

Form 990	Ì
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** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Τ

AF	or the	a 2022 calendar year, or tax year beginning and	l ending		
B C a	heck if	C Name of organization		D Employer identifie	cation number
	Addres				
	Name change	Doing business as	44-04548	00	
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	 Final return/	444 MINNESOTA AVE	913-342-3		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	City or town, state or province, country, and ZIP or foreign postal code		
	Ameno return	KANSAS CITY, KS 66101		H(a) Is this a group re	turn
	Application	F Name and address of principal officer. FAULA NETI		for subordinates	? Yes X No
	pendin	⁹ SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
ΙT	ax-exe	empt status: 🗴 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1)	or 527	If "No," attach a	list. See instructions
	Vebsit			H(c) Group exemption	n number
<u>K</u> F	orm of	organization: 🚺 Corporation 📄 Trust 📄 Association 📄 Other	L Year	of formation: 1880 N	State of legal domicile: MO
Pa	art I	Summary			
n	1	Briefly describe the organization's mission or most significant activities: $rac{ extsf{THE}}{ extsf{THE}}$	FAMILY	CONSERVANCY	THELPS
Governance		CHILDREN AND FAMILIES ACHIEVE A LIFETIME	OF SUC	CESS. TFC B	ELIEVES
erna	2	Check this box if the organization discontinued its operations or dispo	sed of more	than 25% of its net ass	
ove					22
ۍ م		Number of independent voting members of the governing body (Part VI, line 1b)			22
es {		Total number of individuals employed in calendar year 2022 (Part V, line 2a) $\ \ldots$			131
viti	6	Total number of volunteers (estimate if necessary)			211
Activities &	7a `	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
e		Contributions and grants (Part VIII, line 1h)		13,751,597.	14,309,500.
ent		Program service revenue (Part VIII, line 2g)		380,921.	438,737.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		289,407.	196,880.
-		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-50,523.	-24,642.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		14,371,402.	14,920,475.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		18,136.	278,596.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,907,609.	6,313,522.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	01	0.	0.
ă.	b	Total fundraising expenses (Part IX, column (D), line 25)617,5		7 754 900	7 472 562
ш	11	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,754,809.	7,472,562.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<u>13,680,554</u> . 690,848.	<u>14,064,680.</u> 855,795.
<u> </u>		Revenue less expenses. Subtract line 18 from line 12			End of Year
ts or inces				ginning of Current Year	11,442,795.
t Assets id Balanc	20	Total assets (Part X, line 16)		<u>10,144,055.</u> 1,155,192.	2,252,176.
et A ind J	21	Total liabilities (Part X, line 26)		8,988,863.	9,190,619.
	22 Int II	Net assets or fund balances. Subtract line 21 from line 20		0,300,003.	3,130,019.
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	e and statem	ante and to the best of my	knowledge and belief it is
Unu	u pena	nico or porjury, i acolare mari nave examined uno return, including accompanying schedule	νο απα διαιθπι	אונס, מווע נט נווד טדסנ טו וווץ	niowicuye and beller, It is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date			
Here	PAULA NETH, PRESIDENT/CEO						
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN		
Paid	KEVIN ENSMINGER	KEVIN ENSMINGER	10/25	/23 self-employed	P01310558		
Preparer	Firm's name RSM US LLP			Firm's EIN 42-	0714325		
Use Only	Firm's address 4622 PENNSYLVANIA	AVE, STE 1100					
	KANSAS CITY, MO 6	4112		Phone no. 816 -	753-3000		
May the IF	May the IRS discuss this return with the preparer shown above? See instructions IX Yes No						
232001 12-1	32001 12-13-22LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2022)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1 990 (2022) THE FAMILY CONSERVANCY 4	4-0454800 Page 2
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	_
	HELPING CHILDREN AND FAMILIES ACHIEVE A LIFETIME OF SUCCES	S.
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as means S_{22} and $S_{21}(a)(2)$ and $S_{21}(a)(4)$ organizations are required to report the amount of grants and allocations to others.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the revenue, if any, for each program service reported.	le total expenses, and
4a	(Code:) (Expenses \$4,996,572. including grants of \$0.) (Revenue \$	0.)
	IMPROVING EARLY CARE AND EDUCATION - THE FAMILY CONSERVANC	
	THE QUALITY OF EARLY CARE AND EDUCATION PROGRAMS THROUGHOU	T THE KANSAS
	CITY COMMUNITY. BY IMPROVING QUALITY, WE ENSURE ALL CHILDR	
	TO TAKE ADVANTAGE OF THE UNRIVALED OPPORTUNITIES THAT EXIS	
	FIRST FIVE YEARS OF LIFE - A CRITICAL PERIOD FOR COGNITIVE	
	EMOTIONAL DEVELOPMENT THAT FORMS THE FOUNDATION FOR SUCCES KINDERGARTEN AND LIFE. IN 2022, WE TRAINED AND PROVIDED C	
	THOUSANDS OF EARLY EDUCATORS, PROVIDED BUSINESS SUPPORT TO	
	DIRECTORS AND OWNERS, IMPROVED HEALTH AND NUTRITION FOR HU	
	CHILDREN, AND SUPPORTED THE SOCIAL EMOTIONAL HEALTH OF THO	
	CHILDREN.	
4b	(Code:) (Expenses \$3,742,435. including grants of \$278,596.) (Revenue \$	<u>438,737.</u>)
	BUILDING STRONG FAMILIES - THE FAMILY CONSERVANCY SUPPORTS PRIMARY CAREGIVERS AND EDUCATORS. WHEN FAMILIES RECEIVE TH	
	THEY NEED, IT STRENGTHENS THEIR ABILITY TO PROVIDE NURTURI	
	ENRICHING ENVIRONMENTS FOR YOUNG CHILDREN. BY OFFERING RES	
	REFERRALS AND EDUCATION, THE FAMILY CONSERVANCY EMPOWERS F	
	NAVIGATE THE CHALLENGES OF RAISING CHILDREN, ENHANCE THEIR	KNOWLEDGE OF
	CHILD DEVELOPMENT, AND FOSTER HEALTHY PARENT-CHILD RELATIO	
	SUPPORT ENABLES PARENTS TO BETTER MEET THE PHYSICAL, EMOTI	
	COGNITIVE NEEDS OF THEIR CHILDREN, PROMOTING OPTIMAL GROWT DEVELOPMENT. IN 2022, WE INCREASED ACCESS TO QUALITY EARL	
	BY CREATING MORE AVAILABILITY AND STABILITY OF CHILD CARE	
	PROVIDED TEMPORARY FINANCIAL ASSISTANCE FOR CHILD CARE COS	
4c	(Code:) (Expenses \$3,940,590. including grants of \$) (Revenue \$)
	BUILDING RESILIENCE - THE FAMILY CONSERVANCY PROVIDES A VI	TAL LIFELINE
	FOR FAMILIES, OFFERING THEM A SAFE SPACE TO EXPRESS THEIR	· · · · · · · · · · · · · · · · · · ·
	COPE WITH STRESS, OVERCOME TRAUMA, AND DEVELOP EFFECTIVE S	
	MANAGE PARENTING CHALLENGES AND SUPPORT HEALTHY CHILDREN.	
	CASE MANAGEMENT ARE PROVIDED IN SPANISH AND ENGLISH, AND A FAMILIES WHERE THEY ARE BY PROVIDING IN-PERSON AND VIRTUAL	
	WELL AS COMMUNITY-INTEGRATED PROGRAMMING. IN 2022, HUNDRE	-
	FAMILIES PARTICIPATED IN OUR TRAINING AND CONSULTATION TO	
	UNDERSTAND AND SUPPORT THEIR CHILD'S SOCIAL-EMOTIONAL NEED	
	SUPPORTED MOTHERS EXPERIENCING POSTPARTUM DEPRESSION WITH	
	COGNITIVE BEHAVIORAL THERAPY; AND PROVIDED OUTPATIENT MENT	AL HEALTH
	SUPPORT AND CASE MANAGEMENT TO HUNDREDS OF PEOPLE EXPERIEN	CING MENTAL

4d	4d Other program services (Describe on Schedule O.)					
	(Expenses \$	including grants of \$) (Revenue \$)		
4e	Total program service expenses	12,679,597.				

с.

