0 promptly and directly |
| | | | | delivered to a separate political organization. |
| | | | | If none, enter -0 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |

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

Schedule C (Form 990) 2023

| Lobbying Expenditures During 4-Year Averaging Period | | | | | | | |
|--|-----------------|----------|----------|-----------|--|--|--|
| (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) Total | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Schedule C (Form 990) 2023

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)).

| During the year, did the filing organization attempt to influence foreign, national, state, or | (a) | | (b | <u>)</u> |
|---|-------------|-------------------|------------|----------|
| During the year, did the filing organization attempt to influence foreign, national, state, or | Yes | No | Amo | ount |
| | | | | |
| local legislation, including any attempt to influence public opinion on a legislative matter | | | | |
| or referendum, through the use of: | | | | |
| a Volunteers? | | X | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | X | | |
| c Media advertisements? | | X | | |
| d Mailings to members, legislators, or the public? | | X | | |
| e Publications, or published or broadcast statements? | | X | | |
| f Grants to other organizations for lobbying purposes? | | X 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? i Other activities? | х | Λ | | 312. |
| | Δ | | | 312. |
| j Total. Add lines 1c through 1i a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? | | Х | | <u> </u> |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | | |
| c 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? | | | | |
| art III-A Complete if the organization is exempt under section 501(c)(4), section 5 | 01(c)(5 |), or sec | tion | |
| 501(c)(6). | | | | |
| | | | Yes | No |
| Were substantially all (90% or more) dues received nondeductible by members? | | 1 | | |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | 2 | | |
| Did the organization agree to carry over lobbying and political campaign activity expenditures from the pro- | | | | |
| art III-B Complete if the organization is exempt under section 501(c)(4), section 5 | | | | |
| 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes." | o" OR (| b) Part I | II-A, line | 3, IS |
| Dues, assessments and similar amounts from members | | 1 | | |
| Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political | | | | |
| expenses for which the section 527(f) tax was paid). | | | | |
| a Current year | | . 2a | | |
| , | | | | |
| b Carryover from last year | | . 2b | | |
| | | | | |
| b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | . 2c | | |
| b Carryover from last year c Total | | . 2c | | |
| b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic | | . 2c | | |
| b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic expenditures next year? | | 2c 3 | | |
| b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic expenditures next year? Taxable amount of lobbying and political expenditures. See instructions | | . 2c | | |
| b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic expenditures next year? Taxable amount of lobbying and political expenditures. See instructions art IV Supplemental Information | cal | 2c 3 4 5 | | |
| b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic expenditures next year? Taxable amount of lobbying and political expenditures. See instructions art IV Supplemental Information Divide 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) | cal | 2c 3 4 5 | nd 2 (see | |
| b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic expenditures next year? Taxable amount of lobbying and political expenditures. See instructions art IV Supplemental Information ovide 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) tructions); and Part II-B, line 1. Also, complete this part for any additional information. | cal | 2c 3 4 5 | nd 2 (see | |
| b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic expenditures next year? Taxable amount of lobbying and political expenditures. See instructions art IV Supplemental Information Divide 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) | cal | 2c 3 4 5 | nd 2 (see | |
| b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic expenditures next year? Taxable amount of lobbying and political expenditures. See instructions art IV Supplemental Information ovide 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) tructions); and Part II-B, line 1. Also, complete this part for any additional information. | ; Part II-A | 2c 3 4 5 4 | | |
| b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politice expenditures next year? Taxable amount of lobbying and political expenditures. See instructions art IV Supplemental Information Divide 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) tructions); and Part II-B, line 1. Also, complete this part for any additional information. ART II-B, LINE 1, LOBBYING ACTIVITIES: | ; Part II-A | 2c 3 4 5 5 CONTA | ACTS | |
| b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic expenditures next year? Taxable amount of lobbying and political expenditures. See instructions art IV Supplemental Information ovide 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) tructions); and Part II-B, line 1. Also, complete this part for any additional information. ART II-B, LINE 1, LOBBYING ACTIVITIES: ERLIN HALEY, DOES PRO BONO WORK FOR FAMILYAID, THEY PROTECTION OFFICIALS TO DISCUSS HOMELESSNESS RELATE | ; Part II-A | 2c 3 4 5 5 CONTA | ACTS | |
| b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic expenditures next year? Taxable amount of lobbying and political expenditures. See instructions art IV Supplemental Information Divide 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) tructions); and Part II-B, line 1. Also, complete this part for any additional information. ART II-B, LINE 1, LOBBYING ACTIVITIES: ERLIN HALEY, DOES PRO BONO WORK FOR FAMILYAID, THEY PRO | ; Part II-A | 2c 3 4 5 5 CONTA | ACTS | |