 Form 990 (2022)
 THE
 FAMILY
 CONSERVANCY

 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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		77	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
ام	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	114	х	
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11d 11e	X	
-	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Tie	- 23	
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
1 2 2	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D. Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
.e 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u> </u>
~	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Х

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Form 990 (2022)			CONSERV
Part IV	Checklist	t of Require	d Schedule	es (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b		24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
Ŭ	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash 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			
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
02		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
04		34		x
25 2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
00		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50		
57	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?	- 37		
00		38	х	
Pa	Tt V Statements Regarding Other IRS Filings and Tax Compliance	1 30	~>	1
	Charly if Cabady to Capataina a vacanance av note to any line in this Part V			
	Check if Schedule O contains a response of hote to any line in this Part V		Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 73		165	140
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a7.3Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0	-		
U U				

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Form	990 (2022) THE FAMILY CONSERVANCY 44-0454	800	Р	age 5
Par				U
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 131			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
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?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a L	Initiation fees and capital contributions included on Part VIII, line 12 10a	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a	1		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
120	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
ь 13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.			
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

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Part VI	Governance, Management, and Disclosure.	For each "Yes" response to lines 2 through 7b below, and for a "No" re	esponse
	to line 8a, 8b, or 10b below, describe the circumstances, p		

Check if Schedule O contains a res	nonco or noto to on	v line in this Dart VI	
Check in Schedule O contains a res	אסטוואב טו ווטנב נט מוו	y intent this fait vi	

v	

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 22			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		x
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			<u> </u>
74	more members of the governing body?	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u>- 14</u>		
D.	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	х	
a h	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		23	<u> </u>
9		9		x
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		- 23
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
100	Did the examination have lead chapters, branches, or effiliates?	10a	Tes	X
	Did the organization have local chapters, branches, or affiliates?	10a		
U		10b		
11-	and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х	├──
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		21	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		X	<u> </u>
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Λ	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10-	х	
40	on Schedule O how this was done	12c	X	<u> </u>
13	Did the organization have a written whistleblower policy?	13	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14		-
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45	x	
	The organization's CEO, Executive Director, or top management official	15a	A X	├──
b	Other officers or key employees of the organization	15b	Λ	
	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	1.0		v
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ble
	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)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	<u>GAY POTEET - 913-342-1110</u>			
	444 MINNESOTA AVE, 200, KANSAS CITY, KS 66101			

Dort VII	Compensation of Officers,	Directore Tructore	Kay Employees	Linhast Company	0
Part VII	compensation of Onicers,	Directors, Trustees,	, key Employees,	rignest Compensat	.eu
	Employees, and Independe	ent Contractors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box,	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		Jer an		recic	Jr/trus	lee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	ll trus		/ee	mpen		1099-NEC)	1033-1120)	and related
	below	ndividual trustee or director	nstitutional trustee	-	ƙey employee	st co	- E			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			0
(1) PAULA NETH	37.50									
PRESIDENT AND CEO				Х				167,125.	0.	3,338.
(2) JEANNINE SHORT	37.50									
VP OF INNOV/OPERATIONS				Х				106,515.	0.	10,458.
(3) CHRISTOPHER POTTHAST	37.50									
VP OF ADMINISTRATION & FINANCE				Х				101,595.	0.	12,130.
(4) JOCELYN MOURNING	37.50									
VP OF ADVANCEMENT				Х				93,950.	0.	9,019.
(5) GINO TAYLOR	37.50									
VP OF PEOPLE, CULTURE & EQUITY				Х				31,261.	0.	6,430.
(6) JAMES DOYLE	37.50									
VP OF FINANCE				Х				10,101.	0.	90.
(7) NICK NASH	1.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(8) DON ASH	1.00									
VICE CHAIR PLANNING/ASSESSMENT		Х		Х				0.	0.	0.
(9) TONY JACKSON	1.00									
VICE CHAIR FINANCE COMMITTEE		Х		Х				0.	0.	0.
(10) COURTNEY STARNES	1.00									
VICE CHAIR OF RESOURCE DEVELOPMENT		Х		Х				0.	0.	0.
(11) ERIC WILKINSON	1.00									
VICE CHAIR OF BOARD DEV (THRU 8/22)		Х		Х				0.	0.	0.
(12) ANGELIA EWING	1.00									
VICE CHAIR OF HEAD START OVERSIGHT		Х		Х				0.	0.	0.
(13) MEGAN ELDER	1.00									
SECRETARY		Х		Х				0.	0.	0.
(14) SARA ANTHONY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) ERICKA DUKER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) BRIAN DUNN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(17) JENNY FAUGHT	1.00									
BOARD MEMBER		Х						0.	0.	0.

Form 990 (2022) THE FAMII									44-04	548	;00 р	age 8
Part VII Section A. Officers, Directors, Trust		oloy	ees,			ghes	t C		· /			
(A) Name and title	(B) Average	(do			ition	۱ than c	ne	(D) Reportable	(E) Reportable		(F) Estimate	ed
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation		amount	
	week (list any			uau		1711 US	ee)	from the	from related organizations		other compensa	
	hours for	Individual trustee or director				p		organization	(W-2/1099-MISC	;/	from th	
	related	tee or	ustee			ensate		(W-2/1099-MISC/	1099-NEC)		organizat	
	organizations	al trus	onal tr		loyee	compi		1099-NEC)			and relat	
	below line)	dividu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organizati	ons
(18) ANNA KRSTULIC	1.00	Ц	=	Of	λ Ξ	e Ti	ß			-		
BOARD MEMBER	1.00	х						0.	(b .		0.
(19) LARRY LERNER	1.00									·		
BOARD MEMBER		х						0.	(b .		Ο.
(20) ERNESTO MARQUEZ	1.00											
BOARD MEMBER		х						0.	() .		0.
(21) RAHEEMA SAMPSON	1.00											
BOARD MEMBER		Х						0.		٥.		0.
(22) MAGGIE ROSS	11.00											
BOARD MEMBER		Х						0.		ו.(0.
(23) JACQUELINE RODRIGUEZ	1.00											•
BOARD MEMBER	1 0 0	Х						0.	(0.		0.
(24) MELVIN SARMIENTO BOARD MEMBER	1.00	v						0.				0
(25) PAT THELEN	1.00	Х						0.		<u>)</u>		0.
BOARD MEMBER	1.00	х						0.	(b .		0.
(26) CAMI WALKER	1.00											
BOARD MEMBER		х						0.	(b .		Ο.
1b Subtotal								510,547.		Σ.	41,4	
c Total from continuation sheets to Part VI								0.).		0.
d Total (add lines 1b and 1c)				<u></u>				510,547.		0.	41,4	65.
2 Total number of individuals (including but ne	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			
compensation from the organization												3
										Г	Yes	No
3 Did the organization list any former officer,	-		•	•	-		Ŭ	• •				37
line 1a? If "Yes," complete Schedule J for su										.	3	X
4 For any individual listed on line 1a, is the su											4 X	
and related organizations greater than \$1505 Did any person listed on line 1a receive or a	,		•							F	4 11	
rendered to the organization? If "Yes," com	-				-			-		- 1	5	x
Section B. Independent Contractors		201	<u> </u>		2013	011 .						
1 Complete this table for your five highest cor	npensated ind	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of compe	nsati	on from	
the organization. Report compensation for t	he calendar ye	ear e	ndin	ıg w	ith c	or wit	hin	the organization's tax ye	ear.			
(A) Name and business	addross							(B) Description of s	onvicos	C	(C) ompensatio	'n
PROJECT EAGLE	auuress						_	Description of s	ervices			
444 MINNESOTA AVE, KANSAS	CTTV	v	c i	66	1 0	1		CHILD CARE			710,8	58
OPEN MINDS CHILD DEVELOPM							-	CHILD CARE			/10,0	50.
1778 E. HAROLD, OLATHE, K		1 11	.,	ц.				CHILD CARE			426,8	34.
THE ROCK AT STONY POINT L		С	EN	TE	R						12070	<u> </u>
800 N, 78TH STREET, KANS						12		CHILD CARE			422,8	93.
APPLERIDGE ACADEMY, 936 E											. .	
STREET, STE C, GARDNER ,								CHILD CARE			418,6	21.
ANGELS OF GRANCE FAMILY S							1					
1234 STATE AVENUE, KANSAS	CITY,	KS	6	61	02			CHILD CARE			381,2	47.

 1234
 STATE
 AVENUE,
 KANSAS
 CITY,
 KS
 66102
 CHILD
 CARE

 2
 Total number of independent contractors (including but not limited to those listed above) who received more than
 \$100,000, of compensation from the organization
 9

	LY CONSE							• • • • •	44-045	4000
		nplo	yee			lighe	est ((=)
(A)	(B)	(C) Position						(D)	(E)	(F)
Name and title	Average	(-					5	Reportable	Reportable compensation from related	Estimated
	hours	(Cl	neck T		that	app	iy)	compensation		amount of
	per week					e		from the	organizations	other compensatior
	(list any	D.				plo ye		organization	(W-2/1099-MISC)	from the
	hours for	direct				d em		(W-2/1099-MISC)	(00-2/1033-10130)	organization
	related	e or	stee			Isate		(** 2/1000 10100)		and related
	organizations	truste	al trus		yee	m per				organizations
	below	dual t	ution	_	n plo	st co	L.			organizatione
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
27) MATTHEW WEBB	1.00		_							
BOARD MEMBER		х						0.	0.	0
(28) UMA WILSON	1.00									
BOARD MEMBER		Х						0.	0.	0
29) AMY WOLF	1.00									
BOARD MEMBER		х						0.	0.	0
		\vdash								
		 								
		_								
		1								
		1								

	t VII								г
		Check if Schedule O	<u>conta</u>	ains a respo	nse	or note to any line	<u>in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	(D) Revenue exclu from tax und sections 512 -
Ś	1 a	Federated campaigns		1a		858,544.			
nut		Membership dues							
0 E		Fundraising events				191,337.			
ΓA		Related organizations							
nila		Government grants (conti				10,256,420.			
Sir		All other contributions, gifts,							
her	•	similar amounts not included				3,003,199.			
õ	g				;				
and Other Similar Amounts	•	Total. Add lines 1a-1f	mes				14,309,500.		
						Business Code	, , -		
	2 a	CHILD & ELDER CARE				624100	279,859.	279,859.	
	b				_	624100	158,878.	158,878.	
anu	c								
Revenue	d					+			
Re	u e								
		All other program service	reve	nue					
		Total. Add lines 2a-2f					438,737.		
	3	Investment income (inclue					,		
	Ŭ	other similar amounts)	•				112,943.		112,9
	4	Income from investment					,		,
	5	Royalties			na p				
	Ŭ			(i) Real		(ii) Personal			
	6 a	Gross rents	6a						
		Less: rental expenses	6b						
			6c						
		Net rental income or (loss)							
		Gross amount from sales of	», <u></u>	(i) Securit	ies	(ii) Other			
	<i>i</i> u	assets other than inventory	7a			(.,			
	h	Less: cost or other basis	74						
D	D D	and sales expenses	7b	749,0	97.				
	~	Gain or (loss)		· · ·					
		Net gain or (loss)					83,937.		83,9
		Gross income from fundraisi							
	υu	including \$							
1		contributions reported on							
		Part IV, line 18			8a	17,514.			
	h	Less: direct expenses			8b	47,672.			
		Net income or (loss) from					-30,158.		-30,1
		Gross income from gamir		-			,		,-
	5 a	Part IV, line 19	-		9a				
	h	Less: direct expenses			9b	1			
		Net income or (loss) from				· · · · · · · · · · · · · · · · · · ·			
		Gross sales of inventory,							
	a	and allowances			10a				
	h	Less: cost of goods sold			106				
		Net income or (loss) from				1			
+	U		Jait		<u>у</u>	Business Code			
	11 -	MISCELLANEOUS INCOM	Е			900099	5,516.		5,5
Revenue	n a b						,		
ver	с С				_	+			
Re		All other revenue				+			
						L	5,516.		
- 1	e	Total. Add lines 11a-11d					5,510.		

	1 990 (2022) THE FAMILY (rt IX Statement of Functional Expense			44-04	54800 Page 10
	ion 501(c)(3) and 501(c)(4) organizations must comp		r organizations must con	nplete column (A).	
	Check if Schedule O contains a respon			()	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	278,596.	278,596.		
3	Grants and other assistance to foreign	2,0,0000			
3	C C				
	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,	552,013.	440,359.	69,809.	41,845.
~	trustees, and key employees	JJZ,013.	440,559.	09,009.	41,043.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)		2 540 200	600 700	244 002
7	Other salaries and wages	4,575,799.	3,540,206.	690,790.	344,803.
8	Pension plan accruals and contributions (include		405 150		F0 010
	section 401(k) and 403(b) employer contributions)	208,906.	495,150.	-336,462.	50,218.
9	Other employee benefits	600,640.	482,211.	91,346.	27,083.
10	Payroll taxes	376,164.	291,119.	56,548.	28,497.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	7,402.	1,344.	6,058.	
с	Accounting	66,580.	47,166.	15,578.	3,836.
d	Lobbying	840.		840.	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	31,978.		31,978.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	5,761,810.	5,592,677.	108,076.	61,057.
12	Advertising and promotion	28,256.	24,602.	2,154.	1,500.
13	Office expenses	667,213.	609,701.	35,864.	21,648.
14	Information technology	179,662.	166,905.	8,127.	4,630.
15	Royalties				
16	Occupancy	392,454.	324,595.	44,047.	23,812.
17	Travel	105,696.	101,609.	3,922.	165.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	182,499.	176,489.	4,821.	1,189.
20	Interest		-		-
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	32,160.	650.	31,510.	
23	Insurance	53,523.	43,794.	6,678.	3,051.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	OT TNICAL GEDUTOEG	35,351.	35,351.		
b		30,337.	23,820.	3,071.	3,446.
c	BAD DEBT	40.	40.	-,	-,
d		-103,239.	3,213.	-107,253.	801.
u			5,215.		0010

14,064,680.

12,679,597.

- 5 6
- 7
- 8

9

- 10 11
- 12 13 14 15 16 17
- 18 19 20 21 22 23 24

d MISC EXPENSE e All other expenses _ Total functional expenses. Add lines 1 through 24e 25

Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

00 Page **10**

617,581.

767,502.

THE FAMILY CONSERVANCY

'ar	tΧ	Balance Sheet			
		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	675.	1	675
	2	Savings and temporary cash investments	2,327,000.	2	1,853,454
	3	Pledges and grants receivable, net	2,337,497.	3	2,684,874
	4	Accounts receivable, net	161,073.	4	251,560
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
!	9	Prepaid expenses and deferred charges	154,259.	9	158,780
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,858,569.			
	b	Less: accumulated depreciation 10b 671,838.	481,906.	10c	1,186,73
	11	Investments - publicly traded securities	4,597,910.	11	3,961,40
	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	83,735.	15	1,345,31
	16	Total assets. Add lines 1 through 15 (must equal line 33)	10,144,055.	16	11,442,79
	17	Accounts payable and accrued expenses	1,123,327.	17	1,399,50
	18	Grants payable		18	
	19	Deferred revenue	31,865.	19	118,64
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other 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		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.	25	734,02
	26	Total liabilities. Add lines 17 through 25	1,155,192.	26	2,252,17
		Organizations that follow FASB ASC 958, check here			
		and complete lines 27, 28, 32, and 33.	- /-/ ^^/		
	27	Net assets without donor restrictions	5,154,224.	27	5,595,56
	28	Net assets with donor restrictions	3,834,639.	28	3,595,05
		Organizations that do not follow FASB ASC 958, check here			
		and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	8,988,863.	32	9,190,61
- 1	33	Total liabilities and net assets/fund balances	10,144,055.	33	11,442,79

Form 990 (2022) Part X Balance Sheet

Form	1990 (2022) THE FAMILY CONSERVANCY	44	-0454800	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,920		
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,064		
3	Revenue less expenses. Subtract line 2 from line 1	3	855	5,79	95.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,988	8,80	63.
5	Net unrealized gains (losses) on investments	5	-830),98	81.
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	176	5,94	42.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	9,190),61	19.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				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	О.			
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	Х	
	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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule C).		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed auc	lit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	

Form 990 (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047	
2022	
Open to Public	

Inspection

Name of the organization

Name	ame of the organization Employer identification number								
		THE	FAMILY CON	SERVANCY					4-0454800
Par	tl	Reason for Public C	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The o	rgani	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)			
1 [A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	l)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	n 990).)				
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).		
4 [A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,
_		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
-		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6 [A federal, state, or local gov	vernment or governm	ental unit described in	section 17	′0(b)(1)(A)	(v).		
7	X	An organization that normal	•	ntial part of its support fi	rom a gove	ernmental	unit or from th	e general l	oublic described in
- F	section 170(b)(1)(A)(vi). (Complete Part II.)								
8 L	4	A community trust describe			-				
9 [An agricultural research org				-		-	-
		or university or a non-land-g	grant college of agrici	ulture (see instructions).	Enter the i	name, city	, and state of	the college	e or
10 [An organization that normal		than 22 1/20/ of its supp	ort from o	ontribution	n momborob	in food on	d aroog rogginta from
		activities related to its exem							
		income and unrelated busin		•	. ,				•
		See section 509(a)(2). (Cor				SCS acqui			
11 [An organization organized a	. ,	velv to test for public sa	fetv. See	section 50)9(a)(4).		
12		An organization organized a	-	•	•			rrv out the	purposes of one or
-		more publicly supported or	-	-	-			•	
		lines 12a through 12d that of	-						
а] Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	orted orga	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	upporting
		organization. You must c	complete Part IV, Se	ctions A and B.					
b		Type II. A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III functionally inte						ly integrate	ed with,
		its supported organization		-					
d		Type III non-functionally						-	
		that is not functionally int		• •	•		-	an attentiv	/eness
_		requirement (see instructi						. .	
е		Check this box if the orga					турет, туре	ii, Type iii	
f	Ento	functionally integrated, or r the number of supported o							
		ide the following information	•	d organization(s)					
) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
Total									