Schedule C (Form 990) 2023

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

FAMILYAID BOSTON, INC.

Employer identification number 04 - 2105756

| Pai | | | r Funds or Ac | counts. Complete if the |
|-----|---|------------------------------------|-------------------------|---------------------------------------|
| | organization answered "Yes" on Form 990, Part IV, lin | (a) Donor advised funds | s (| (b) Funds and other accounts |
| 1 | Total number at end of year | (a) Bollot daviced fallac | | 27. diae dia otte decodino |
| 2 | Aggregate value of contributions to (during year) | | | |
| 3 | Aggregate value of grants from (during year) | | | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and donor advisors in | writing that the assets held in do | onor advised fund | ds |
| | are the organization's property, subject to the organization's | ~ | | |
| 6 | Did the organization inform all grantees, donors, and donor a | | | |
| | for charitable purposes and not for the benefit of the donor o | | | |
| | | | | |
| Pai | t II Conservation Easements. Complete if the org | ganization answered "Yes" on F | orm 990, Part IV, | line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | on (check all that apply). | | |
| | Preservation of land for public use (for example, recrea | tion or education) Prese | ervation of a histo | orically important land area |
| | Protection of natural habitat | Prese | ervation of a certi | fied historic structure |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | ied conservation contribution in | the form of a co | |
| | day of the tax year. | | | Held at the End of the Tax Year |
| | | | | 2a |
| b | | | | 2b |
| C | Number of conservation easements on a certified historic structure of the | | | 2c |
| d | Number of conservation easements included on line 2c acqu | - | | |
| • | on a historic structure listed in the National Register | | | |
| 3 | Number of conservation easements modified, transferred, rel | eased, extinguished, or terminal | ted by the organi | zation during the tax |
| 4 | year Number of states where property subject to conservation eas | coment is located | | |
| 5 | Does the organization have a written policy regarding the per | | ndling of | |
| J | violations, and enforcement of the conservation easements it | | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | | | |
| | 3, 1, 3, | 3 | 3 | 3 |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | lling of violations, and enforcing | conservation eas | sements during the year |
| | | | | |
| 8 | Does each conservation easement reported on line 2d above | satisfy the requirements of sec | tion 170(h)(4)(B)(i) |) |
| | and section 170(h)(4)(B)(ii)? | | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation | on easements in its revenue and | d expense statem | ent and |
| | balance sheet, and include, if applicable, the text of the footr | note to the organization's financi | ial statements tha | at describes the |
| | organization's accounting for conservation easements. | ** | 011 0 | · · · · · · · · · · · · · · · · · · · |
| Pai | t III Organizations Maintaining Collections of | • | s, or Other S | imilar Assets. |
| | Complete if the organization answered "Yes" on Form | | | |
| 1a | If the organization elected, as permitted under FASB ASC 95 | • | | |
| | of art, historical treasures, or other similar assets held for pub | , | | nce of public |
| | service, provide in Part XIII the text of the footnote to its finar | | | |
| D | If the organization elected, as permitted under FASB ASC 95 | | | |
| | art, historical treasures, or other similar assets held for public | exhibition, education, or resear | cn in turtherance | e of public service, |
| | provide the following amounts relating to these items. | | | Φ. |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | |
| 2 | (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tree | asuras or other similar assets fo | | |
| 2 | the following amounts required to be reported under FASB A | | or ilitaticiai galii, į | JOVIGE |
| 9 | Revenue included on Form 990, Part VIII, line 1 | | | \$ |
| | Assets included in Form 990, Part X | | | |
| | For Paperwork Reduction Act Notice, see the Instructions | | | Schedule D (Form 990) 2023 |

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

a Board designated or quasi-endowment

Permanent endowment

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations?

(ii) Related organizations?

Describe in Part XIII the intended uses of the organization's endowment funds.

Land, Buildings, and Equipment

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 47,000. | | 47,000. |
| b Buildings | | 2,410,077. | 670,904. | 1,739,173. |
| c Leasehold improvements | | | | |
| d Equipment | | 95,672. | 94,214. | 1,458. |
| e Other | | 488,330. | 392,199. | 96,131. |
| Total. Add lines 1a through 1e. (Column (d) must equal | 1,883,762. | | | |

Schedule D (Form 990) 2023

h

С

Part IV

| Schedule D (Form 990) 2023 F'AMILYAID B | OSTON, INC. | 04-2105756 F | ⊇age • |
|--|---|---|-----------|
| Part VII Investments - Other Securities | | | |
| Complete if the organization answered "Yes" | | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value | <u>je</u> |
| (1) Financial derivatives | | | |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) Tatal (Col. (h) must squal Form 000, Port V, line 12, col. (P)) | | | |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" | on Form 990 Part IV line | 11c See Form 990 Part X line 13 | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market valu | ie . |
| | (b) Book value | (e) menter of valuations over or one or your market value | |
| (1) (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) | | | |
| Part IX Other Assets | | | |
| Complete if the organization answered "Yes" | on Form 990. Part IV. line | 11d. See Form 990. Part X. line 15. | |
| · | Description | (b) Book value | <u>—</u> |
| (1) RIGHT-OF-USE ASSETS - OPE | | 2,064,5 | |
| (2) PROJECT UNDER DEVELOPMENT | | 2,240,9 | |
| (3) RIGHT-OF-USE ASSETS - FINA | ANCE | 16,318,1 | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, line 15, co. | / (R)) | 20,623,6 | 503. |
| Part X Other Liabilities | . (<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i> | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25. | |
| 1. (a) Description of liability | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | (b) Book value | |
| (1) Federal income taxes | | (,,==================================== | |
| (2) OPERATING LEASE LIABILITII | ES | 2,083,0 | 64. |

(3) FINANCE LEASE LIABILITIES 17,134,919. (4) (5) (6) (7) (8) (9) 19,217,983. Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

| Par | t XI Reconciliation of Revenue per Audited Financial Statements | Witl | h Revenue per Re | turn | y |
|-------|---|----------|--------------------------|-------------|---------------------|
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 24,937,595. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | 257,063. | | |
| b | Donated services and use of facilities | 2b | 458,387. | | |
| С | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | 715,450. |
| 3 | Subtract line 2e from line 1 | | | 3 | 24,222,145. |
| 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 | 18,780. | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| С | Add lines 4a and 4b | | | 4c | 18,780. |
| _5_ | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) | | | 5 | 24,240,925. |
| Pa | t XII Reconciliation of Expenses per Audited Financial Statement | s Wi | th Expenses per R | letur | n |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 22,180,718. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | 2a | 458,387. | | |
| b | Prior year adjustments | 2b | | | |
| С | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | 805,746. | | |
| е | Add lines 2a through 2d | | | 2e | 1,264,133. |
| 3 | Subtract line 2e from line 1 | | | 3 | 20,916,585. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 18,780. | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| С | Add lines 4a and 4b | | | 4c | 18,780. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 | 20,935,365. | |
| | t XIII Supplemental Information | | | | |
| Provi | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I | lines 1 | b 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 addition | nal info | ormation. | | |
| | | | | | |
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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