Part II

THE FAMILY CONSERVANCY

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

Calendary year (or fincal year beginning in) (e) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Oftis, grants, contributions, and membership fees received. (Do not include any virusual grants). 11423861.12798294.13826979.13751597.14309500.66110231. 2 Tax revenues levied for the organization without charge 11423861.12798294.13826979.13751597.14309500.66110231. 3 The value of services or facilities 11423861.12798294.13826979.13751597.14309500.66110231. 5 The portion of total contributions by each person (fore than a governmental unit or that exceeds 2% of the amount shown on line 11. 11423861.12798294.13826979.13751597.14309500.66110231. 6 Public support. Generative storm te 4 55535750.555750.555750.555750.555750.555750.555750.555750.555750.555750.555750.555750.55553750.55553750.55553750.55553750.55553750.555170.555170.14309500.66110231. 8 Oross income from inter 4. 11423861.12798294.13826979.13751597.14309500.66110231. 8 Oross income from interest, dividends, payments received on securits loss, rents,	Sec	ction A. Public Support			•			
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Schedule A (Form 990) 2022

Schedule A	Form 990) 2022

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

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

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ- ization's benefit and either paid to							
	or expended on its behalf							
-	• • • • • • • • • • • • • • • • • • • •							
Э	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
ł	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							
Ċ	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
Se	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
k	 Unrelated business taxable income 							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
C	Add lines 10a and 10b							
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3)	organizatio	on,
	check this box and stop here							
Se	ction C. Computation of Publ	ic Support Per	centage					
15	Public support percentage for 2022 (line 8, column (f), d	livided by line 13,	column (f))		15		%
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16		%
Se	ction D. Computation of Inves	stment Income	e Percentage					
17	Investment income percentage for 20	022 (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17		%
	Investment income percentage from					18		%
	a 33 1/3% support tests - 2022. If the					33 1/3%	, and line 1	
	more than 33 1/3%, check this box a							
k	33 1/3% support tests - 2021. If the						33 1/3%. a	nd
	line 18 is not more than 33 1/3%, che							
20	.							
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1

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

	(Form 990) 2022		FAMILY
Part IV	Supporting Orga	nizations	(continued)

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Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			

	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
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

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

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Section C	. Type II Su	upporting C	Organizations	

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

Section D. All	Type III Su	pporting O	rganizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the ye	ear (see instructions)
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the ye	<i>,ai</i> (<i>eeeeaiea<i>ieaieaieaieaieaieaieaieaieaieaieaa<i>ieaieaieaieaieaieaieaieaa<i>ieaieaiea<i>ieaieaieaiea<i>ieaieaieaiea<i>ieaieaieaiea<i>ieaieaieaieaiea<i>ieaieaieaiea<i>ieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaiea<i>ieaieaieaieaieaiea<i>ieaieaieaieaieaieaieaiea<i>iaaiaaiaaiaaaaaaaa<i>aaaaa</i></i></i></i></i></i></i></i></i></i></i></i></i></i>

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

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

Yes No

Chedule A (Form 990) 2022 THE FAMILY CONSERVANCY Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organi		44-0454800 Page
1 Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must Section 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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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		

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

instructions).

Schedule A (Form 990) 2022

and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

7 Excess distributions carryover to 2023. Add lines 3j

	dule A (Form 990) 2022 THE FAMILY COI		- <u>.</u> .	4	4-0454800 Pag
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	<u>ied)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	8	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
0	Line 8 amount divided by line 9 amount			10	
ecti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	IS	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
	Underdistributions, if any, for years prior to 2022 (reason-				
-	able cause required - <i>explain in</i> Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
	From 2017				
	From 2018				
	From 2019				
	From 2020				
	From 2021				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
;	Carryover from 2017 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2022, if				
-	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
5	and 4b from line 1. For result greater than zero, explain in				
	and to normine 1.1 or result greater than zero, explain in				

Page 7

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022 THE FAMILY CONSERVANCY	44-0454800 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any (See instructions.)	, lines 1 and 2; Part IV, Section C, ; Part V, Section B, line 1e; Part V,

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2022

Employer identification number

44	-0) 4	5	4	8	0	0

Schedule	B
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

THE FAMILY CONSERVANCY

Filers of:	Section:
Form 990 or 990-EZ	$\fbox{3}$ 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2022)

223452 11-15-22

Schee	ule B	(Form	99U)	(2022)	
					-

THE FAMILY CONSERVANCY

Employer identification number

44 - 0454800

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person Payroll 858,544. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 2 X Person Payroll 738,012. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 977,567. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Person X Payroll 437,962. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 1,307,826. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. X 6 Person Payroll 345,930. Noncash \$ (Complete Part II for noncash contributions.)

abadula D (Fa m 000) (0000)

Name of organization

Page 2

Schedule B (Form 990) (2022)

<u> 7 </u>		\$ <u>1,405,205.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 8 </u>		\$2,863,389.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 9 </u>		\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223452 11-15-22		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

Name of organization

Part I

(a)

No.

Employer identification number

44 - 0454800

(d)

Type of contribution

(c)

Total contributions

Name of organization

THE FAMILY CONSERVANCY

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
-		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
-				
-		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
-		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
-				
-		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
-				
-		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		 \$		

. . . . _

Employer identification number

44 - 0454800

THE FA	AMILY CONSERVANCY				4-0454800
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line charitable, etc., contributions of \$1,000	entry. For ora	c)(7), (8), or (10) that tot	al more than \$1,000 for the yea
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descriptio	on of how gift is held
-	Transferee's name, address, a	(e) Transfer of and ZIP + 4		ationship of transfer	or to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descriptio	on of how gift is held
	Transferee's name, address, a	(e) Transfer of		ationship of transfer	or to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descriptio	on of how gift is held
-	Transferee's name, address, a	(e) Transfer of and ZIP + 4		ationship of transfer	or to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descriptio	on of how gift is held
	Transferee's name, address, a	(e) Transfer of	-	ationship of transfer	or to transferee

Schedule B (Form 990) (2022) Name of organization

Employer identification number

SCHEDULE C	Po	litical Campaign a	nd Lobbyin	g Activities		OMB No. 1545-0047
(Form 990)						2022
	-	if the organization is described				
Department of the Treasury Internal Revenue Service	Open to Public Inspection					
If the organization answ	wered "Yes," on	Form 990, Part IV, line 3, or For	m 990-EZ, Part V, lir	ne 46 (Political Camp	aign Activ	vities), then
		plete Parts I-A and B. Do not com	•			
		1(c)(3)) organizations: Complete F	Parts I-A and C below.	Do not complete Par	t I-B.	
Section 527 organization	•		000 F7 D			
		Form 990, Part IV, line 4, or For nave filed Form 5768 (election und				
		nave NOT filed Form 5768 (election unc	()/			
	•	Form 990, Part IV, line 5 (Proxy	•			•
Tax) (See separate inst						
• Section 501(c)(4), (5)	, or (6) organizat	ions: Complete Part III.				
Name of organization					Employe	r identification number
		ILY CONSERVANCY				4-0454800
Part I-A Comple	ete if the org	anization is exempt unde	r section 501(c) o	or is a section 52	7 orgar	nization.
1 Provide a description	on of the organiz	ation's direct and indirect political	campaign activities in	n Part IV.		
2 Political campaign					\$	
3 Volunteer hours for	political campai	gn activities				
Part I-B Comple	ete if the ora	anization is exempt unde	r section $501(c)(c)$	3)		
		incurred by the organization unde		•	\$	
		incurred by organization manager				
		n 4955 tax, did it file Form 4720 fo				Yes No
b If "Yes," describe in						
Part I-C Comple	ete if the org	anization is exempt unde	r section 501(c),	except section 5	01(c)(3)	-
1 Enter the amount d	irectly expended	l by the filing organization for sect	ion 527 exempt funct	ion activities	\$	
2 Enter the amount o	f the filing organ	ization's funds contributed to othe	er organizations for se	ection 527		
exempt function ac	tivities				\$	
-	-	. Add lines 1 and 2. Enter here an				
					\$	
		ployer identification number (EIN) tion listed, enter the amount paid		-		
• •	-	omptly and directly delivered to a				-
	-	additional space is needed, provid			pulate se	grogated fand of a
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid f filing organizatio funds. If none, ente	n's co er-0	(e) Amount of political ntributions received and promptly and directly delivered to a separate political organization. If none, enter -0