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

| Name of the organization | Employer identification numbe | | | | | | | | |
|---|---|---------------------------------------|--|---|-------|---|---|--|--|
| FAMILYA | | 04-2105756 | | | | | | | |
| Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. | | | | | | | | | |
| Indicate whether the organization rais | ed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua | ion of ion of fundra (includ | non-g gover aising ding of onal fu | overnment grants nment grants events ficers, directors, trus undraising services? | | Yes | | | |
| or entity (fundraiser) | | | Did raiser ustody itrol of utions? | (iv) Gross receipts from activity | | Amount paid or retained by) fundraiser ted in col. (i) | (vi) Amount paid to (or retained by) organization | | |
| | | Yes | No | | | | | | |
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| Total | | | | | | | | | |
| 3 List all states in which the organization or licensing. | | | utions | or has been notified | it is | exempt from re | gistration | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2023

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 | oss income on Form 990- | EZ, lines 1 and 6b. List e | vents with gross receipt | s greater than \$5,000. |
|-----------------|----------|---|-----------------------------|--|--------------------------|---|
| | | | (a) Event #1 BUILDING | (b) Event #2 | (c) Other events NONE | (d) Total events (add col. (a) through |
| | | | BETTER FUTUR (event type) | (event type) | (total number) | col. (c)) |
| nue | | | (evenivity per) | (6.6 | (total manuscry | |
| Revenue | 1 | Gross receipts | 371,245. | | | 371,245. |
| | 2 | Less: Contributions | 363,495. | | | 363,495. |
| | 3 | Gross income (line 1 minus line 2) | 7,750. | | | 7,750. |
| | 4 | Cash prizes | 400. | | | 400. |
| m | 5 | Noncash prizes | | | | |
| bense | 6 | Rent/facility costs | 15,000. | | | 15,000. |
| Direct Expenses | 7 | Food and beverages | 60,328. | | | 60,328. |
| ⊡ | | Entertainment | 16,846. | | | 16,846. 9,450. |
| | 9 | Other direct expenses | 9,450. | | | 102,024. |
| | 10 11 | Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li | | | | -94,274. |
| Pa | rt I | II Gaming. Complete if the organization a | | 990, Part IV, line 19, or r | eported more than | <u> </u> |
| | | \$15,000 on Form 990-EZ, line 6a. | | | | |
| une | | | (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 | | | | |
| တ္ | 2 | Cash prizes | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | |
| Direct E | 4 | Rent/facility costs | | | | |
| | | Other direct expenses | | | | |
| | _ | Сито сито сито сито сито сито сито сито с | Yes % | Yes % | Yes% | |
| | 6 | Volunteer labor | □ No | ☐ No | No | |
| | 7 | Direct expense summary. Add lines 2 through | 5 in column (d) | | | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1 column (d) | | | |
| | | The garming moome commany. Captract mile ? | Trotti iiro 1, colariii (a) | | | |
| 9 | Ent | ter the state(s) in which the organization condu | cts gaming activities: | | | |
| | | he organization licensed to conduct gaming ac | | | | Yes No |
| | _ | | | | | |
| | | ere any of the organization's gaming licenses re Yes," explain: | | | rear? | Yes No |
| | _ | | | | | |
| | _ | | | | | |