LHA

			CONSERVANCY			454800 Page 2
Part II-A Complete if the org	anization	is exem	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction under
section 501(h)).	tion bolongo	to on offil	istad group (and list in	Dart IV apple offiliated	aroup mombor's name	addroop FIN
A Check if the filing organizate expenses, and share	-		• • •	Part IV each anniated	group member's name	e, address, Elin,
		, .	id "limited control" pro	visions apply		
	ts on Lobby				(a) Filing	(b) Affiliated group
	-	• •	nts paid or incurred.)		organization's totals	totals
1a Total lobbying expenditures to influ	uence public	opinion (g	rassroots lobbying)		0.	0.
b Total lobbying expenditures to influ	uence a legis	lative bod	y (direct lobbying)		840.	
c Total lobbying expenditures (add lir	nes 1a and 1	lb)			840.	0.
d Other exempt purpose expenditure	es				14,081,019.	
e Total exempt purpose expenditures	s (add lines ⁻	1c and 1d)			14,081,859.	0.
f Lobbying nontaxable amount. Ente	er the amoun	nt from the	following table in both	n columns.	854,093.	0.
If the amount on line 1e, column (a) o	or (b) is:	The lob	bying nontaxable amo	ount is:		
Not over \$500,000		20% of t	he amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000	\$100,00	0 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50	00,000		0 plus 10% of the exce			
Over \$1,500,000 but not over \$17,0	000,000	\$225,00	0 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,0	000.			
g Grassroots nontaxable amount (en	ter 25% of lir	ne 1f)			213,523.	0.
h Subtract line 1g from line 1a. If zero	o or less, ent	ter -0			0.	
i Subtract line 1f from line 1c. If zero	o or less, ente	er -0			0.	
j If there is an amount other than zer	ro on either l	ine 1h or l	ine 1i, did the organiza	tion file Form 4720		
reporting section 4911 tax for this	year?	<u></u>			[Yes No
(Some organizations th	hat made a s	section 50	raging Period Under)1(h) election do not l ate instructions for lin	nave to complete all	of the five columns be	low.
	Lobby	ing Exper	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 20)19	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	762	,757.	821,173.	834,028.	854,093.	3,272,051.
b Lobbying ceiling amount						
(150% of line 2a, column(e))						4,908,077.
c Total lobbying expenditures		992.	934.	1,071.	840.	3,837.
d Grassroots nontaxable amount	190	,689.	205,293.	208,507.	213,523.	818,012.
e Grassroots ceiling amount						
(150% of line 2d, column (e))						1,227,018.
f Grassroots lobbying expenditures						

Schedule C (Form 990) 2022

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)		
	e lobbying activity.	Yes	No	Amo	ount	
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?					
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
-	Other activities?					
	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	501(c)(5) or sec	tion		
I UI	501(c)(6).		, or see			
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the					
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."				3, is	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al				
	expenses for which the section 527(f) tax was paid).					
а	Current year		2 a			
b	Carryover from last year		2 b			
с	Total					
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical				
	expenditures next year?					
_5	Taxable amount of lobbying and political expenditures. See instructions		5			
Par	t IV Supplemental Information					
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	A, lines 1 a	nd 2 (See		

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

					OMB No. 1545-0047
SC	HEDULE D		al Financial Statements		ONIB NO. 1343-0047
(Forn	n 990)		nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2022
	ment of the Treasury	A	ttach to Form 990.		Open to Public
	Revenue Service		0 for instructions and the latest information		
Nam	e of the organizati	THE FAMILY CONSERV	ANCY	Emp	bloyer identification number 44-0454800
Par	t I Organiza		d Funds or Other Similar Funds or A	Accoun	
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6.		
			(a) Donor advised funds	(b) Fun	ds and other accounts
1	Total number at e	nd of year			
2	Aggregate value o	f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5	-		writing that the assets held in donor advised fu		
•			exclusive legal control?		Yes No
6	0	0	dvisors in writing that grant funds can be used		
			r donor advisor, or for any other purpose conf	U	
Par	impermissible priv		ganization answered "Yes" on Form 990, Part	IV line 7	
1		servation easements held by the organization		iv, into 7.	
•		n of land for public use (for example, recrea		storically	important land area
		of natural habitat	Preservation of a ce		•
		n of open space			
2		• •	ied conservation contribution in the form of a	conservat	tion easement on the last
	day of the tax yea	o o .			Held at the End of the Tax Year
а	Total number of co	onservation easements		2a	
b					
с	Number of conser		ucture included in (a)		
d	Number of conser	vation easements included in (c) acquired a	after July 25,2006, and not on a		
	historic structure I	isted in the National Register		2d	
3	Number of conser	vation easements modified, transferred, rel	eased, extinguished, or terminated by the orga	anization	during the tax
	year				
4	Number of states	where property subject to conservation eas	sement is located		
5	U U	tion have a written policy regarding the per			
		forcement of the conservation easements it			
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	tion ease	ments during the year
7	Amount of expons		lling of violations, and enforcing conservation	acomont	a during the year
'	Amount of expens	ses incurred in monitoring, inspecting, nanc		sasement	s during the year
8	Does each conser	wation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)	B)(i)	
•					Yes No
9			on easements in its revenue and expense state		
	balance sheet, and	d include, if applicable, the text of the footr	note to the organization's financial statements	that desc	ribes the
		ounting for conservation easements.	-		
Par		-	Art, Historical Treasures, or Other	Simila	r Assets.
	Complete i	f the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	0	· •	8, not to report in its revenue statement and b		
			blic exhibition, education, or research in furthe	rance of p	public
			ncial statements that describes these items.		
b	-		8, to report in its revenue statement and balar		
		· · · · · · · · · · · · · · ·	exhibition, education, or research in furtherar	ce of pub	blic service,
	-	ing amounts relating to these items:			ф
					\$
2	.,		asures. or other similar assets for financial gai		Φ
~		TECEIVED OF TIER WORKS OF ALL, HISTORCAL LLE	asures, ur urrer sirillar assers für illiaricial uall	i. Di Uvide	

1	2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pro
		the following amounts required to be reported under FASB ASC 958 relating to these items:
	а	Revenue included on Form 990, Part VIII, line 1
	b	Assets included in Form 990, Part X

Schedule D (Form 990) 2022

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		LY CONSERV						5480		_{age} 2
Par	t III Organizations Maintaining Co	ollections of Art,	Historical Tre	asures, or O	ther S	imilar /	Assets	contin	nued)	
3	Using the organization's acquisition, accessio	n, and other records,	check any of the f	ollowing that ma	ıke signi [.]	ficant use	e of its			
	collection items (check all that apply):			Ū	U U					
а	Public exhibition	d	I oan or exc	hange program						
b	Scholarly research	e		inango program						
c	Preservation for future generations	e								
							in Daut	VIII		
4	Provide a description of the organization's col						in Part	XIII.		
5	During the year, did the organization solicit or							٦.,		٦
Des	to be sold to raise funds rather than to be main						L	Yes		No
Par	t IV Escrow and Custodial Arrang		e if the organizatio	n answered "Yes	s" on Fo	rm 990, F	Part IV,	line 9, or		
	reported an amount on Form 990, Part									
1a	Is the organization an agent, trustee, custodia							-		_
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	wing table:							
								Amoun	t	
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo						🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII.]
Par	t V Endowment Funds. Complete if	the organization ans	wered "Yes" on Fo	rm 990, Part IV,	line 10.					
		(a) Current year	(b) Prior year	(c) Two years ba	ack (d)	Three yea	rs back	(e) Fou	' years	back
1a	Beginning of year balance	4,765,903.	4,333,341.	3,888,8	45.	3,356	5,254.	3	,580,	367.
	Contributions	0.	3,835.			10),790.			
	Net investment earnings, gains, and losses	-626,549.	495,970.	503,6	96.	549	9,608.	-	-199,	325.
	Grants or scholarships									
	Other expenditures for facilities									
Ŭ										
f	Administrative expenses	92,831.	67,243.	59,2	0.0	27	7,807.		2.4	788.
		4,046,523.	4,765,903.	-			8,845.	3	,356,	
g	End of year balance Provide the estimated percentage of the curre	, ,	, ,			5,000	, • 13 .		,,	231.
2		53.9000) neid as.						
	Board designated or quasi-endowment		_%							
	Permanent endowment 46.1000 Term endowment .0000 9	%								
С										
	The percentages on lines 2a, 2b, and 2c should									
3a	Are there endowment funds not in the posses	ision of the organizati	on that are held ar	nd administered	for the			1		
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)	X	
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organizat							3b		
_4	Describe in Part XIII the intended uses of the		ment funds.							
Par										
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Pa	ırt X, line	e 10.				
	Description of property	(a) Cost or oth basis (investme		or other (other)		imulated ciation		(d) Boo	k valu	е
4-	Land		,	1,290.	acpie			7	1 2	90.
	Land			9,423.	5.4	9,170		1,10		
	Buildings		1,04	<u>,4</u> 43•	54	<i>,</i> 1/1	·•	т,тО	υ,Δ	12.
	Leasehold improvements		1 1	7 056	10	2 6 6 6		1	5 1	00
	Equipment		13	7,856.	12	2,668	· ·	1	5,1	00.
	Other							1 1 0		21
Tota	. Add lines 1a through 1e. (Column (d) must eq	<u>ual Form 990. Part X</u>	<u>. column (B), line 1</u>	0c.)				1,18	o,7	5⊥.

Schedule D (Form 990) 2022

Part VII	Investments -	Other Se	curities.	
Schedule [) (Form 990) 2022	\mathbf{THE}	FAMILY	CONSERVANCY

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		•	
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1) OVERFUNDED DEFINED BENEFIT	PENSION PLA	N	611,287
(2) ROU ASSET			734,028
(3)			•
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		1,345,315
Part X Other Liabilities.	10.)		_/ • _ • / • _ •
Complete if the organization answered "Yes" o	n 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) ROU LIABILITY			734,028
(3)			,
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

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

Sche	dule D (Form 990) 2022 THE FAMILY CONSERVANCY			44-	0454800 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	14,089,728.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-830,981.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	47,672.		
е	Add lines 2a through 2d			2e	-783,309.
3	Subtract line 2e from line 1			3	14,873,037.
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	31,978.		
b	Other (Describe in Part XIII.)	4b	15,460.		
С	Add lines 4a and 4b	4c	<u>47,438.</u> 14,920,475.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	14,920,475.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme		i Expenses per F	tetur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
					14 064 014
1	Total expenses and losses per audited financial statements			1	14,064,914.
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	14,064,914.
-	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a		1	14,064,914.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b		1	14,064,914.
2 a	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c		1	14,064,914.
2 a b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	47,672.		
2 a b c d e	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	47,672.	2e	
2 a b c d e 3	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	47,672.		14,064,914. 47,672. 14,017,242.
2 a b c d e	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	47,672.	2e	
2 a b c d e 3	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a	47,672.	2e	
2 a b c d e 3 4	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a	47,672.	2e 3	47,672. 14,017,242.
2 a b c d e 3 4 a	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 4a 4b	47,672. 31,978. 15,460.	2e 3	47,672. 14,017,242. 47,438.
2 a b c d e 3 4 a b c 5	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	47,672. 31,978. 15,460.	2e 3	47,672. 14,017,242.

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

PART V, LINE 4:

THE PERMANENTLY RESTRICTED NET ASSETS ARE HELD AS INVESTMENTS AND THE						
INCOME IS USED TO FURTHER COUNSELING, GROWTH IN MARRIAGE, FAMILY						
ACHIEVEMENT NIGHT, STUDENT ASSISTANCE, AND FOR GENERAL EXEMPT PURPOSES.						
THE TEMPORARY RESTRICTED NET ASSETS ARE USED TO FURTHER THE FAMILY ASSET						
BUILDING PROGRAM, CHILDREN'S SERVICES, FAMILY LIFE EDUCATION, COUNSELING,						
AND STUDENT ASSISTANCE PROGRAM. THE BOARD-DESIGNATED FUNDS ARE ONLY FOR						
BOARD-APPROVED EXPENDITURES.						

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE

PART X, OTHER LIABILITIES, LINE 2 THE AGENCY IS A NOT-FOR-PROFIT ORGANIZATION AND IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3). HOWEVER, THE AGENCY IS SUBJECT TO INCOME TAX ON ANY UNRELATED BUSINESS TAXABLE INCOME. THE AGENCY FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTION. THE AGENCY FOLLOWS THE ACCOUNTING STANDARD TO EVALUATE UNCERTAIN TAX POSITIONS. MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION WAS NOT REQUIRED TO RECORD A LIABILITY RELATED TO UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2022 OR 2021.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE

Schedule D (Form 990) 2022

PART XII, LINE 4B - OTHER ADJUSTMENTS:

NON-CASH PRIZES GIVEN OUT AT FMV

PART XI, LINE 4B - OTHER ADJUSTMENTS:

THE FAMILY CONSERVANCY

NON-CASH PRIZES GIVEN OUT AT FMV

Part XIII Supplemental Information (continued)

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47,672.

15,460.

15,460.

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No.	1545-0047
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.)22
Department of the Treasury		Attach to Form 990						Open to Public Inspection	
Internal Revenue Service Name of the organization		o www.irs.gov/Form990 for instru	ctions	and th	ne latest information	ו.	Employor	-	ion number
Name of the organization		ILY CONSERVANCY					44 - 04!		
Part I Fundrais		Complete if the organization answe	ered "Y	'es" or	Form 990 Part IV li	ine 17			re not
	complete this part			00 01	i i oni oco, i arriv, i				
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations tations licitations on have a written o ed in Form 990, Pa) highest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?			Yes b be	No No
(i) Name and addres or entity (fund		(ii) Activity	fùnd have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (c	Amount pai or retained b fundraiser ted in col. (i	by) to (or	mount paid retained by) anization
			Yes	No					
Total									
3 List all states in white or licensing.	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is e	exempt fron	n registratio	n

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Schedule G (Form 990) 2022

THE FAMILY CONSERVANCY

44-0454800 Page 2

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

			EVENT	(b) Event #2 BREW FOR BOOKS	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
e			(event type)	(event type)	(total number)	
Hevenue	1	Gross receipts	188,709.	20,142.		208,851
	2	Less: Contributions	171,195.	20,142.		191,337
	3	Gross income (line 1 minus line 2)	17,514.			17,514
	4	Cash prizes	0.			
	5	Noncash prizes	13,745.	1,715.		15,460
ses	6	Rent/facility costs	11,699.	4,387.		16,086
Direct Expenses	7	Food and beverages		0.		
ă	_			0		
	8	Entertainment		0.		16,126
	9	Other direct expenses		· · · ·		47,672
	10	Direct expense summary. Add lines 4 throug	()			
a	<u>11</u> rt I	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.		1		
1		II Gaming. Complete if the organization				(d) Total gaming (add
1		II Gaming. Complete if the organization	answered "Yes" on Form	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	(d) Total gaming (add
Hevenue	rt I 1	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	(d) Total gaming (add
Hevenue	1 2	Gross revenue	answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	(d) Total gaming (add
Hevenue	1 2 3	Gross revenue	answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	- 30 , 158 (d) Total gaming (add col. (a) through col. (c
Kevenue	1 2 3	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	(d) Total gaming (add
Kevenue	<u>1</u> 2 3 4 5	Gross revenue	answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than	(d) Total gaming (add
Direct Expenses Revenue	<u>1</u> 2 3 4 5 6	Gross revenue	answered "Yes" on Form (a) Bingo (a) Constant of the second secon	1 990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming Yes% No	(d) Total gaming (add
Kevenue	<u>1</u> 2 3 4 5 6	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	answered "Yes" on Form (a) Bingo (a) Bingo (b) Bingo (c)	1990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	(d) Total gaming (add

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
 b If "Yes," explain: ______

232082 10-27-22

Schedule G (Form 990) 2022

Yes

No

Scł	nedule G (Form 990) 2022 TH	E FAMILY	CONSERVANCY 4	4-0454	800	Page 3
11	Does the organization conduct gaming	activities with no	onmembers?		Yes	No
12	Is the organization a grantor, beneficiar	/ or trustee of a	trust, or a member of a partnership or other entity formed			
				📖	Yes	No
	Indicate the percentage of gaming activ			1	I I	
						<u>%</u>
			s the organization's gaming/special events books and records:	13 b		%
14	Enter the name and address of the pers	on who prepare	s the organization's gaming/special events books and records.			
	Name					
	Address					
15	a Doos the organization have a contract w	with a third party	from whom the organization receives gaming revenue?		Yes	No
150	a Does the organization have a contract v	a third party			100	
I	b If "Yes," enter the amount of gaming re	venue received k	by the organization \$ and the amour	/t		
	of gaming revenue retained by the third	party \$				
(c If "Yes," enter name and address of the	third party:				
	News					
	Name					
	Address					
16	Gaming manager information:					
	Name					
	Gaming manager compensation \$					
	Description of services provided					
	Director/officer	Employee				
		Employee	Independent contractor			
17	Mandatory distributions:					
		law to make cha	aritable distributions from the gaming proceeds to			
	retain the state gaming license?				Yes	No
I			aw to be distributed to other exempt organizations or spent in th	е		
P	organization's own exempt activities du art IV Supplemental Informati		• \$ • explanations required by Part I, line 2b, columns (iii) and (v); and			0h 10h
			ide any additional information. See instructions.	i Fart III, III	165 9, 8	<i>5</i> D, 10D,
	,,,,,,,		,			

	;ontinuea)		

SCHEDULE I		G	ants and Oth	ner Assistan	ce to Organ	izations.		OMB No. 1545-0047		
(Form 990)		Go	vernments, ar ete if the organizatio	nd Individua	ls in the Ŭni	ted States		2022		
Department of the Treasury		Compl	ete îl the organizatio	Attach to Forn		rt iv, inte z i or zz.		Open to Public		
Internal Revenue Service			Go to www.irs	s.gov/Form990 for		ation.		Inspection		
Name of the organizati	on			-				Employer identification number		
	THE FAMIL	Y CONSERV	ANCY					44-0454800		
	formation on Grants a									
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes										
	IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	d States.					
	d Other Assistance to I					anization answered "Y	es" on Form 990, Parl	IV, line 21, for any		
	hat received more than \$		-	1		(f) Method of				
1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (h)							(h) Purpose of grant or assistance			

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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Schedule I (Form 990) 2022

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
WORKFORCE RETENTION	50	250,000.	0.		
PAMILY ASSISTANCE	87	28,596.	0.		

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

PART I, LINE 2:

EACH GRANT IS ACCOUNTED FOR SEPARATELY AS A SEPARATE BUSINESS ENTITY. GRANT

TRACKING FINANCIAL SCHEDULES ARE PREPARED MONTHLY AND REVIEWED BY FINANCE

AND THE APPROPRIATE PROGRAM MANAGER AND VICE PRESIDENT. REPORTS ARE SENT TO

FUNDERS BY THE DEVELOPMENT DEPARTMENT.

(Form 990) For cortain Officers. Directors. Trustees, Key Employees, and Highest Complete if the organization answered 'We'' on Form 900, Part IV, line 23. Attach to Form 900. The IV, line 23. Attach to Form 900. The IV line 23. Attach to Form 900. The IV line 23. Attach to Form 900. The organization answered 'We'' on Form 900. The IV line 23. Attach to Form 900. The IV line 23. Attach to Form 900. The IV line 23. Attach to Form 900. The IV line 24. Ot 54 8 000 Part I Questions Regarding Compensation Employer identification number 44-04 54 8 00 Part II Questions Regarding Complexation provided any of the following to or for a parson listed on Form 900. The IV lines are chacked, did the organization regarding these litems. The intervention of an officer and present information regarding these litems. The intervention of an officer and present is to busines use of personal use intervention of a parson listed on Form 900. The intervention of an officer and present information regarding these litems. The intervention of an officer and present is the set information formation regarding these litems. The intervention of an officer and present is the set information or an officer and present present is the set information or an officer and present present is a set chacked, did the organization follow a writhen policy regarding payment or membranement or provision of all of the enganization used to establish the compensation organization is the set intervent is an officer and that the present and the set intervent part of the set intervent part of the set intervent in the set intervent part of the organization is the compensation committee Ves No 9 Indicate which, If any, of the following the organization to establish the compensation committee Indicatewhich, If any, of	SCHEDU	LEJ	Compensation Informat	tion	I.	OMB No.	1545-004	47
Description of the Takey intervent Server Complete if the organization answered "Yes" on Form 990, Part IV, line 23, Match to Form 990, The Tubus intervents across the server intervents and the latest information. Departs Public Inspection Name of the organization THE FAMILY CONSERVANCY 44-0454800 Part IV, line 26, Match 2000 The organization provided any of the following to or for a person listed on Form 990, Part VI, Section A, line 1a. Complete Part II to provide any relevant information regarding these items. Yes No Part IV, line of the organization provided any of the following to or for a person listed on Form 990, Part VI, Section A, line 1a. Complete Part II to provide any relevant information regarding these items. Yes No Part IV, line comparison Payments for busines use of personal use Payments for busines use of personal residence Image Section 2000 10 It any of the boxes on line 1a are checked, did the organization follow a writton policy regarding payment or reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, buses for methods used by a related organization to estabilish compensation of the corganization committee Image Section 2000	(Form 99	0)	-			20	22)
Department Attach to Form 990. Open to Public Name of the organization Engloyer identification number Emgloyer identification number Name of the organization THE PAMILY CONSERVANCY Emgloyer identification number Important Section THE PAMILY CONSERVANCY Emgloyer identification number Important Section Important Section Yes No Important Section Important Section Important Section Yes No Important Section Important Section Important Section Yes No Important Section Important Sect				90 Part IV line 23		20	22	•
Name of the organization Employer identification number THE PARTLLY CONSERVANCY 44 - 0454800 Part I Questions Regarding Compensation Yes Image: Comparison Image: Conservation of 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. Image: Conservation residence Image: Comparison Payments for business use of personal residence Image: Conservation residence Image: Conservation regime account Payments for business use of personal residence Image: Conservation residence Image: Conservation regime account Payments for business use of personal residence Image: Conservation regime account Image: Conservation regime account Payments for business use of personal residence Image: Conservation regime account Image: Conservation regime account Payments for business use of personal residence Image: Conservation regime account Image: Conservation regime account Image: Conservation regime account Image: Conservation regime account Image: Conservation regime account Image: Conservation regime account Image: Conservation regime account Image: Conservation regime account Image: Conservation regime account Image: Conservation regimeresize Imag	Department of t	he Treasury	Attach to Form 990.			-		ic
THE FAMILY CONSERVANCY 44-0454800 Part I Questions Regarding Compensation Image: Compensation of the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, Inte 1. Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Part VII, Section A, Inte 1. Complete Part III to spring and the provide any relevant information regarding payment or reindursment or provision of all of the expenses described above PII 'No'. complete Part III to spring and the provide any relevant information regarding payment or reindursment or provision of all of the expenses described above PII 'No'. complete Part III to spring and the part of the organization regarding payment or reindursment or provision of all of the expense described above PII 'No'. complete Part III to spring and the part of the organization regarding payment or reindursming or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the terms checked on line 1a? 1b 2 3 Indicate which, if any, of the following the organization used to establish the compensation committee Witten employment contract 1b 2 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 arrangement? 4a X 4 During the year, did any person listed on Form 990, Part VII. Section A, line 1a, did the o	Internal Revenue	e Service	Go to www.irs.gov/Form990 for instructions and the la	atest information.				
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c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X 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: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 5b X 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: 5b X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe on Form 990, Part VII, section A, line 1a, did the organization provide any nonfixed payments not describe on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X <tr< th=""><th>a Receiv</th><th>e a severance</th><th>payment or change-of-control payment?</th><th></th><th></th><th>. <u>4a</u></th><th></th><th></th></tr<>	a Receiv	e a severance	payment or change-of-control payment?			. <u>4a</u>		
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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: 5a X a The organization? 5b X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 5b X 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: 6a X a The organization? 6a X b Any related organization? 6a X contingent on the net earnings of: 6a X a The organization? 6a X f "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the						. 4 c		
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: 5a X a The organization? 5b 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: 6a X a The organization? 6a X b Any related organization? 6a X contingent on the net earnings of: 6b X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the orga	If "Yes	" to any of line	es 4a-c, list the persons and provide the applicable amounts for each i	tem in Part III.				
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: 5a X a The organization? 5b 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: 6a X a The organization? 6a X b Any related organization? 6a X contingent on the net earnings of: 6b X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the orga								
contingent on the revenues of: 5 X a The organization? 5a X b Any related organization? 5b X If "Yes" on line 5a or 5b, describe in Part III. 5b X 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: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 I								
a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 5b X 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: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9				crue any compensatio	n			
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: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9		•				-		v
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: a The organization? b Any related organization? 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 not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?								<u> </u>
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: 6a X a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-4(a)(3)? If "Yes," described in Regulations section 53.4958-4(a)(3)? If "Yes," described in Part III 8 X						50		
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a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	-			Side any compensatio				
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If "Yes" on line 6a or 6b, describe in Part III. 7 7 8 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?								<u> </u>
 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III						00		<u> </u>
not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9				ny nonfixed navments				
 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 						7		X
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9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9		-		-		8		X
Regulations section 53.4958-6(c)?								
						9		
							n 990)) 2022

44-0454800

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

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

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

(A) Name and Title		(B) Breakdown of W	-2 and/or 1099-MIS compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) PAULA NETH	(i)	145,906.	20,000.	1,219.	3,338.	0.	170,463.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

Name of the organization

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



THE FAMILY CONSERVANCY

Employer identification number 44 - 0454800

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

THAT EVERY CHILD CAN REACH THEIR FULL POTENTIAL WHEN WE INVEST IN THEM

AND THOSE WHO CARE FOR THEM. THE FIRST FIVE YEARS OF A CHILD'S LIFE CAN

DETERMINE EMOTIONAL RESILIENCE, HEALTH OUTCOMES, SCHOOL READINESS, AND

FUTURE CAREER SUCCESS.

WE PROVIDE RESOURCES, REFERRALS, AND EDUCATION THAT EMPOWER CHILDREN

AND FAMILIES TO ADDRESS THEIR IMMEDIATE NEEDS; WE PROVIDE TRAINING AND

COACHING TO SUPPORT EDUCATORS AND EXPAND THE CAPACITY OF THE EARLY

EDUCATION WORKFORCE; AND WE PROVIDE MENTAL HEALTH SERVICES TO HELP

CHILDREN AND ADULTS DEVELOP RESILIENCE.

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

PARENTS WITH GAINFUL EMPLOYMENT; CONNECTED HUNDREDS OF LOW-INCOME

FAMILIES WITH FREE, HIGH-QUALITY CHILD CARE; AND PROVIDED HANDS-ON,

ONSITE PARENTING EDUCATION TO HUNDREDS OF MARGINALIZED FAMILIES TO

SUPPORT CHILDREN'S DEVELOPMENTAL NEEDS.

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

HEALTH CRISES, SUCH AS DEPRESSION, ANXIETY, PTSD AND MORE.

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

AN INDEPENDENT ACCOUNTING FIRM PREPARES AND REVIEWS THE 990. THE 990 IS THEN REVIEWED BY THE ORGANIZATION'S OFFICERS AND ACCOUNTING PERSONNEL. ANY QUESTIONS AND CONCERNS THE ORGANIZATION'S OFFICERS AND ACCOUNTING PERSONNEL HAVE ARE ADDRESSED AND ANY CORRECTIONS OR CLARIFICATIONS THAT NEED TO BE MADE ARE MADE. THE 990 IS THEN PROVIDED TO THE FINANCE COMMITTEE OF THE

Name of the organization	Employer identification number
THE FAMILY CONSERVANCY	44 - 0454800
	11 0101000
BOARD FOR THEIR REVIEW PRIOR TO FILING THE 990. ANY QUEST	ONS AND CONCERNS
THE FINANCE COMMITTEE HAVE ARE ADDRESSED AND ANY CONCERNS	OR CLARIFICATIONS
THAT NEED TO BE MADE ARE MADE. THE FINAL FORM 990 WITH ALI	REQUIRED
SCHEDULES IS THEN PROVIDED TO ALL VOTING MEMBERS OF THE BO	DARD PRIOR TO

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

THE ORGANIZATION'S POLICY IS THAT MEMBERS OF THE BOARD OF DIRECTORS, ADVISORY BOARD, KEY EMPLOYEES, OFFICERS, AND/OR ANY COMMITTEES OF THE BOARD OF DIRECTORS SHALL HAVE NO DIRECT OR INDIRECT FINANCIAL INTEREST IN THE ASSETS, CONTRACTS, OR LEASES OF THE AGENCY. BUSINESS DECISIONS MUST ENSURE THAT CONTRACTS AND PROFESSIONAL ARRANGEMENTS SERVE THE BEST INTEREST OF THE AGENCY AND OUR CONSUMERS, NOT PRIVATE INTERESTS. ANY MEMBER IN A POSITION TO INFLUENCE AGENCY BUSINESS DECISIONS, FOR WHICH THEY OR THEIR BUSINESS OR PROFESSIONAL FIRM, MAY RECEIVE MATERIAL BENEFIT, MUST DISCLOSE THE NATURE OF THE CONFLICT TO THE BOARD CHAIR. MEMBERS WITH POTENTIAL CONFLICTS MUST REMOVE THEMSELVES FROM INVOLVEMENT IN SUCH DISCUSSIONS, DECISION MAKING AND VOTING.

FORM 990, PART VI, SECTION B, LINE 15:

A COMPENSATION REVIEW WAS COMPLETED FOR THE CEO, OFFICERS AND KEY EMPLOYEES' COMPENSATION IN 2022 BY THE PCE (HR) DEPARTMENT OF THE FAMILY CONSERVANCY. FOR THIS REVIEW, THEY USED COMPENSATION SURVEYS AND STUDIES TO GET A BENCHMARK FOR THE COMPENSATION. THE BOARD OF DIRECTORS USED THE INFORMATION FROM REPORTS PUBLISHED FROM 2018-2019 TO APPROVE THE COMPENSATION FOR THE CEO. THE DELIBERATIONS AND DECISIONS REGARDING COMPENSATION ARE CONTEMPORANEOUSLY DOCUMENTED.

Schedule O (Form 990) 2022 Name of the organization	Page 2
THE FAMILY CONSERVANCY	44-0454800
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AN	D FINANCIAL
STATEMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CHILD CARE PROGRAM:	
PROGRAM SERVICE EXPENSES	3,878,653.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,878,653.
PROVIDER PAYMENTS:	
PROGRAM SERVICE EXPENSES	1,035,324.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,035,324.
OTHER CONTRACT SERVICES:	
PROGRAM SERVICE EXPENSES	678,700.
MANAGEMENT AND GENERAL EXPENSES	108,076.
FUNDRAISING EXPENSES	61,057.
TOTAL EXPENSES	847,833.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	5,761,810.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN DEFINED BENEFIT PLAN	176,942.

FORM 990, PART XII, LINE 2C:

	lule O (Form 990) 20	22									Page
Name	of the organization	THE	FAMILY CO	NSERVANC	Y					Employer iden $44-04$	ntification number 54800
THE	OVERSIGHT	AND	SELECTION	PROCESS	HAS	NOT	CHANGED	FROM	TH	E PRIOR	TAX
YEA	R.										

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

Eilo a	conarato	application	for oach	roturn
· File a	separate	application	tor each	i return.

► Go to www.irs.gov/Form8868 for the latest information.

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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

Type or	Name of exempt organization or other filer, see instru		Taxpaye	ridentificatio	n number (TIN)	
print	THE FAMILY CONSERVANCY			44-0454800		
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 444 MINNESOTA AVE, 200	ee instruct	ions.			
instructions	City, town or post office, state, and ZIP code. For a for KANSAS CITY, KS 66101	oreign addı	ress, see instructions.			
Enter the	e Return Code for the return that this application is for (file	e a separat	e application for each return)			
Applicat	ion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	D-T (trust other than above)	06	Form 8870			12
Form 99	D-T (corporation)	07				
 If this box 1 I retrieved the <li< th=""><th>organization does not have an office or place of business is for a Group Return, enter the organization's four digit (</th><th>Group Exe and atta NOVEN anization's , an</th><th>mption Number (GEN) I ch a list with the names and TINs of <u>IBER 15, 2023</u>, to file return for: d ending</th><th>f this is fo all memb</th><th>r the whole g ers the exten npt organizati</th><th>roup, check this sion is for.</th></li<>	organization does not have an office or place of business is for a Group Return, enter the organization's four digit (Group Exe and atta NOVEN anization's , an	mption Number (GEN) I ch a list with the names and TINs of <u>IBER 15, 2023</u> , to file return for: d ending	f this is fo all memb	r the whole g ers the exten npt organizati	roup, check this sion is for.
<u>an</u> b If t <u>es</u> c Ba	his application is for Forms 990-PF, 990-T, 4720, or 6069 y nonrefundable credits. See instructions. his application is for Forms 990-PF, 990-T, 4720, or 6069 timated tax payments made. Include any prior year overp nance due. Subtract line 3b from line 3a. Include your pa	, enter any ayment all ayment with	refundable credits and owed as a credit. n this form, if required, by	3a 3b	\$	0. 0. 0.
	ing EFTPS (Electronic Federal Tax Payment System). See If you are going to make an electronic funds withdrawal ons.			3c 53-TE an	L	• •

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

Form 8868 (Rev. 1-2022)