Schedule G (Form 990) 2023

332082 09-13-23

| Sch | edule G (Form 990) 2023 FAMILYAID BOSTON, INC. 04 | <u>-21</u> | <u>057</u> | <u> 756</u> | Page 3 |
|-----|---|------------|------------|-------------|----------|
| 11 | Does the organization conduct gaming activities with nonmembers? | [| \ | 'es | No |
| | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | – | | | |
| | to administer charitable gaming? | Γ | \neg | 'es | No |
| 12 | Indicate the percentage of gaming activity conducted in: | | | - | |
| | | ١. | ا ۔م | | 07 |
| | The organization's facility | | 13a | | <u>%</u> |
| | An outside facility | Ц | l3b | | <u>%</u> |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | | | |
| | | | | | |
| | Name | | | | |
| | | | | | |
| | Address | | | | |
| | | | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | | \ | 'es | ☐ No |
| | | | | | |
| h | If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount | | | | |
| ~ | of gaming revenue retained by the third party \$ | | | | |
| _ | | | | | |
| С | If "Yes," enter name and address of the third party: | | | | |
| | | | | | |
| | Name | | | | |
| | | | | | |
| | Address | | | | |
| | | | | | |
| 16 | Gaming manager information: | | | | |
| | | | | | |
| | Name | | | | |
| | | | | | |
| | Gaming manager compensation \$ | | | | |
| | Canning manager compensation —————————————————————————————————— | | | | |
| | Description of any income intent | | | | |
| | Description of services provided | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Director/officer Employee Independent contractor | | | | |
| | | | | | |
| 17 | Mandatory distributions: | | | | |
| | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | | | |
| _ | retain the state gaming license? | Γ | \neg | 'es | No |
| h | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | | | - | |
| b | | | | | |
| Da | organization's own exempt activities during the tax year \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and | De de II | I Cara | - 0 0 | N- 40- |
| ıa | | Part II | i, iine | S 9, S | D, IUD, |
| | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | | | | |
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| Schedule G | (Form 990) | FAMILYAID BOSTON, | INC. | 04-2105756 | Page 4 |
|------------|-------------------|---------------------|------|------------|--------|
| Part IV | Supplemental Info | rmation (continued) | | | |
| | | (commusu) | | | |
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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

FAMILYAID BOSTON, INC.

Questions Regarding Compensation

Employer identification number 04-2105756

| | | | Yes | No |
|------------|---|-----|-----|------|
| 1 a | Check the appropriate 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 charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (such as maid, chauffeur, chef) | | | |
| | | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | | |
| | | | | |
| 3 | Indicate which, if any, of the following the organization used to establish the compensation of the organization's | | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | Compensation committee Written employment contract | | | |
| | Independent compensation consultant Compensation survey or study | | | |
| | Form 990 of other organizations X Approval by the board or compensation committee | | | |
| | | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| | organization or a related organization: | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | X |
| | Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | | X |
| С | Participate in or receive payment from an equity-based compensation arrangement? | 4c | | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the revenues of: | | | 37 |
| a | The organization? | 5a | | X |
| b | Any related organization? | 5b | | X |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the net earnings of: | | | v |
| a | The organization? | 6a | | X |
| D | Any related organization? | 6b | | |
| - | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | 7 | | Х |
| 0 | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | х |
| G | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | 8 | | - 21 |
| 9 | Regulations section 53.4958-6/c)? | 9 | | |
| | neuulauuna aeulun 33.4830°0lU!! | . 3 | | |

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

Schedule J (Form 990) 2023

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

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

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

| | (B) Breakdown of W | /-2 and/or 1099-MISO 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) | |
|-------------------------------------|---------------------------|-----------------------------------|-------------------------------------|-------------------------------------|-------------------------|------------------------------------|--------------------------------|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) ALICIA IANIERE | (i) | 256,394. | 0. | 0. | 6,670. | 22,549. | 285,613. | 0. |
| СДО | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) LAWRENCE SEAMANS | (i) | 232,506. | 0. | 0. | 7,220. | 1,317. | 241,043. | 0. |
| PRESIDENT & CEO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) ELBA MARCILLO | (i) | 191,008. | 0. | 0. | 5,806. | 16,456. | 213,270. | 0. |
| CFO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) CHRISTIAN BRUNNER | (i) | 136,447. | 0. | 0. | 4,459. | 23,793. | 164,699. | 0. |
| SR. PROG. OFF., PERFORMANCE & EVAL. | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) CARLA RICHARDS | (i) | 142,021. | 0. | 0. | 4,038. | 8,841. | 154,900. | 0. |
| DIRECTOR OF PROGRAMS | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
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| | (ii) | | | | | | | |

| Part III Supplemental Information |
|--|
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. |
| |
| PART I, LINE 3: |
| THE BOARD HAS A COMPENSATION COMMITTEE THAT REVIEWS LAWRENCE SEAMANS' |
| COMPENSATION ANNUALLY AND MAKES A RECOMMENDATION TO THE BOARD ABOUT PAY |
| CHANGES. |
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SCHEDULE M (Form 990)

Name of the organization

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Open to Public Inspection

Employer identification number

| | FAMILYAID BO | STON, | INC. | | 04-2 | 1057 | 756 | |
|-------|---|-------------------------------|---|---|---|---------|--------|------|
| Par | t I Types of Property | | | | | | | |
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of de noncash contribu | | | s |
| 1 | Art - Works of art | | | | | | | |
| 2 | Art - Historical treasures | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities - Publicly traded | X | 4 | 44,643. | FMV | | | |
| 10 | Securities - Closely held stock | | | | | | | |
| 11 | Securities - Partnership, LLC, or trust interests | | | | | | | |
| 12 | | | | | | | | |
| 13 | Securities - Miscellaneous Qualified conservation contribution - | | | | | | | |
| 13 | Historic structures | | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | | |
| 15 | Real estate - Residential | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | |
| 17 | Real estate - Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | Other () | | | | | | | |
| 26 | Other () | | | | | | | |
| 27 | Other (| | | | | | | |
| 28 | Other () | | | | | | | |
| 29 | Number of Forms 8283 received by the organi | zation during | g the tax year for co | ontributions | | | | |
| | for which the organization completed Form 82 | | | | | | | |
| | · · | | J | | | | Yes | No |
| 30a | During the year, did the organization receive b | y contributio | on any property rep | orted in Part I, lines 1 throug | h 28, that it | | | |
| | must hold for at least 3 years from the date of | the initial co | ntribution, and whi | ich isn't required to be used | for | | | |
| | exempt purposes for the entire holding period | | | | | 30a | | Х |
| b | If "Yes," describe the arrangement in Part II. | | | | | | | |
| 31 | Does the organization have a gift acceptance | policy that re | equires the review o | of any nonstandard contribut | ions? | 31 | | Х |
| 32a | Does the organization hire or use third parties | or related or | ganizations to solid | cit, process, or sell noncash | | | | |
| | contributions? | | | | | 32a | Х | |
| b | If "Yes," describe in Part II. | | | | | | | |
| 33 | If the organization didn't report an amount in o | column (c) fo | r a type of property | for which column (a) is chec | cked, | | | |
| | describe in Part II. | | | | | | | |
| For F | Paperwork Reduction Act Notice, see the Inst | tructions fo | r Form 990. | | Schedule M | l (Form | 1 990) | 2023 |

332142 09-11-23 Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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.

2023 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

FAMILYAID BOSTON, INC.

Employer identification number 04-2105756

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

IN GREATER BOSTON, PROVIDING EDUCATION AND TRAINING, HOUSING

ASSISTANCE, HOMELESSNESS PREVENTION SERVICES, EMERGENCY SHELTER,

TEMPORARY AND PERMANENT SUPPORTIVE HOUSING AND COMPREHENSIVE CASE

MANAGEMENT TO 4,700 CHILDREN AND PARENTS IN FY24.

THROUGH ITS EXPERT USE OF STRUCTURED TRAINING AND TESTED EDUCATIONAL

MODELS, FAMILYAID'S 2-GENERATIONAL MODEL ENSURES THAT EACH OF ITS

CLIENTSCHILDREN AND PARENTSHAVE THE RESOURCES, TRAINING, EDUCATION AND

TOOLS THEY NEED TO OVERCOME THE BARRIERS THAT TRAP FAMILIES IN POVERTY

AND HOMELESSNESS AND DEVELOP THE SKILLS TO BE SUCCESSFUL, FINANCIALLY

STABLE AND SELF-SUFFICIENT IN THE LONG TERM.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

EDUCATION, PRIMARY AND BEHAVIORAL HEALTH, FOOD ACCESS, AND ACADEMIC

SUPPORT SERVICES, FAMILYAID HAS HELPED ITS CLIENTS MOVE FROM CRISIS TO

STABILITY WITHIN 8 MONTHS.

HOMELESSNESS PREVENTION: FAMILYAID'S EARLY INTERVENTION MODEL MITIGATES

THE TRAUMA AND FINANCIAL RUIN OF HOMELESSNESS BY ADDRESSING CRISES

"UPSTREAM," BEFORE FAMILIES ENTER THE EVICTION PROCESS. PREVENTION

PARTNERS BOSTON PUBLIC SCHOOLS AND BOSTON CHILDREN'S HOSPITAL IDENTIFY

FAMILIES FACING HOMELESSNESS AND REFER THEM TO FAMILYAID FOR

COMPREHENSIVE SERVICES THAT RESTORE STABILITY AND LEAD TO LONG-TERM

SUCCESS. IN THE PAST YEARS, WE PREVENTED 2,430 CHILDREN AND PARENTS

FROM FALLING INTO HOMELESS SHELTERS AND THE STREETS.

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2

Name of the organization FAMILYAID BOSTON, INC.

Employer identification number 04-2105756

TEMPORARY HOUSING AND EMERGENCY SERVICES: FAMILYAID PROVIDED

EDUCATIONAL PROGRAMS, SHELTER, TEMPORARY HOUSING AND PERMANENT HOUSING

PLACEMENT AND COMPREHENSIVE CASE MANAGEMENT TO 684 CHILDREN AND PARENTS

IN FY24. IT BROKE GROUND ON A NEW FAMILY NAVIGATION CENTER THAT WILL

OPEN IN FY25.

STABILIZATION: ALL CHILDREN AND PARENTS ENGAGED WITH FAMILYAID RECEIVE

AN ARRAY OF STABILIZATION SERVICES OVER A ONE-YEAR PERIOD TO PROMOTE

LONG-TERM SELF-SUFFICIENCY. IN FY24, CASE MANAGERS PROVIDED

STABILIZATION SERVICES TO 1581 CHILDREN AND PARENTS. WITH AN ANNUAL

HOUSING RETENTION RATE OF 97%.

SYSTEMIC CHANGE: FAMILYAID CONTINUED TO FACILITATE CHIME, A MULTI-YEAR,

MULTI-SECTOR COLLABORATION TO MAP AND IMPROVE 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 CHILDREN EXPERIENCING HOMELESSNESS. A

BROAD COALITION OF MORE THAN 200 NONPROFIT PROVIDERS, AGENCY LEADERS,

EDUCATORS, POLICYMAKERS, FAMILIES EXPERIENCING HOMELESSNESS AND OTHER

ALLIES HAVE PARTICIPATED TO DATE.

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

THE PRESIDENT, TREASURER, AND BOARD OF DIRECTORS WERE PROVIDED A COPY OF THE 990 PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

<u>Schedule O (Form 990) 2023</u>

Name of the organization **Employer identification number** 04-2105756 FAMILYAID BOSTON, INC. THERE IS AN ANNUAL QUESTIONAIRE THAT IS GIVEN TO THE OFFICERS AND BOARD OF DIRECTORS TO DISCLOSE ANY CONFLICTS OF INTEREST. FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION OF FAB'S OFFICER'S AND KEY EMPLOYEES IS APPROVED BY THE BOARD. FORM 990, PART VI, SECTION C, LINE 19: FAB MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE AND UPON REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: FINANCE LEASE CHARGES RELATED TO A BUILDING NOT YET PLACED IN SERVICE -805,746. FORM 990, PART XII, LINE 2C: FAB HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS.