Form	99	0
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Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2022

Return of Organization Exempt From Income Tax Under section 601(c), 527, or 4947(s)(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.



End of Year 10,722,603. 5,440,425. 5,282,178.

A	For th	e 2021 calendar year, or tax year beginning	and	ending		
B	Check i applicat				D Employer identificati	on number
F	Addr Char Char	CENTER FOR FAMILY REPRESENTAT	TION INC		51-0419496	
Ē			andress)	Room/suite	E Telephone number	
Ē		AA WODMU CODEED NO CAE	212-691-09	50		
	term	n-	in postal code		G Gross receipts \$	13,029,708.
	Ame	Ided STREAMORY STREAMORT			H(a) Is this a group retu	and the second se
	Appl	ca. F Name and address of principal officer: MICHELE C	ORTESE		for subordinates?	Yes X No
	pend	SAME AS C ABOVE			H(b) Are all subordinates inclu	processing processing
		xempt status: 🚺 501(c)(3) 🚺 501(c) () ◀ (insert n	o.) 4947(a)(1) or 527	If "No," attach a lit	st. See instructions
		ite: WWW.CFRNY.ORG			H(c) Group exemption	
P	orm c	forganization; X Corporation Trust Association	Other ►		r of formation; 2002 M	
*	1	Briefly describe the organization's mission or most significant	activities: CFR	'S MIS	SION IS TO GU	ARANTEE
Governance		THAT EVERY FAMILY HAS THE OPPOR		the second s		
Ę	2	Check this box If the organization discontinued its		losed of mor		
Š	3	Number of voting members of the governing body (Part VI, lin	• • • • • • • • • • • • • • • • • • • •		3	18
-		Number of independent voting members of the governing boo				17
ctivities &	5	Total number of individuals employed in calendar year 2021 (135
tivi	6	Total number of volunteers (estimate if necessary)			6	17
₹		Total unrelated business revenue from Part VIII, column (C), II				0.
_	-	Net unrelated business taxable income from Form 990-T, Par	(1, line 11	T		0.
	8	Contributions and grants (Dart VIII line th)		F	Prior Year 12,856,072.	Current Year
Revenue	9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)			14,795.	13,012,871.
Ven	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			16,725.	14,888.
ĥ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, a			10,725.	the second s
	12				12,887,592.	
	13	Total revenue - add lines 8 through 11 (must equal Part VIII, o Grants and similar amounts paid (Part IX, column (A), lines 1-				
					0.	
	14 15	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, co	lump (A) lines 5 1		10,690,361	
ses		Professional fundraising fees (Part IX, column (A), line 11e)			10,090,301	
Expenses			296		<u> </u>	. 60,000.
Exp					2,047,763	2 027 664
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			12,738,124	
		Total expenses. Add lines 13-17 (must equal Part IX, column				
	_	Revenue less expenses. Subtract line 18 from line 12			149,468	
ets or ances					Beginning of Current Yes	
Sse	20	Total assets (Part X, line 16)		••••••	7,676,597	
et A		Total liabilities (Part X, line 26)			2,953,874	
	22	Net assets or fund balances. Subtract line 21 from line 20 . Signature Block			4,722,723	3. 5,282,178
and the second second	and the local division of					
Unde	r pena	Ities of perjury, I declare that I have examined this return, including	accompanying scn	edules and st	atements, and to the best o	f my knowledge and belief, it is
true,	correc	t, and complete Declaration of preparer (pither than officer) is base	d on all information	of which pre	0	12 (= =
		- Martin and a man				23/2022
Sign		Signature of officer			Date	
Here	•	MICHELE CORTESE, EXECUTIVE Type or print name and title	DIRECTOR	·		
		Print/Type preparer's name Prepare	's signature		Date Che	ck PTIN
Paid			K FLANAG	AN	08/03/22 ^{it} self	
Prepa	rer	Firm's name GALLEROS ROBINSON CPA				N ▶ 27-3263553
Use (-	Firm's address 115 DAVIS STATION RD			rum s El	A 21-3203333
		CREAM RIDGE, NJ 0851	4			CAC 001 0400
	4				Phone no	0.646.921.0400
May	the IF	IS discuss this return with the preparer shown above? See	instructions			X Yes

X Yes

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2022 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.



AF	or th	e 2021 calendar year, or tax year beginning and e	ending		
B c	heck if pplicab	le: C Name of organization		D Employer identifie	cation number
	Addre	CENTER FOR FAMILY REPRESENTATION INC			
	Name	ge Doing business as		51-04194	96
	Initial	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final returr	V 40 WORTH SIKEEI NO 005		212-691-	
	termi ated			G Gross receipts \$	13,029,708.
	Amer	NEW FORK, NY 10015		H(a) Is this a group re	
	Appli tion pend	F Name and address of principal officer. MICHEELE CONTENE		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		xempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	or 527	í í	list. See instructions
		ite: WWW.CFRNY.ORG		H(c) Group exemption	
		f organization: X Corporation Trust Association Other	L Year (of formation: 2002 N	State of legal domicile: NY
Pa	art I	Summary	NT OO		
é	1	Briefly describe the organization's mission or most significant activities: <u>CFR'S</u>			
Activities & Governance		THAT EVERY FAMILY HAS THE OPPORTUNITY TO I			
ērn	2	Check this box if the organization discontinued its operations or dispose			iets. 18
200	3				17
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4 5	Number of independent voting members of the governing body (Part VI, line 1b)			135
ties	6	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			17
îti	-	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ac		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
			·····	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		12,856,072.	13,012,871.
nue	9	Program service revenue (Part VIII, line 2g)		14,795.	14,888.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		16,725.	1,949.
ž	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,887,592.	13,029,708.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		10,690,361.	10,372,589.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	60,000.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)  296,84	13.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,047,763.	2,037,664.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		12,738,124.	12,470,253.
	19	Revenue less expenses. Subtract line 18 from line 12		149,468.	559,455.
S OF			Be	ginning of Current Year	End of Year
Net Assets	20	Total assets (Part X, line 16)		7,676,597.	10,722,603.
at As	21	Total liabilities (Part X, line 26)		2,953,874.	5,440,425.
		Net assets or fund balances. Subtract line 21 from line 20		4,722,723.	5,282,178.
	art II				
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of my	knowledge and belief, it is

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

Sign Here	Michael College         Signature of officer         MICHELE CORTESE, EXECUT         Type or print name and title	FIVE DIRECTOR	08 / 16 / 2022 Date
			/03/22 if self-employed P00396383
Preparer	Firm's name <b>GALLEROS ROBINSO</b>		Firm's EIN ▶ 27-3263553
Use Only	Firm's address 115 DAVIS STATIO	Phone no. 646.921.0400	
May the IF	RS discuss this return with the preparer shown abo		

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2021) CENTER FOR FAMILY REPRESENTATION INC 51-0419496 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	CFR'S MISSION IS TO GUARANTEE THAT EVERY FAMILY HAS THE OPPORTUNITY TO
	LIVE SAFELY TOGETHER.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
U	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
40	
4a	(Code:) (Expenses \$9, 045, 363. including grants of \$) (Revenue \$) (Revenue \$) INTERDISCIPLINARY FAMILY DEFENSE TEAMS: OUR MISSION IS TO DEFEND
	PRIMARILY BLACK AND BROWN PARENTS AND PREVENT OR MINIMIZE THE TIME ANY
	CHILD SPENDS IN FOSTER CARE. WE DEFEND 2500 PARENTS ANNUALLY AND HAVE
	DEFENDED NEARLY 12,000 PARENTS SINCE 2007 AGAINST CHARGES OF NEGLECT OR
	ABUSE IN MANHATTAN AND QUEENS FAMILY COURTS. OUR SUCCESSFUL MODEL
	COMBINES AN ATTORNEY, A SOCIAL WORKER, AND A PARENT ADVOCATE- SYSTEM
	IMPACTED PARENTS WHO HAVE LOST THEIR CHILDREN TO FOSTER CARE AND
	REUNIFIED THEIR FAMILIES. BY COMBINING LEGAL AND SOCIAL WORK ADVOCACY
	WITH PARENT MENTORING, WE CONSISTENTLY KEEP HALF OUR CLIENTS' CHILDREN
	OUT OF CARE AND SIGNIFICANTLY REDUCE FOSTER CARE STAYS. WE SAVE
	MILLIONS IN TAX DOLLARS AND MORE IMPORTANTLY PERMIT CHILDREN TO GROW UP
	IN THEIR OWN FAMILIES.
4b	(Code:) (Expenses \$571,609. including grants of \$) (Revenue \$)
	JUVENILE JUSTICE PRACTICE: THE SAME CITY AGENCY THAT RUNS THE FOSTER
	CARE SYSTEM ALSO RUNS THE TEENAGE INCARCERATION SYSTEM. WE REPRESENT
	PRIMARILY BLACK AND BROWN YOUTH WHO ARE CRIMINALLY CHARGED IN FAMILY
	COURT OR "YOUTH PARTS" IN QUEENS AND MANHATTAN WITH THE SAME
	INTERDSICPLINARLY MODEL WE BRING TO FAMILY DEFENSE. OUR GOAL IS TO KEEP
	YOUTH HOME, WITH THEIR FAMLIES TO AVOID THE DEVASTATING IMPACT OF
	SEPARATION AND INCARCERATION.
4c	(Code: ) (Expenses \$ 1,236,583. including grants of \$ ) (Revenue \$ )
	HOME FOR GOOD: CFR FAMILIES OFTEN FACE SEVERAL CHALLENGES IN ADDITION
	TO A FAMILY COURT CASE AND OFTEN NEED ASSISTANCE IN THE AREAS OF
	HOUSING (TO PREVENT EVICTION AND OBTAIN STABLE HOUSING), IMMIGRATION
	(TO ACHIEVE LEGAL STATUS AND ACCESS CULTURALLY COMPETENT SERVICES),
	PUBLIC BENEFITS (TO SECURE AND SUSTAIN IMPORTANT BENEFITS LIKE
	MEDICAID), AND IN CRIMINAL COURT (TO DEFEND ALLEGATIONS THAT ARE
	RELATED TO THEIR FAMILY COURT CASE). CHALLENGES IN ANY OF THESE AREAS
	CAN LEAD CHILDREN TO ENTER, REMAIN IN, OR RE-ENTER FOSTER CARE. OUR
	HOME FOR GOOD INITIATIVE GIVES FAMILIES AN EFFICIENT ONE-STOP SOLUTION
	THEIR FAMILIES STABLE. OUR CIVIL LEGAL SERVICES TEAM, IMMIGRATION TEAM,
	AND CRIMINAL DEFENSE TEAM HAVE ALREADY HELPED OVER 500 FAMILIES KEEP
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 20,470. including grants of \$ ) (Revenue \$ 14,888.)
4e	Total program service expenses ► 10,874,025.
	Form <b>990</b> (2021)
132002	SEE SCHEDULE O FOR CONTINUATION(S)

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^{2021.04012} CENTER FOR FAMILY REPRESE 10-388_1

Form 990 (2021)		-		REPRESENTATION	INC
Part IV Checklist o	f Required Sc	hedule	es		

			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	Х	
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		<u> </u>
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		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
-	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?			х
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			х
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	x	
b	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		- 23	
D		11b		х
с	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		.,	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			77
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
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			х
10000	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	990	<b>A</b> (2021)
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Form 990 (2021)				REPRESENTATION	INC
Part IV Che	cklist of Required Sc	hedule	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		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
_	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		
20	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		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes." complete Schedule L. Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
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		х
b	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? If			
-	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(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?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	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?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 28			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	(a.a. = . : :
132004	↓ 12-09-21	Form	990	(2021)

5 2021.04012 CENTER FOR FAMILY REPRESE 10-388_1

021)				REPRESENTATION INC	
Statements	Regarding O	ther II	RS Filings :	and Tax Compliance (continued	1)

			Yes	No
	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 135			37
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.	•		v
	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? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4.		х
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Λ
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
ia		5a		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		
	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		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	ou		
~	were not tax deductible?	6b		
,	Organizations that may receive deductible contributions under section 170(c).	0.0		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
;	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		
)	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
;	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			77
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.	4.5		v
;	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.			
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

 $\begin{array}{c} {}^{132005 \ 12-09-21} \\ 23520803 \ 137971 \ 10-388 \end{array}$ 

Form 990 (2021)

Part V

Form 990 (	(2021)
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### CENTER FOR FAMILY REPRESENTATION INC

51-0419496 Page 6

X

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section 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	<b>1</b> a		18			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with ar	ny 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	supervisior	n			
	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 9	90 was	filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	ne or				
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockholo	lers, or				
	persons other than the governing body?				7b		X
3	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
а	The governing body?				8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
)	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at	the				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		X
C	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue C	Code.)				
			. —			Yes	No
a	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters,	affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
а	Has the organization provided a complete copy of this Form 990 to all members of its governing body				11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			[			
а	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y						
	on Schedule O how this was done	,			12c	Х	
3	Did the organization have a written whistleblower policy?				13	Х	
ł	Did the organization have a written document retention and destruction policy?				14	Х	
5	Did the process for determining compensation of the following persons include a review and approva						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a	Х	
b	Other officers or key employees of the organization				15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
ba	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent wit	ha				
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-				
	exempt status with respect to such arrangements?				16b		
ec	tion C. Disclosure			· · ·			
,	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ NY						
3	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990-1	(section 5	501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.				,,		
	X Own website X Another's website X Upon request Other (explain	on Sch	edule ())				
)	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			olicy, and	finano	cial	
	statements available to the public during the tax year.			<i>,</i> ,			
	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records				
)	GENEVIEVE CHRISTY - (212) 691-0950						
)	GENEVIEVE CHRISII = (ZIZ) 091-09.00						
1	40 WORTH STREET STE 605, NEW YORK, NY 10013						

Form 990 (2021)	CENTER FOR	FAMILY	REPRESENTATION	INC	51-0419496	Page 7
Part VII Compens	ation of Officers, Dir	ectors, Trus	stees, Key Employees,	Highest Com	pensated	
Employee	es, and Independent	Contractors	6			
Check if Sch	edule O contains a respons	e or note to an	y line in this Part VII			
Section A. Officers, D	irectors, Trustees, Key En	ployees, and	Highest Compensated Emplo	oyees		
1a Complete this table f	or all persons required to b	listed. Report	compensation for the calenda	r year ending with	n or within the organization's	s tax year.
<ul> <li>List all of the organ</li> </ul>	nization's <b>current</b> officers, o	irectors, truste	es (whether individuals or orga	anizations), regarc	lless of amount of compens	ation.

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

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

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

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

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

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

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

Name and title         Average hours per veck (gl any hours for veck below         Description (mode)         Description (mode)         Peoptable compensation from the additional compensation from related organization         Estimated audition from the additional propensation (W2/1099-NEC)         Estimated audition from related organization           (1)         MICHELE CORFESE         40.00         X         188,700.         9,470.           (2)         DEREVIEW CREATION (III)         40.00         X         157,100.         13,928.           (3)         MARAR KRATING         40.00         X         126,800.         19,051.           (4)         ANNE CONFORM         40.00         X         126,800.         19,051.           (5)         MEDICAL COULD         X         126,740.         6,428.           (6)         ANARA REATING         40.00         X         126,800.         19,051.           (5)         MEDICAL COULD         40.00         X         126,800.         19,051.           (2)         MARAR REATING         40.00         X         126,800.         19,051.           (3)         MARAR REATING STING         40.00         X         126,800.         19,051.           (1)         MARAR REAT RUBR-POMILIA         0.0.0.         0.         0.	(A)	(B)	(C)		(D)	(E)	(F)				
hours per veek (its any line)         Doc. unserption is bein any intermediated intermediated intermediated intermediated intermediated organizations         Compensation the organization (W-2/1099-MISC/ 1099-NEC)         Compensation the organizations         amount of the organizations           (1) MICHELE CORTESE         40.00         x         188,700.         0.         9,470.           (2) GENEVIEW CERLISTY         40.00         x         130,235.         0.         17,403.           (3) MURA REATING         40.00         x         126,800.         0.         19,051.           (4) OBENETOR         40.00         x         126,740.         0.         6,428.           (3) MURA REATING         40.00         x         125,740.         0.         6,428.           (6) ANARTAEL RUTER-BONILLA         40.00         x         124,090.         6,239.           (1) MICHELE CORTESTOR         40.00         x         124,090.         0.         6,239.           (1) MURA REATING         40.00         x         124,090.         0.         6,239.           (1) MURA REATING SUPENTIOR         40.00         x         124,090.         0.         0.           (10) MURA REAT RUTER-BONILLA         40.00         x         0.         0.         0.         0.	Name and title	Average	(do	Position		Reportable	Reportable	Estimated			
Week (list ary bours for related organizations line)         Implement (list ary bours for related organizations line)         Implement (list ary bours for related organizations (W-2/1099-MISC)         Compensation (W-2/1099-MISC)         Compensation from the organizations (W-2/1099-MISC)           (1) MICHELE CORTESE         40.00         x         188,700.         0.         9,470.           (2) OBENVIEVE CHRISTY         40.00         x         157,100.         0.         13,928.           (3) MAURA REATING         40.00         x         130,235.         0.         17,403.           (4) ANNE CONROY         40.00         x         126,800.         0.         19,051.           (5) WENDELL CRUZ         40.00         x         124,090.         6,2239.           (1) MAURA REATING         40.00         x         124,090.         6,239.           (1) MAURA REATING         40.00         x         124,090.         6,239.           (1) MAURA REATING         40.00         x         111,320.         0.         6,239.           (1) MAURA REATING CO- DIRECTOR         40.00         x         111,320.         0.         6,239.           (1) ALEXANDRA ROSIN         40.00         x         0.         0.         0.         0.           (10) MAURA ROSIN		· ·	box	box, unless person is both an		'	•				
(1)         MICHELE CORTESE         40.00         x         188,700.         0.9,470.           C2)         GENEVIEVE CRISTY         40.00         x         x         157,100.         0.13,928.           (3)         MURA KEATING         40.00         x         x         157,100.         0.13,928.           (3)         MURA KEATING         40.00         x         x         130,235.         0.17,403.           (4)         ANNE CONROY         40.00         x         126,800.         0.19,051.           (5)         MANDERVISOR         x         125,740.         0.6,428.           (6)         ANASTASTA RIVERA-BONILLA         40.00         x         124,090.         0.6,239.           (7)         ALEXANDRA ROSIN         40.00         x         111,320.         0.18,084.           (8)         MAGAMER A DALE ESQ         1.00         x         0.0.0.         0.           (10)         LAURA J GORDN         1.00         x         0.0.0.         0.         0.           (11)         PAGP MARTIN GUGGENHEIM ESQ         1.00         x         0.0.0.         0.         0.           BOARD MEMBER         X         0.0.0.0.         0.0.0.         0.         0.0.<							1711 US				
(1)         MICHELE CORTESE         40.00         x         188,700.         0.9,470.           C2)         GENEVIEVE CRISTY         40.00         x         x         157,100.         0.13,928.           (3)         MURA KEATING         40.00         x         x         157,100.         0.13,928.           (3)         MURA KEATING         40.00         x         x         130,235.         0.17,403.           (4)         ANNE CONROY         40.00         x         126,800.         0.19,051.           (5)         MANDERVISOR         x         125,740.         0.6,428.           (6)         ANASTASTA RIVERA-BONILLA         40.00         x         124,090.         0.6,239.           (7)         ALEXANDRA ROSIN         40.00         x         111,320.         0.18,084.           (8)         MAGAMER A DALE ESQ         1.00         x         0.0.0.         0.           (10)         LAURA J GORDN         1.00         x         0.0.0.         0.         0.           (11)         PAGP MARTIN GUGGENHEIM ESQ         1.00         x         0.0.0.         0.         0.           BOARD MEMBER         X         0.0.0.0.         0.0.0.         0.         0.0.<			lirecto							U	
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(1)         MICHELE CORTESE         40.00         x         188,700.         0.9,470.           C2)         GENEVIEVE CRISTY         40.00         x         x         157,100.         0.13,928.           (3)         MURA KEATING         40.00         x         x         157,100.         0.13,928.           (3)         MURA KEATING         40.00         x         x         130,235.         0.17,403.           (4)         ANNE CONROY         40.00         x         126,800.         0.19,051.           (5)         MANDERVISOR         x         125,740.         0.6,428.           (6)         ANASTASTA RIVERA-BONILLA         40.00         x         124,090.         0.6,239.           (7)         ALEXANDRA ROSIN         40.00         x         111,320.         0.18,084.           (8)         MAGAMER A DALE ESQ         1.00         x         0.0.0.         0.           (10)         LAURA J GORDN         1.00         x         0.0.0.         0.         0.           (11)         PAGP MARTIN GUGGENHEIM ESQ         1.00         x         0.0.0.         0.         0.           BOARD MEMBER         X         0.0.0.0.         0.0.0.         0.         0.0.<			idual	ution	er	amplo	est co oyee	er	,		organizations
EXECUTIVE DIRECTOR         X         188,700.         0.         9,470.           (2) GENEVLEVE CHRISTY         40.00         X         X         157,100.         0.         13,928.           (3) MAURA KEATING         40.00         X         X         130,235.         0.         17,403.           (4) ANNE CONNOY         40.00         X         X         126,800.         0.         19,051.           (5) MENDELL CRUZ         40.00         X         X         125,740.         0.         6,428.           (6) ANASTASIA RIVERA-BONILLA         40.00         X         124,090.         0.         6,239.           (7) ALEXANDRA ROSIN         40.00         X         111,320.         0.         18,084.           (7) ALEXANDRA ROSIN         40.00         X         111,320.         0.         6,239.           (7) ALEXANDRA ROSIN         40.00         X         111,320.         0.         0.           UITIGATION CO-DIRECTOR         X         0.         0.         0.         0.           (1) ALRA J GORDON         1.00         X         0.         0.         0.           (11) FLAR J GOGENNEERE         X         0.         0.         0.         0. <tr< td=""><td></td><td>line)</td><td>Indiv</td><td>Instit</td><td>Offic</td><td>Key (</td><td>High empl</td><td>Form</td><td></td><td></td><td></td></tr<>		line)	Indiv	Instit	Offic	Key (	High empl	Form			
(2)         GENEVIEVE CHRISTY         40.00         x         x         157,100.         0.         13,928.           (3)         MAURA KEATINO         40.00         x         130,235.         0.         17,403.           (4)         ANNE CONROY         40.00         x         130,235.         0.         17,403.           (4)         ANNE CONROY         40.00         x         126,800.         0.         19,051.           (5)         WENDELL CRUZ         40.00         x         126,800.         0.         19,051.           (6)         ANASTASIA RIVERA-BONILLA         40.00         x         124,090.         0.         6,239.           (7)         ALEXANDRA ROSIN         40.00         x         111,320.         0.         18,084.           (8)         MAGARART A DALE ESQ         1.00         x         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.           (9)         SHIVA S FAROUKI ESQ         1.00         X         0.         0.         0.           BOARD MEMBER         X         0.0         0.         0.         0.         0.         0.	(1) MICHELE CORTESE	40.00									
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(3) MAURA REATING       40.00       X       130,235.       0.       17,403.         LITIGATION CO-DIRECTOR       40.00       X       126,800.       0.       19,051.         (4) ANNE CONROY       40.00       X       125,740.       0.       6,428.         (5) WENDELL CRUZ       40.00       X       125,740.       0.       6,428.         (6) ANASTASIA RIVERA-BONILLA       40.00       X       124,090.       0.       6,239.         (7) ALEXANDRA ROSIN       40.00       X       111,320.       0.       18,084.         (8) MARGARET A DALE ESQ       1.00       X       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.         (9) SHIYAS FAROUKI ESQ       1.00       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0	(2) GENEVIEVE CHRISTY	40.00									
LITIGATION CO-DIRECTOR         X         130,235.         0.         17,403.           (4) ANNE CONROY         40.00         X         126,800.         0.         19,051.           DEVELOPMENT DIRECTOR         X         126,800.         0.         19,051.           (5) WENDELL CRUZ         40.00         X         125,740.         0.         6,428.           (6) ANASTASIA RIVERA-BONILLA         40.00         X         124,090.         0.         6,239.           (7) ALEXANDRA ROSIN         40.00         X         111,320.         0.         18,084.           (8) MARGARET A DALE ESQ         1.00         X         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.           (9) SHIVA S FAROUKI ESQ         1.00         X         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.           (10) LAURA J GORDON         1.00         X         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.	CFO		Х		Х				157,100.	0.	13,928.
(4) ANNE CONROY         40.00         x         126,800.         0.         19,051.           (5) WENDELL CRUZ         40.00         x         125,740.         0.         6,239.           (6) ANASTASIA RIVERA-BONILLA         40.00         x         124,090.         0.         6,239.           (7) ALEXANDRA ROSIN         40.00         x         1110,320.         0.         18,084.           (8) MARGARET A DALE ESQ         1.00         x         0.         0.         0.           BOARD MEMBER         x         0.         0.         0.         0.           (9) SHIVA S FAROUKI ESQ         1.00         x         0.         0.         0.           BOARD MEMBER         x         0.         0.         0.         0.         0.           (10) LAURA J GORDON         1.00         x         0.         0.         0.         0.           (11) FOF MARTIN GUGGENHEIM ESQ         1.00         x         0.         0.         0.         0.           BOARD MEMBER         x         0.         0.         0.         0.         0.         0.           (11) FOF MARTIN GUGGENHEIM ESQ         1.00         x         0.         0.         0.         0. <td>(3) MAURA KEATING</td> <td>40.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(3) MAURA KEATING	40.00									
DEVELOPMENT DIRECTOR         X         126,800.         0.         19,051.           (5)         WENDBLL CRUZ         40.00         X         125,740.         0.         6,428.           LITIGATION SUPERVISOR         X         124,090.         0.         6,239.           (7)         ALXANDRA ROSIN         40.00         X         124,090.         0.         6,239.           (7)         ALXANDRA ROSIN         40.00         X         111,320.         0.         18,084.           (8)         MARGARET A DALE ESQ         1.00         X         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.           (9)         SHIVA S FAROUKI ESQ         1.00         X         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.           (10) LAURA J GORDON         1.00         X         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.           (11) PROF MARTIN GUGGENHE MESQ         1.00         X         0.         0.	LITIGATION CO-DIRECTOR						X		130,235.	0.	17,403.
(5)       WENDELL CRUZ       40.00       X       125,740.       0.       6,428.         (6)       ANASTASIA RIVERA-BONILLA       40.00       X       124,090.       0.       6,239.         (7)       ALEXANDRA ROSIN       40.00       X       111,320.       0.       18,084.         (7)       ALEXANDRA ROSIN       40.00       X       111,320.       0.       18,084.         (8)       MARGARET A DALE ESQ       1.00       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         (9)       SHIVA S PAROUKI ESQ       1.00       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.       0.         I10 LAURA J GORDON       1.00       X       0.       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.0       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.	(4) ANNE CONROY	40.00									
LITIGATION SUPERVISOR         X         125,740.         0.         6,428.           (6) ANASTASTA RIVERA-BONILLA         40.00         X         124,090.         0.         6,239.           (7) ALEXANDRA ROSIN         40.00         X         124,090.         0.         6,239.           (7) ALEXANDRA ROSIN         40.00         X         111,320.         0.         18,084.           (8) MARGARET A DALE ESQ         1.00         X         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.           BOARD MEMBER         X         0.0         0.         0.         0.         0.         0.           BOARD MEMBER         X         0.0         0.         0.         0.         0.         0.           BOARD MEMBER	DEVELOPMENT DIRECTOR						X		126,800.	0.	19,051.
(6) ANASTASIA RIVERA-BONILLA       40.00       X       124,090.       0.       6,239.         (7) ALEXANDRA ROSIN       40.00       X       111,320.       0.       18,084.         (8) MARGARET A DALE ESQ       1.00       X       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0	(5) WENDELL CRUZ	40.00									
LITIGATION SUPERVISOR         X         124,090.         0.         6,239.           (7) ALEXANDRA ROSIN         40.00         X         111,320.         0.         18,084.           LITIGATION CO-DIRECTOR         X         111,320.         0.         18,084.           (8) MARGARET A DALE ESQ         1.00         X         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.           (11) PROF MARTIN GUGGENHEIM ESQ         1.00         X         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.           (12) INBAL HASBANI ESQ         1.00         X         X         0.         0.         0.           S	LITIGATION SUPERVISOR						X		125,740.	0.	6,428.
(7) ALEXANDRA ROSIN40.00LITIGATION CO-DIRECTORX111,320.(8) MARGARET A DALE ESQ1.00BOARD MEMBERX(9) SHIVA S FAROUKI ESQ1.00BOARD MEMBERX(10) LAURA J GORDON1.00BOARD MEMBERX(11) FROF MARTIN GUGGENHEIM ESQ1.00BOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0. </td <td>(6) ANASTASIA RIVERA-BONILLA</td> <td>40.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(6) ANASTASIA RIVERA-BONILLA	40.00									
LITIGATION CO-DIRECTORX111,320.0.18,084.(8) MARGARET A DALE ESQ1.00X0.0.0.BOARD MEMBERX0.0.0.0.(9) SHIVA S FAROUKI ESQ1.00X0.0.0.BOARD MEMBERX0.0.0.0.(10) LAURA J GORDON1.00X0.0.0.BOARD MEMBERX0.0.0.0.(11) PROF MARTIN GUGGENHEIM ESQ1.000.0.0.BOARD MEMBERX0.0.0.0.(12) INBAL HASBANI ESQ1.000.0.0.BOARD MEMBERX0.0.0.0.(13) CLAIRE E JAMES ESQ1.000.0.0.BOARD MEMBERX0.0.0.0.(14) CHRISTOPHER G KARAGHEUZOFF ESQ1.000.0.0.BOARD MEMBERX0.0.0.0.(15) MICHAELA M. KENNY1.00XX0.0.TREASURERX0.0.0.0.BOARD MEMBERX0.0.0.0.(16) JEFFREY L KESSLER ESQ1.000.0.0.BOARD MEMBERX0.0.0.0.(16) JEFFREY L KESSLER ESQ1.000.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.BO	LITIGATION SUPERVISOR						X		124,090.	0.	6,239.
(8) MARGARET A DALE ESQ       1.00       X       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.         (9) SHIVA S FAROUKI ESQ       1.00       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       1.00       X       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.	(7) ALEXANDRA ROSIN	40.00									
BOARD MEMBER         X         0.         0.         0.         0.           (9) SHIVA S FAROUKI ESQ         1.00         X         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0. <td>LITIGATION CO-DIRECTOR</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td>111,320.</td> <td>0.</td> <td>18,084.</td>	LITIGATION CO-DIRECTOR						X		111,320.	0.	18,084.
(9)       SHIVA S FAROUKI ESQ       1.00       X       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.         (10)       LAURA J GORDON       1.00       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         (11)       PROF MARTIN GUGGENHEIM ESQ       1.00       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         (12)       INBAL HASBANI ESQ       1.00       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         (12)       INBAL HASBANI ESQ       1.00       X       X       0.       0.       0.         BOARD MEMBER       X       X       0.       0.       0.       0.       0.         (14)       CHRISTOPHER G KARAGHEUZOFF ESQ       1.00       X       X       0.       0.       0.       0.         BOARD MEMBER       X       X       0.	(8) MARGARET A DALE ESQ	1.00									
BOARD MEMBER         X         I         O.         O.         O.         O.           (10) LAURA J GORDON         1.00         X         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.           (11) FROF MARTIN GUGGENHEIM ESQ         1.00         X         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.           (12) INBAL HASBANI ESQ         1.00         X         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.           (13) CLAIRE E JAMES ESQ         1.00         X         X         0.         0.         0.           SECRETARY         X         X         0.         0.         0.         0.         0.           (14) CHRISTOPHER G KARAGHEUZOFF ESQ         1.00         X         0.         0.         0.         0.           BOARD MEMBER         X         X         0.         0.         0.         0.         0.           (15) MICHAELA M. KENNY         1.	BOARD MEMBER		Х						0.	0.	0.
(10) LAURA J GORDON       1.00       X       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.         (11) PROF MARTIN GUGGENHEIM ESQ       1.00       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         (12) INBAL HASBANI ESQ       1.00       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         (13) CLAIRE E JAMES ESQ       1.00       X       X       0.       0.       0.       0.         SECRETARY       X       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.	(9) SHIVA S FAROUKI ESQ	1.00									
BOARD MEMBER         X         I         O.	BOARD MEMBER		Х						0.	0.	0.
(11) PROF MARTIN GUGGENHEIM ESQ1.00X0.0.BOARD MEMBERX0.0.0.0.(12) INBAL HASBANI ESQ1.00X0.0.0.BOARD MEMBERX0.0.0.0.(13) CLAIRE E JAMES ESQ1.00XX0.0.SECRETARYXX0.0.0.(14) CHRISTOPHER G KARAGHEUZOFF ESQ1.00X0.0.0.BOARD MEMBERX0.0.0.0.0.(15) MICHAELA M. KENNY1.00XX0.0.0.TREASURERX0.0.0.0.0.(16) JEFFREY L KESSLER ESQ1.00X0.0.0.BOARD MEMBERX0.0.0.0.(17) RICHE T MCNIGHT1.00X0.0.0.BOARD MEMBERX0.0.0.0.	(10) LAURA J GORDON	1.00									
BOARD MEMBERX0.0.0.(12) INBAL HASBANI ESQ1.00X0.0.0.BOARD MEMBERX0.0.0.0.(13) CLAIRE E JAMES ESQ1.00XX0.0.SECRETARYXX0.0.0.(14) CHRISTOPHER G KARAGHEUZOFF ESQ1.00X0.0.BOARD MEMBERX0.0.0.0.(15) MICHAELA M. KENNY1.000.0.0.TREASURERXX0.0.0.(16) JEFFREY L KESSLER ESQ1.00X0.0.0.BOARD MEMBERX0.0.0.0.(17) RICHE T MCNIGHT1.00X0.0.0.BOARD MEMBERX0.0.0.0.	BOARD MEMBER		Х						0.	0.	0.
(12) INBAL HASBANI ESQ       1.00       X       0.       0.       0.         BOARD MEMBER       X       X       0.       0.       0.       0.         (13) CLAIRE E JAMES ESQ       1.00       X       X       0.       0.       0.         SECRETARY       X       X       0.       0.       0.       0.       0.         (14) CHRISTOPHER G KARAGHEUZOFF ESQ       1.00       X       X       0.       0.       0.         BOARD MEMBER       X       X       0.       0.       0.       0.       0.         (15) MICHAELA M. KENNY       1.00       X       X       0.       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       X       0.       0.       0.       0.       0.         (16) JEFFREY L KESSLER ESQ       1.00       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0. </td <td>(11) PROF MARTIN GUGGENHEIM ESQ</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(11) PROF MARTIN GUGGENHEIM ESQ	1.00									
BOARD MEMBER         X         0         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.	BOARD MEMBER		Х						0.	0.	0.
(13) CLAIRE E JAMES ESQ1.00XXX0.0.0.SECRETARYXXX0.0.0.0.(14) CHRISTOPHER G KARAGHEUZOFF ESQ1.00X0.0.0.0.BOARD MEMBERXX0.0.0.0.0.(15) MICHAELA M. KENNY1.00XX0.0.0.TREASURERXX0.0.0.0.(16) JEFFREY L KESSLER ESQ1.00X0.0.0.BOARD MEMBERX0.0.0.0.(17) RICHE T MCNIGHT1.00X0.0.0.BOARD MEMBERX0.0.0.0.	(12) INBAL HASBANI ESQ	1.00									
SECRETARY         X         X         X         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.			Х						0.	0.	0.
(14) CHRISTOPHER G KARAGHEUZOFF ESQ1.00X0.0.0.BOARD MEMBERX1.00X0.0.0.(15) MICHAELA M. KENNY1.00XX0.0.0.TREASURERXXX0.0.0.(16) JEFFREY L KESSLER ESQ1.00X0.0.0.BOARD MEMBERX0.0.0.0.(17) RICHE T MCNIGHT1.00X0.0.0.BOARD MEMBERX0.0.0.0.	(13) CLAIRE E JAMES ESQ	1.00									
BOARD MEMBERX0.0.0.(15) MICHAELA M. KENNY1.00XX0.0.TREASURERXX0.0.0.(16) JEFFREY L KESSLER ESQ1.00X0.0.0.BOARD MEMBERX0.0.0.0.0.(17) RICHE T MCNIGHT1.00X0.0.0.0.BOARD MEMBERX0.0.0.0.0.	SECRETARY		Х		Х				0.	0.	0.
(15) MICHAELA M. KENNY       1.00       X       X       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.       0.         (16) JEFFREY L KESSLER ESQ       1.00       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         (17) RICHE T MCNIGHT       1.00       X       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.		1.00									
TREASURER         X         X         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0. <th< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></th<>			Х						0.	0.	0.
(16) JEFFREY L KESSLER ESQ1.000.0.BOARD MEMBERX0.0.0.(17) RICHE T MCNIGHT1.00X0.0.BOARD MEMBERX0.0.0.	(15) MICHAELA M. KENNY	1.00									
BOARD MEMBER         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.			Х		Х				0.	0.	0.
(17) RICHE T MCNIGHT         1.00         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0. </td <td>-</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>_</td> <td>_</td> <td>_</td>	-	1.00							_	_	_
BOARD MEMBER X 0. 0. 0.			Х						0.	0.	0.
		1.00	l						_		
	BOARD MEMBER		Х						0.	0.	

132007 12-09-21

Form 990 (2021)

#### 23520803 137971 10-388

2021.04012 CENTER FOR FAMILY REPRESE 10-388_1

Form 990 (2021) CENTER FC	OR FAMIL	Y	RE	PR	ES	EN'	ΤА	ATION INC	51-04	194	<u>196</u>	P	Page <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	l Hig	phest	t C	ompensated Employee	es (continued)				
(A)	(B)			(0				(D)	(E)			(F)	
Name and title	Average				ition			Reportable	Reportable		Fs	timate	ed
	hours per					than o s both		compensation	compensatio	n		nount	
	week					r/truste		from	from related	I		other	
	(list any	tor						the	organizations	I		pensa	
	hours for	direc				q		organization	(W-2/1099-MIS			om th	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)			anizat	
	organizations	trust	al tru		yee	ed un		1099-NEC)	,		•	d relat	
	below	n dividual trustee or director	n stit utio nal tru stee	5	mplo	est cc oyee	er				orga	inizati	ions
	line)	Indiv	In stit	Officer	Key employee	Highest compensated employee	Former						
(18) VAIBHAV PURANIK	1.00												
BOARD MEMBER		х						0.		0.			0.
(19) PHILIP C SEGAL ESQ	1.00							•					
BOARD MEMBER		х						0.		0.			0.
(20) HOWARD SEIFE ESQ	1.00									<u> </u>			
BOARD MEMBER	1.00	v						0					0
	1 0 0	Χ						0.		0.			0.
(21) PROF JANE M SPINAK ESQ	1.00												•
BOARD MEMBER		Х						0.		0.			0.
(22) BRIAN R STEINWURTZEL	1.00												
BOARD MEMBER		Х						0.		0.			0.
(23) S. PENNY WINDLE ESQ	1.00												
CHAIR		Х		х				0.		0.			0.
(24) PEGGY COOPER DAVIS ESQ	1.00												
BOARD MEMBER		х						0.		0.			0.
										<b>~</b> •			
								0.000		_			<u></u>
1b Subtotal						)		963,985.		0.	9(	),6	03.
c Total from continuation sheets to Part VI	, Section A					)		0.		0.			0.
d Total (add lines 1b and 1c)		<u></u>				]		963,985.		0.	<u> </u>	),6	03.
2 Total number of individuals (including but n	ot limited to the	ose	listed	d ab	ove)	) who	o re	eceived more than \$100	,000 of reportable	l.			
compensation from the organization													7
· · · ·												Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,	director truste	e k	ev e	mpl	over	e or	hia	hest compensated emp	lovee on	ſ			
<b>c i</b>	-			•			Ŭ				3	_	x
line 1a? If "Yes," complete Schedule J for si										····			
4 For any individual listed on line 1a, is the su												v	
and related organizations greater than \$150										·····	4	Х	
5 Did any person listed on line 1a receive or a	-				-			-					
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ch p	perso	on					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	npensated ind	epei	nden	t co	ontra	actors	s th	nat received more than S	\$100,000 of comp	ensat	ion fro	m	
the organization. Report compensation for t	he calendar ye	ear e	ndin	g wi	ith o	r wit	hin	the organization's tax y	vear.				
(A)								(B)			(C	;)	
Name and business	address	NC	ONE					Description of s	services	С	omper	nsatio	'n
							+						
							+						
							+						
2 Total number of independent contractors (in	ncluding but no	ot lin	nited	to t	-		ed	above) who received m	ore than				
\$100,000 of compensation from the organiz	ation 🕨				0								

Form **990** (2021)

132008 12-09-21

		2021) CENTER FOR FA	MILY REPR	RESENTATION	I INC	51-0419	496 Page 9
Par	t VII	Statement of Revenue					
		Check if Schedule O contains a response	or note to any line		(D)	(0)	
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
<i>(0, c</i> )	1.0	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
β		Fundraising events	230,204.				
ifts A		Related organizations 1d	· · · ·				
s, G mile		Government grants (contributions) 1e	11,944,346.				
i Si		All other contributions, gifts, grants, and					
but		similar amounts not included above 1f	838,321.				
	g	Noncash contributions included in lines 1a-1f					
မှ ပြ	h	Total. Add lines 1a-1f	1	13,012,871.			
			Business Code				
e Ce	2 a			14,888.	14,888.		
er v	b						
Nen S	c						
Program Service Revenue	d						
Pro	f e	All other program service revenue					
	' a	Total. Add lines 2a-2f		14,888.			
	3	Investment income (including dividends, inter		,			
		other similar amounts)		1,949.			1,949
	4	Income from investment of tax-exempt bond p					
	5	Royalties	►				
		(i) Real	(ii) Personal				
		Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss)					
		Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other				
	<i>i</i> a						
	h	assets other than inventory <b>7a</b> Less: cost or other basis					
ē		and sales expenses					
venue	с	Gain or (loss) 7c					
0		Net gain or (loss)	►				
Other R	8 a	Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a					
		Less: direct expenses 8	0.				
		Net income or (loss) from fundraising events	▶	0.			
	чa	Gross income from gaming activities. See					
	h	Part IV, line 19 9a Less: direct expenses 9t					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances	a				
	b	Less: cost of goods sold 10					
		Net income or (loss) from sales of inventory	<b>&gt;</b>				
s٦			Business Code				
e	11 a						
Miscellaneous Revenue	b						
Sev	С						
Ξ.		All other revenue					
		Total. Add lines 11a-11d		13,029,708.	14,888.	0.	1,949.
	12	Total revenue. See instructions	····· 🔽	,0,000.	1 1,000.	ı ⁵ .	Form <b>990</b> (2021

10

CENTER FOR FAMILY REPRESENTATION INC Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	<b>(C)</b> Management and	<b>(D)</b> Fundraising
	8b, 9b, and 10b of Part VIII.	•	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	369,198.		369,198.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	8,354,516.	7,725,602.	463,574.	165,340.
8	Pension plan accruals and contributions (include		004 545		<i>c</i> 400
	section 401(k) and 403(b) employer contributions)	299,268.	286,517.	6,619.	6,132. 11,708.
9	Other employee benefits	616,088.	547,065.	57,315.	11,708.
10	Payroll taxes	733,519.	651,340.	68,239.	13,940.
11	Fees for services (nonemployees):				
	Management				
	Legal	25 000	10 000	01 000	0.1
	Accounting	35,000.	13,703.	21,206.	91.
	Lobbying	<u> </u>			<u> </u>
е	Professional fundraising services. See Part IV, line 17	60,000.			60,000.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	272 547	106 705	165 120	710
	column (A), amount, list line 11g expenses on Sch 0.)	272,547.	106,705.	165,129.	713.
12	Advertising and promotion	10,967.	9,738.	1,020.	200
13	Office expenses	236,099.	209,648.	21,964.	<u> </u>
14 45	Information technology	230,099.	209,040.	21,904.	4,407.
15 16	Royalties	872,856.	775,068.	81,200.	16,588.
16 17	Occupancy Travel	13,699.	12,168.	1,271.	260.
18	Travel Payments of travel or entertainment expenses	15,055.	12,100.		2000
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	73,293.	65,081.	6,819.	1,393.
23	Insurance	45,451.	40,359.	4,228.	864.
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	CASE RELATED EXPENSES	258,331.	258,331.		
b	EQUIPMENT AND MAINTENAN	75,652.	67,176.	7,038.	1,438.
c	RESEARCH SERVICES AND P	70,655.	70,655.	,,	, == • •
d	OTHER EXPENSES	60,178.	34,869.	24,565.	744.
	All other expenses	12,936.	,	,,	12,936.
25	Total functional expenses. Add lines 1 through 24e	12,470,253.	10,874,025.	1,299,385.	296,843.
26	Joint costs. Complete this line only if the organization	- <b>-</b>			•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					000

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2021.04012 CENTER FOR FAMILY REPRESE 10-388_1

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#### CENTER FOR FAMILY REPRESENTATION INC

51-0419496 Page 11

		Check if Schedule O contains a response or note	e to any	line in this Part X			
		· · · ·			(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			1,715,226.	1	808,764.
	2	Savings and temporary cash investments			3,053,853.	2	3,564,616.
	3	Pledges and grants receivable, net			246,536.	3	180,020.
	4	• • • • • •		[	1,829,666.	4	5,331,980.
	5	Loans and other receivables from any current or	former o	officer, director,			
		trustee, key employee, creator or founder, substa	antial co	ntributor, or 35%			
		controlled entity or family member of any of thes	e persoi	ns		5	
	6	Loans and other receivables from other disqualif	ied pers	ons (as defined			
		under section 4958(f)(1)), and persons described	in secti	on 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥\$	9	<b>—</b> · · · · · · · · · · · · · · · · · · ·			202,759.	9	120,991.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	<u>1,105,523</u> . 563,391.			
	b	Less: accumulated depreciation			454,457.	10c	542,132.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		174,100.	15	174,100.	
	16	Total assets. Add lines 1 through 15 (must equa			7,676,597.	16	10,722,603.
	17	Accounts payable and accrued expenses			765,596.	17	662,166.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20					20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
iliti		trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of thes				22	2 200 127
-	23	Secured mortgages and notes payable to unrelat		ſ		23	2,309,137. 1,776,722.
	24	Unsecured notes and loans payable to unrelated				24	1,//0,/22.
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines			2,188,278.	05	692,400.
	26	of Schedule D Total liabilities. Add lines 17 through 25			2,953,874.	25 26	5,440,425.
	20	Organizations that follow FASB ASC 958, chee	ck horo	► X	2,555,0740	20	5,110,125:
Se		and complete lines 27, 28, 32, and 33.					
nce	27				4.522.723.	27	5.052.178.
3ale	28	Net assets with donor restrictions	<u>4,522,723.</u> 200,000.	28	5,052,178. 230,000.		
Bh	20	Organizations that do not follow FASB ASC 95					
Fur		and complete lines 29 through 33.	,				
P	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or eq				30	
Ass	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32				4,722,723.	32	5,282,178.
~	33	Total liabilities and net assets/fund balances			7,676,597.	33	10,722,603.
							Form <b>990</b> (2021)

Form 990 (2021)

Form 990 (2021) Part X Balance Sheet

	990 (2021) CENTER FOR FAMILY REPRESENTATION INC	51-	<u>0419496</u>	Pa	_{ge} 12				
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,02						
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,47	0,2					
3									
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,72	2,7	23.				
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	5,28	2,1	<u>78.</u>				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e 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	e 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 Sch	edule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	it 📔						
	Act and OMB Circular A-133?		3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audi	t						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						
				000					

Form **990** (2021)

(Form 990)

<u>Total</u>

## **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.

OMB No. 1545-0047
2021
Open to Public Inspection

Department of the Treasury Internal Revenue Service				<ul> <li>Attach to Form 990 or Form 990-EZ.</li> <li>Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>						Open to Public Inspection
Name	e of t	the organizati	on	-					Employer	identification number
					ILY REPRESEN					1-0419496
Par	tl	Reason	for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.	
The o	rgan	ization is not a	private found	lation because it is: (I	For lines 1 through 12, c	heck only	one box.)			
1 [	_	A church, cor	nvention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)(1	I)(A)(i).		
2 [		A school des	cribed in <b>sect</b>	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	า 990).)				
з [		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	)(b)(1)(A)(ii	i).		
4		A medical res	earch organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state	e:							
5		An organizati	on operated fo	or the benefit of a co	llege 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, sta	te, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X				ntial part of its support fi				ne general p	oublic described in
				omplete Part II.)		Ũ			0 1	
8					(1)(A)(vi). (Complete Par	t II.)				
9					in section 170(b)(1)(A)(		ed in conju	inction with a	land-grant	college
		-	-	-	ulture (see instructions).		-		-	-
		university:							•	
10			on that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersł	nip fees, and	d gross receipts from
					t to certain exceptions; a					
					(less section 511 tax) fro					
		See section	509(a)(2). (Co	mplete Part III.)						
11 [		An organizati	on organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	)9(a)(4).		
12 [		An organizati	on organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly	supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box on
		lines 12a thro	ough 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.	
а		<b>Type I.</b> A si	upporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), t	ypically by	giving
		the support	ted organizatio	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting
		organizatio	n. <b>You must c</b>	complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A s	supporting org	anization supervised	l or controlled in connect	tion with it	s supporte	d organizatio	n(s), by hav	ving
		control or n	nanagement o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organizatio	n(s). <b>You mus</b>	t complete Part IV,	Sections A and C.					
с		] Type III fur	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	lly integrate	d with,
		its supporte	ed organizatio	n(s) (see instructions	). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III no	n-functionally	v integrated. A supp	porting organization oper	ated in co	nnection v	ith its suppo	rted organiz	zation(s)
		that is not f	unctionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	veness
		requiremen	t (see instruct	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	<b>V</b> .		
е		Check this	box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally	integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number (	of supported o	organizations						
g				n about the supporte						
	(	i) Name of suppo		(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the organized in your govern	anization listed ing document?	(v) Amount c		(vi) Amount of other
		organization			above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)

#### Schedule A (Form 990) 2021 CENTER FOR FAMILY REPRESENTATION INC

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2070693.	14239727.	11898539.	12856072.	13012871.	54077902.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2070693.	<u>14239727.</u>	11898539.	<u>12856072.</u>	<u>13012871.</u>	<u>54077902.</u>
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						54077902.
Sec	ction B. Total Support			1	1		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	2070693.	14239727.	11898539.	12856072.	<u>13012871.</u>	54077902.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	930.	3,500.	24,075.	16,725.	1,949.	47,179.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						54125081.
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the	-	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3)	. —
<u></u>	organization, check this box and stop						
	ction C. Computation of Publi		-				00 01 ~
	Public support percentage for 2021 (I		-			14	<u>99.91 %</u> 99.89 %
	Public support percentage from 2020					15	, -
168	33 1/3% support test - 2021. If the c	-					
h	stop here. The organization qualifies		-		line 15 is 22 1/20/		
ŭ	<b>33 1/3% support test - 2020.</b> If the c						
47-	and <b>stop here.</b> The organization qual		• •		10 160 or 16b		
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts			-		-	
Ŀ	meets the facts-and-circumstances te	-		• • • •	•	17a, and line 15 is	
0	10% -facts-and-circumstances test						
	more, and if the organization meets the organization meets the facts-and-circu						
18							
-10				<u>a, 100, 17a, 01 17b</u>			(Form 990) 2021
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Schedule	e A (Form 990) 2021 CE	INTER FOR	FAMILY R	EPRESENTAT	TION INC	51-041	9496 Page 3
Part I	II Support Schedule for Or	rganizations	Described in S	Section 509(a)(	2)		
	(Complete only if you checked t	he box on line 10	) of Part I or if the o	organization failed	to qualify under Pa	art II. If the organiz	ation fails to
	qualify under the tests listed be	low, please comp	olete Part II.)	-	-	-	
Sectio	n A. Public Support						
Calendar	year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gift	s, grants, contributions, and						
mer	mbership fees received. (Do not						
incl	ude any "unusual grants.")						
mer forn	ess receipts from admissions, rchandise sold or services per- ned, or facilities furnished in activity that is related to the						
	anization's tax-exempt purpose						
<b>3</b> Gro	ess receipts from activities that						
are	not an unrelated trade or bus-						
ines	ss under section 513						
4 Tax	revenues levied for the organ-						
izat	ion's benefit and either paid to						
or e	expended on its behalf						
5 The	e value of services or facilities						
furn	nished by a governmental unit to						
the	organization without charge						
6 Tot	al. Add lines 1 through 5						

7a Amounts included on lines 1, 2, and 3 received from disqualified persons

b Amounts included on lines 2 and 3 received	
from other than disqualified persons that	
exceed the greater of \$5,000 or 1% of the	
amount on line 13 for the year	
<b>c</b> Add lines 7a and 7b	

Calendar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<ol> <li>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>Total support. (Add lines 9, 10c, 11, and 12.)</li> </ol>						
<b>14 First 5 years.</b> If the Form 990 is for th	L ne organization's fi	rst. second. third. t	ι fourth. or fifth tax ν	l /ear as a section 5	1 01(c)(3) organizatio	u on.
check this box and ston here		,, umu,	, e. mar ax j		e (e)(e) ergamzate	▶□

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%
Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17		%
19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15	is more than 33 1/3%, and line	e 17 is not
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supp	orted organization	
b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, an	d line 16 is more than 33 1/3%	6, and
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a	publicly supported organization	on 🕨 🗌
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this b	ox and see instructions	

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2021

#### CENTER FOR FAMILY REPRESENTATION INC 51-0419496 Page 5 Schedule A (Form 990) 2021 Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
b	A family member of a person described on line 11a above? 11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11c		
Sec	ction B. Type I Supporting Organizations		
		Vas	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? <i>If "No," describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization	2	í i

Section C. Type II Supporting Organizations	

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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 1 the supported organization(s).

Section D.	All Type	e III Sup	porting	Organizations
------------	----------	-----------	---------	---------------

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

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used	l to satisfy the	e Integral Part Test d	uring the year	see instructions).
-					

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

С		The organization supported a governmental entit	· Describe in Part VI how you supported a governmental entity (see	e instruction <u>s).</u>
---	--	-------------------------------------------------	--------------------------------------------------------------------	--------------------------

- 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. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

3a

Yes No

Yes No

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_	dule A (Form 990) 2021 CENTER FOR FAMILY REPRI			51-0419496 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrat	ed Type III supporting or	ganization (see

Schedule A (Form 990) 2021

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instructions).

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Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
<u>Secti</u>	on D - Distributions				Current Year			
1	Amounts paid to supported organizations to accomplish exer	1						
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity		2					
3	Administrative expenses paid to accomplish exempt purpose	S	3					
4	Amounts paid to acquire exempt-use assets		4					
5	Qualified set-aside amounts (prior IRS approval required - pro		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							
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2021 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021			
1	Distributable amount for 2021 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2021 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2021							
a	From 2016							
b	From 2017							
C	From 2018							
d	From 2019							
e	From 2020							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2021 distributable amount							
i	Carryover from 2016 not applied (see instructions)							
_ <u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2021 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2021 distributable amount							
C	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2021, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2021. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, <i>explain in</i>							
	Part VI. See instructions.							
7	Excess distributions carryover to 2022. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
	Excess from 2017							
b	Excess from 2018							
C	Excess from 2019							
d	Excess from 2020							
е	Excess from 2021							

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

Part VI	(Form 990) 2021 Supplemental Infor	CENTER FOR					
	Part IV, Section A, lines 1	, 2, 3b, 3c, 4b, 4c, 5a, lines 2 and 3; Part IV,	6, 9a, 9b, 9c, 11a Section E, lines 1	a, 11b, and 11c; I Ic, 2a, 2b, 3a, and	Part IV, Section B d 3b; Part V, line ⁻	e 17a or 17b; Part III, line 12; , lines 1 and 2; Part IV, Section 1; Part V, Section B, line 1e; Pa additional information.	C, rt V,
132028 01-04-2	22		23	1		Schedule A (Form S	90) 202

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

#### Name of the organization

# 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

# **202**⁻

Employer identification number

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	CENTER FOR FAMILY REPRESENTATION INC	51-043
Organization type (che	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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

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) (2021)

Schedule B (Form 990) (2021)

Name of organization

#### CENTER FOR FAMILY REPRESENTATION INC

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 300,000. Noncash \$ NEW YORK, NY (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 X Person Payroll 771,666. Noncash \$ (Complete Part II for NEW YORK, NY noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 1,120,077. Noncash \$ NEW YORK, NY (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll 9,728,724. Noncash \$ NEW YORK, NY (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

123452 11-11-21

23520803 137971 10-388

Employer identification number

51-0419496

Page 2

from Part I	Description of noncash property given	(See instructions.)
		\$
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)
		\$
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)
		\$
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)
		\$
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)
		—
		\$
123453 11-11-21		1 ` 1
20803 1379	24 971 10-388 2021.040	12 CENTER FOR FAMILY

#### CENTER FOR FAMILY REPRESENTATION INC

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

(b)

Description of noncash property given

(b)

Schedule B (Form 990) (2021) Name of organization

(a)

No.

from

Part I

(a)

No.

51-0419496

(c)

FMV (or estimate)

(See instructions.)

(c)

FMV (or estimate)

\$

Employer identification number

(d)

**Date received** 

(d)

Date received

(d)

**Date received** 

(d)

Date received

(d)

Date received

(d)

**Date received** 

**REPRESE 10-388_1** 

Page 3

Schedule B	(Form 990) (2021)			Page <b>4</b> Employer identification number
Name of org	Janization			
	FOR FAMILY REPRESENTA			51-0419496
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 lin charitable, etc., contributions of \$1,00	e entry. For organizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held
-		(e) Transfer o	f gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ransferor to transferee
(a) No.		[		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held
		(e) Transfer o		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ransferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held
		(e) Transfer o	f gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ransferor to transferee
			1	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held
F		f gift		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of t	ransferor to transferee
123454 11-11-2	21			Schedule B (Form 990) (2021)

25 2021.04012 CENTER FOR FAMILY REPRESE 10-388_1

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

Nam	e of the organization CENTER FOR FAMILY REPRESENTATION INC	Employer identification number 51-0419496
Par		
	organization answered "Yes" on Form 990, Part IV, line 6.	
		(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fun	
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used of	only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	ring
_	impermissible private benefit?	Yes No
Par	t II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education)	torically important land area
	Protection of natural habitat	tified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation easement on the last
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
	Number of conservation easements on a certified historic structure included in (a)	20
с А	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	20
d		2d
~	listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	ization during the tax
	year ▶	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	on easements during the year
	▶	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	asements during the year
	▶\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B	4)(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statements	nent and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	at describes the
	organization's accounting for conservation easements.	
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and bal	lance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthera	Ince of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balanc	e sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheranc	
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
		<b>N</b> .
2	<ul> <li>(ii) Assets included in Form 990, Part X</li> <li>If the organization received or held works of art, historical treasures, or other similar assets for financial gain,</li> </ul>	
2		provide
-	the following amounts required to be reported under FASB ASC 958 relating to these items:	
a	Revenue included on Form 990, Part VIII, line 1	<b>N N</b>
	Assets included in Form 990, Part X	
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2021
132051	10-28-21	

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\$ 1		Δ	٨	Δ	1	n	~

Part W       Creanizations devination of the second second of the records, check any of the following that make significant use of its collection items (check all that apply):         a       Public exhibition       d       Loan or exchange program         b       Scholarly research       e       Other         c       Provide a description of the organization is collections and explain how they further the organization's exempt purpose in Part XIII.         During the year, did the organization solections and explain how they further the organization's exempt purpose in Part XIII.       During the year, did the organization solections of art, historical treasures, or other similar assets         to be sold to raise funds rather than to be maintained as part of the organization is collection?       Yes       Nee         Part W       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, ine 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or ther assets not included on Form 990, Part X, ine 21.       Amount       Id         1a       Is the organization include an amount on Form 990, Part X, line 21, for secrew or custodial account liability?       Yes       No         b       Trives, "explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII.       Yes       No         b       Contributions       Complete if the organization include an amount on Form 990, Part X, line 21, for secrew or custodial account liability? <th></th> <th></th> <th>FOR FAMILY</th> <th></th> <th></th> <th></th> <th></th> <th><u></u></th> <th></th> <th></th> <th>1949</th> <th></th> <th>age <b>2</b></th>			FOR FAMILY					<u></u>			1949		age <b>2</b>
collection items (check all that apply):	Par	TIII Organizations Maintaining C	collections of Ar	t, Histo	orical Tre	easures, o	r Othe	r Sin	nilar As	ssets	(contir	nued)	
a Public exhibition d   b Scholarly research e   c Previde a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.   5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII.   5 During the year, did the organization's collections and explain how they further the organization's exercise of the organization's collection?   Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 1990, Part X, line 9, or reported an amount on Form 900 Part X, line 21.   1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, line 21.   1b If 'Yes,' explain the arrangement in Part XIII and complete the following table:   c Explanation and the arrangement in Part XIII and complete the following table:   c Bedining balance   c Ending balance   c Bedining balance   d Additions during the year   d Id   d Additions during the year   d Id   d Did the organization include an amount on Form 900, Part X, line 21, for escrow or custodial account tability?   Defit He organization include an amount on Form 900, Part X, line 21, for escrow or custodial account tability?   d Defit He organization answered "Yes" on Form 900, Part X, line 21, for escrew or custodial account tability?   d Defit He organization answered "Yes" on Form 900, Part X, line 21, f	3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	following that	make s	signific	ant use	of its			
b       Scholarly research       e       Other         c       Preservation for future generations       e       Other         d       Provide a description of the organization solicit or receive donations of at, historical treasures, or other similar assets       is explored an anount on Form 990, Part X, line 21.         d       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 9, or reported an anount on Form 990, Part X, line 21.       is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         l       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X, line 21.       is the organization include an anount on Form 990, Part X, line 21.         d       Additions during the year       1e       1e         e       Distributions during the year       1e       1e         f       Ending balance       1g       1e       1e         d       Additions during the year       1e       1e       1e         f       Ending balance       1g       1e       1e       1e         d       Additions during the year       1e       1e       1e       1e         f       Endorganization answered 'Yes' on Form 990, Part X, line 21. for escrow or custodial account liabil		collection items (check all that apply):											
c       Preservation for future generations         4       Provide a description of the organization is collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, dit the organization solicit or receive donations of art, historical treasures, or other similar assets       to be solid to raise funds rather than to be maintained as part of the organization's collection?       Yes       No         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 9.       reported an amount on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 9.       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Is         c       Beginning balance       Is       Is       Amount       Is       Is       Additions during the year       Is       Is       Is       Is       Is       Amount       Is       Is<	а	Public exhibition	c	1 🛄 I	Loan or exc	hange progra	am						
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets     to be sold to raise funds rather than to be maintained as appart of the organization's collection?     Part IV Escrow and Custodial Arrangements. Complete if the organization solucitor     reported an amount on Form 990, Part X, line 21.     Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X?     Jest IV escience used on the intermediary for contributions or other assets not included     on Form 990, Part X?     Jest IV escience used on the intermediary for contributions or other assets not included     on Form 990, Part X?     Jest IV escience used on the intermediary for contributions or other assets not included     on Form 990, Part X?     Jest IV escience used on the intermediary for contributions or other assets not included     on Form 990, Part X?     Jest IV escience used on the intermediary for contributions or other assets not included     on Form 990, Part X, line 21, for escrow or custodial account liability?     Ves     No     Jest IV escience used on Form 990, Part X, line 21, for escrow or custodial account liability?     Ves     No     Jest IV escience used     Intermediate ananount on Form 990, Part X, line 21, for escrow or custodial account liability?     Ves     No     Jest IV escience used     Intermediate ananowered "Yes" on Form 990, Part IV, line 10.     Intermediate assets and incogenetic use of the organization answered "Yes" on Form 990, Part IV, line 10.     Is the organization and once the organization answered "Yes" on Form 990, Part IV, line 10.     Is the organization and the organization answered "Yes" on Form 990, Part IV, line 10.     Is the organization and losese     Is dontinuous for achinters of an Intermediate aster ete	b	Scholarly research	e	, 🗌 (	Other								
5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       No         Part IV       Excrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Amount         c       Beginning balance       1d       1d       1d       1d         d       Additions during the year       1d	с	Preservation for future generations											
to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       No         Part W       Escrow and Custodial Arrangements.       Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X?       Yes       No         1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes       No         b If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Id	4	Provide a description of the organization's co	ollections and explair	n how the	ey further th	ne organizatio	n's exe	mpt pi	urpose ir	1 Part 2	XIII.		
Part IV       Escrow and Custodial Arrangements. Complete if the organization answerd "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Ives Ives Ives Ives Ives Ives Ives Ives	5	During the year, did the organization solicit of	or receive donations of	of art, his	storical treas	sures, or othe	er similaı	r asset	ts				
reported an amount on Form 990, Part X, line 21.         1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes       No         b if "Yes," explain the arrangement in Part XIII and complete the following table:													No
1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes       No         b if "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Image: Complete the following table:       Amount         c Beginning balance       Image: Complete the following table:       Amount       Image: Complete the following table:       Amount         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: Complete the following the year       Image: Complete the organization answered "Yes" on Form 990, Part V, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         a Grants or scholarships       Image: Complete the organization answered "Yes" on Form 990, Part V, line 10.       Image: Complete the organization answered "Yes" on Form 990, Part V, line 10.       Image: Complete the scholarships         a Grants or scholarships       Image: Complete the organization answered "Yes" on Form 990, Part V, line to       Image: Complete the scholarships       Image: Complete the scho	Par			ete if the	organizatio	on answered '	'Yes" or	n Form	1 990, Pa	ırt IV, li	ine 9, or		
on Form 990, Part X?				liary for c	ontribution	s or other ass	sets not	includ	led				
b       If "Yes," explain the arrangement in Part XIII and complete the following table:											Yes		No
c       Beginning balance       Amount         d       Additions during the year       1d         e       Distributions during the year       1d         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'res, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII       Image: the arrangement in Part XII. Check here if the explanation has been provided on Part XII         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: the arrangement in Part XII. Check here if the explanation has been provided on Part XII         b       Contributions       Image: the arrangement in Part XII. Check here if the explanation has been provided on Part XII         e       Check here if the explanation has been provided on Part XII       Image: the arrangement in Part XII. Check here if the explanation has been provided on Part XII         e       Check here if the explanation has been provided on Part XII       Image: the arrangement in Part XII. Check here if the explanation has been provided on Part XII         c       Contributions       Contributions       Image: the arrangement in Part XII. Check here if the explanation has been provided on Part XII         e       Other expenditures for facilitis       Image: the arrangement in	b									. –			
d Additions during the year       1d         e Distributions during the year       1d         f Ending balance       1f         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If "Ves," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (d) Three years back (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back (e) Four years back         b Contributions       (a) Current year       (b) Prior year       (c) Two years back (e) Four years back         c Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back         c Other expenditures for facilities       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         a dors are scholarships       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         e Other expenditures for facilities       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years         a Board designated or quasi-endowment (b)								Г			Amoun	t	
d Additions during the year       1d         e Distributions during the year       1d         f Ending balance       1f         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If "Ves," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (d) Three years back (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back (e) Four years back         b Contributions       (a) Current year       (b) Prior year       (c) Two years back (e) Four years back         c Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back         c Other expenditures for facilities       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         a dors are scholarships       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         e Other expenditures for facilities       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years         a Board designated or quasi-endowment (b)	с	Beginning balance							1c				
e Distributions during the year       1e         f Ending balance       1f         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (c) Two years back       (d) Three years back         a d Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (c) Two years back       (d) Three years back         a d Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back         a d Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (d) Two years back         a d Grants or scholarships       (a) Current year       (b) Three years back       (d)													
f       Ending balance													
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII       Image: Comparison of the organization of the organization answered "Yes" on Form 990, Part IV, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Comparison of the organization answered "Yes" on Form 990, Part IV, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (a) Current years back       (a) Current years back       (a) Three years back       (e) Four years back         c Net investment earnings, gains, and losses       (b) Prior year       (c) Two years back       (a) Three years back       (a) Current year         c Other expenditures for facilities       (c) Two years back       (c) Two years back       (c) Two years back       (c) Two years back         g End of year balance       (c) Two years back         g End of year balance       (c) Two years back       (c) Two years back       (c) Two years back       (c) Two years													
b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (c) Two years back       (d) Three years back       (e) Four years back         e       Other expenditures for facilities       (c) Two years       (c) Two years back       (d) Three years back         a       Grants or scholarships       (c) Two years back       (d) Three years back       (e) Four years back         e       Other expenditures for facilities       (c) Two years       (c) Two years       (d) Three years back         f       Administrative expenses       (c) Two years       (c) Two years       (d) Three years       (d) Three years         g       End of year balance       (in equation)       (in equation)       (in equation)       (in equ											Yes		No
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b Contributions       (b) Contributions       (c) Two years back       (d) Three years back       (e) Four years back         c Net investment earnings, gains, and losses       (b) Contributions       (c) Two years back       (d) Three years back       (e) Four years back         c Other expenditures for facilities       (c) Two years back       (d) Three years back       (e) Four years back         e Other expenditures for facilities       (c) Two years back       (c) Two years back       (c) Two years back       (c) Two years back         g End of year balance       (c) Three years back       (c) Three years       (c) Three years       (c) Three years         g End of year balance       (c) Three years       (c) Three years       (c) Three years       (c) Three years         g End of year balance       (c) Three years       (c) Three years       (c) Three years       (c) Three years         g End of year balance       (c) Three years       (c) Three years       (c) Three years		-						•		ــــــ			1
(a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Beginning of year balance										<u></u>			
b       Contributions		·				1			nree years	back	(e) Four	' years	back
b       Contributions	1a	Beginning of year balance										-	
c Net investment earnings, gains, and losses   d Grants or scholarships   e Other expenditures for facilities   and programs													
d Grants or scholarships													
e Other expenditures for facilities and programs													
and programs													
f       Administrative expenses	•												
g End of year balance	f												
<ul> <li>2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:</li> <li>a Board designated or quasi-endowment ▶%</li> <li>b Permanent endowment ▶%</li> <li>c Term endowment ▶%</li> <li>c Term endowment ▶%</li> <li>c Term endowment ▶%</li> <li>i The percentages on lines 2a, 2b, and 2c should equal 100%.</li> <li>3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> </li> </ul>													
<ul> <li>a Board designated or quasi-endowment ▶%</li> <li>b Permanent endowment ▶%</li> <li>c Term endowment ▶%</li> <li>The percentages on lines 2a, 2b, and 2c should equal 100%.</li> <li>3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?</li> </ul> </li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul>	-		rent year end balance	l o (lino 1a	column (a	)) held as:							
b       Permanent endowment ▶%         c       Term endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:         (i)       Unrelated organizations         (ii)       Related organizations         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.			•		, column (a	<i>))</i> псю as.							
c       Term endowment       ▲      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes No         (i)       Unrelated organizations       3a(i)       3a(i)         (ii)       Related organizations       3a(ii)       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       Part VI       Land, Buildings, and Equipment.													
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.		· · · · · · · · · · · · · · · · · · ·											
3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes No         (i)       Unrelated organizations       3a(i)         (ii)       Related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       Part VI         Land, Buildings, and Equipment.       Land, Buildings, and Equipment.	C		- / -										
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.	20		•	ntion that	aro hold ar	ad administor	od for th	an ora	onizatior	<b>`</b>			
(i) Unrelated organizations       3a(i)         (ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment.	Ja			allon inai	are neiu ai			le org	anizatioi		1	Yes	No
(ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment.		-									22(1)		
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.													
Describe in Part XIII the intended uses of the organization's endowment funds.     Part VI Land, Buildings, and Equipment.	h	(II) Related organizations			 bodulo D2			•••••					
Part VI Land, Buildings, and Equipment.	4												
	Par			wittent it	JIIUS.								
				). Part IV	line 11a. S	See Form 990	Part X	line 1	0.				
Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value				-						<u> </u>	(d) Boo	k valu	
basis (investment) basis (other) depreciation		Description of property			• •		. ,				(0) 800	it valu	0
1a         Land	1a	Land											
b Buildings	b	Buildings								$\perp$			
c Leasehold improvements 688,883. 272,371. 416,512.	с	Leasehold improvements											
d Equipment 213,533. 87,913. 125,620.											12	5,6	20.
e Other					20	3,107.		203	,107	•			0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colum	n (B), line 1	<u>0c.)</u>			🕨	·	54	2,1	32.

Schedule D (Form 990) 2021

Schedule D	(Form 990) 2021 CENTER FOR	FAMILY REPRES	ENTATION INC	51-0419496 Page 3
Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes		1	
	Dtion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
. ,	al derivatives			
	held equity interests			
(3) Other				
(A)				
(B)				
(C) (D)				
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.) 🕨	•		
Part VIII	Investments - Program Related.	1		
	Complete if the organization answered "Yes	" on Form 990, Part IV, line	11c. See Form 990, Part X, line	13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: C	ost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. ( Part IX	(b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.	•		
Fartin	Complete if the organization answered "Yes	" on Form 000 Dart IV line	11d See Form 000 Dart V line	16
	-	a) Description		(b) Book value
(1)	(6			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) lii	ne 15.)		►
Part X	Other Liabilities.			
	Complete if the organization answered "Yes	" on Form 990, Part IV, line	11e or 11f. See Form 990, Part	X, line 25.
1.	(a) Description of liability			(b) Book value
	deral income taxes			
	EFUNDABLE ADVANCES			392,146.
(3) DE	FERRED RENT			300,254.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				<u> </u>
	umn (b) must equal Form 990, Part X, col. (B) lin		·····	▶ 692,400.
2. Liability	/ for uncertain tax positions. In Part XIII, provid	ie the text of the foothote to	tne organization's financial stat	tements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII 💠 🔀

Schedule D (Form 990) 2021

132053 10-28-21

_	edule D (Form 990) 2021 CENTER FOR FAMILY REPRESE		0419496 Page 4					
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.								
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.						
1	Total revenue, gains, and other support per audited financial statements		1	13,029,708.				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1						
а	Net unrealized gains (losses) on investments							
b	Donated services and use of facilities	2b						
с	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIII.)	2d						
е	Add lines 2a through 2d		2e	0.				
3	Subtract line <b>2e</b> from line <b>1</b>			13,029,708.				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIII.)	4b						
С	Add lines 4a and 4b			0.				
			12 020 700					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			13,029,708.				
5 <b>Pa</b>	rt XII Reconciliation of Expenses per Audited Financial Stater	ments With Expens		n.				
5 Pa	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12	ments With Expens ^{2a.}	es per Retur	n.				
5 Ра 1	rt XII Reconciliation of Expenses per Audited Financial Stater	ments With Expens ^{2a.}	es per Retur	12,470,253.				
	<b>rt XII Reconciliation of Expenses per Audited Financial Stater</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a.	es per Retur	n.				
1	Reconciliation of Expenses per Audited Financial Stater           Complete if the organization answered "Yes" on Form 990, Part IV, line 12           Total expenses and losses per audited financial statements	2a.	es per Retur	n.				
1 2	<b>rt XII Reconciliation of Expenses per Audited Financial Stater</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ments With Expens	es per Retur	n.				
1 2 a	<b>rt XII Reconciliation of Expenses per Audited Financial Stater</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	Image: Apple of the second s	es per Retur	n.				
1 2 a	<b>rt XII Reconciliation of Expenses per Audited Financial Stater</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a.         2a            2a            2a            2b            2c	es per Retur	n.				
1 2 a b c	<b>rt XII Reconciliation of Expenses per Audited Financial Stater</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a.         2a            2a            2b            2c            2d	es per Retur	n. <u>12,470,253.</u> 0.				
1 2 a b c d	<b>rt XII Reconciliation of Expenses per Audited Financial Stater</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a.         2a            2a            2b            2c            2d	es per Retur	n. <u>12,470,253.</u>				
1 2 b c d e	<b>rt XII Reconciliation of Expenses per Audited Financial Stater</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a.         2a            2a            2b            2c            2d	es per Retur	n. <u>12,470,253.</u> 0.				
1 2 b c d e 3	<b>rt XII Reconciliation of Expenses per Audited Financial Stater</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a.         2a            2a            2b            2c            2d	es per Retur	n. <u>12,470,253.</u> 0.				
1 2 3 4	rt XII       Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a.         2a            2a            2b            2c            2d	es per Retur	n. <u>12,470,253.</u> 0.				
1 2 a b c d e 3 4 a	<b>TXII Reconciliation of Expenses per Audited Financial Stater</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a.         2a            2a            2b            2c            2d	es per Retur	n. <u>12,470,253.</u> <u>0.</u> <u>12,470,253.</u> 0.				
1 2 a b c d e 3 4 a b c 5	<b>TXII Reconciliation of Expenses per Audited Financial Stater</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a.         2a            2a            2b            2c            2d	es per Retur	n. <u>12,470,253.</u> 0.				

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 X, LINE 2:

CFR	APPLIES	THE	PROVISIONS	PERTAINING	то	UNCERTAIN	TAX	PROVISIONS	(FASB
-----	---------	-----	------------	------------	----	-----------	-----	------------	-------

ACCOUNTING STANDARDS CODIFICATION ("ASC")TOPIC 740) AND HAS DETERMINED

THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE

RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. CFR BELIEVES IT IS

NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2018.

132054 10-28-21

SCHEDULE G	Suppleme	ities	OMB No. 1545-0047					
(Form 990)		e organization answered "Yes" on organization entered more than \$19	or if the	2021				
Department of the Treasury		Attach to Form 990						Open to Public Inspection
Internal Revenue Service Name of the organization		o to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.	Employer id	entification number
		FOR FAMILY REPRESE	NTAT	rioi	N INC		51-0419	
	complete this par	<ul> <li>Complete if the organization answe t.</li> </ul>	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
<ul> <li>a X Mail solicitat</li> <li>b X Internet and</li> <li>c Phone solicitat</li> <li>d X In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions email solicitations tations licitations on have a written o ed in Form 990, P ) highest paid indir	s <b>f</b> X Solicita <b>g</b> Special or oral agreement with any individual Part VII) or entity in connection with prividuals or entities (fundraisers) pursu	tion of tion of fundra (incluc	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Ye	
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iii) Activity (iv) Gross receipts from activity fundraiser for entity (fundraiser)					Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization		
W. DOUGLAS WINGO, 3	INC 350	FUNDRAISING FOR VIRTUAL	Yes	No				
SEVENTH AVE, SUITE	1304, NEW	EVENT SUPPORT AND YEAR-END		X			60,000.	-60,000.
Total         3       List all states in whore the states in whore the states in the state	ich the organizatic	on is registered or licensed to solicit o	contrib	▶ utions	or has been notified	it is o	60,000	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2021

132081 10-21-21

CENTER FOR FAMILY REPRESENTATION INC

51-0419496 Page 2

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

		of fundraising event contributions and gro	SS Income on Form 990-	EZ, III IES I AND OD. LIST E	vents with gross receipt	s greater than \$5,000.
			(a) Event #1 CELEBRATING	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			FAMILIES			
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
ne						
Revenue	1	Gross receipts	230,204.			230,204.
	2	Less: Contributions	230,204.			230,204.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Ō	0	Entortainment				
	8	Entertainment				
	9 10	Other direct expenses Direct expense summary. Add lines 4 through	0: 1 (1)		<b></b>	
	10	Net income summary. Subtract line 10 from li				
Pa	rtl	<b>II Gaming.</b> Complete if the organization a				<u> </u>
	_	\$15,000 on Form 990-EZ, line 6a.				
Revenue		• · · , · · · · · · · · · · · · · · · ·	<b>(a)</b> Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
eve						
Я	1	Gross revenue				
ő	2	Cash prizes				
Ise						
kpei	3	Noncash prizes				
Direct Expenses		Rent/facility costs				
	5	Other direct expenses				
			<b>Yes</b> %	☐ Yes %	<b>Yes</b> %	
	6	Volunteer labor	Νο	Νο	No	
	7	Direct expense summary. Add lines 2 through	15 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		►	
	<u> </u>	Net gaming meetic summary. Subtract line r				I
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
		he organization licensed to conduct gaming ac		tates?		Yes No
		No," explain:				
J						
10a	We	ere any of the organization's gaming licenses re	voked suspended or te	rminated during the tax y	vear?	Yes No
		Yes," explain:				
5		- oo, oxpian				

Sch	edule G (Form 990) 2021	CENTER FOR	FAMILY	REPRESENTATION	INC 51-0	0419496 Page	3
11	Does the organization conduct ga	ming activities with no	onmembers?			Yes N	lo
12	Is the organization a grantor, bene	eficiary or trustee of a	trust, or a mer	nber of a partnership or other	entity formed		
	to administer charitable gaming?					Yes N	lo
	Indicate the percentage of gaming					11	
	The organization's facility					13a	<u>%</u>
	An outside facility Enter the name and address of th					13b	%
14	Enter the name and address of th	e person who prepare	s the organiza	tion's gaming/special events t	JOOKS and records.		
	Name						
	Address 🕨						
15a	Does the organization have a con	tract with a third party	from whom th	e organization receives gamir	ıg revenue?	Yes N	lo
b	If "Yes," enter the amount of gam	ing revenue received b	by the organiza	ation 🕨 \$	and the amount		
	of gaming revenue retained by the				—		
с	If "Yes," enter name and address	of the third party:					
	Name 🕨						
	Address						_
							_
16	Gaming manager information:						
	Name 🕨						
	Gaming manager compensation	\$					
		·					
	Description of services provided	•					
	Director/officer	Employee	In	dependent contractor			
17	Mandatory distributions:						
	Is the organization required under	state law to make cha	aritable distrib	utions from the gaming proce	eds to		
	retain the state gaming license?					Yes N	ю
b	Enter the amount of distributions	required under state la	aw to be distrik	outed to other exempt organiz	ations or spent in the		
	organization's own exempt activit						
Ра				required by Part I, line 2b, col nal information. See instructio		rt III, lines 9, 9b, 10b,	
SC	HEDULE G, PART I,	LINE 2B L	ርናጥ ለም ጣ	TEN HIGHEST PAT	D FUNDRATSER	<b>z</b> •	
<u></u>							
(I	) NAME OF FUNDRAIS	SER: W. DOU	LAS WTM	IGO. INC.			
<u>,                                    </u>	, mining of fourthing						
<u>(</u> I	) ADDRESS OF FUND	RAISER: 350	SEVENTI	AVE, SUITE 15	04, NEW YORK	, NY 10001	
<u>(I</u>	I) ACTIVITY: FUND	RAISING FOR	VIRTUAI	SUPPORT	AND YEAR-ENI	O APPEAL SU	
							—

Schedule G (Form 990) Part IV Supplemental In	CENTER FOR	FAMILY	REPRESENTATION	INC	51-0419496	Page 4
Part IV Supplemental In	formation (continued)					
					Schedule G (F	orm 990)
					Schedule a (F	

132084 11-18-21

SC	HEDULE J   Compensation Information	I	OMB No. 1	545-004	47	
	rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		00	~4		
<b>\</b>	Compensated Employees		20	21		
	The to f the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		Open to Public			
	Transmit of the Treasury All Revenue Service  ■ Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe			
Nam		mployer ide	entificatio	on nur	nber	
	CENTER FOR FAMILY REPRESENTATION INC	51-04	1949	5		
Pa	rt I Questions Regarding Compensation					
				Yes	No	
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990	0,				
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel Housing allowance or residence for personal	use				
	Travel for companions Payments for business use of personal reside	ence				
	Tax indemnification and gross-up payments Health or social club dues or initiation fees					
	Discretionary spending account Personal services (such as maid, chauffeur, c	chef)				
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		. 1b		L	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		. 2		<u> </u>	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's					
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization t	to				
	establish compensation of the CEO/Executive Director, but explain in Part III.					
	X       Compensation committee         Written employment contract					
	Independent compensation consultant					
	X Form 990 of other organizations X Approval by the board or compensation com	imittee				
4	During the year did any nersen listed on Ferm 000 Part VII. Section A line to with respect to the filing					
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:					
а	Receive a severance payment or change-of-control payment?		4a		x	
b					X	
	Participate in or receive payment from a supplemental nonqualified retirement plan? Participate in or receive payment from an equity-based compensation arrangement?				x	
Ŭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the revenues of:					
а	The organization?		5a		Х	
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:					
а	The organization?		6a		X	
	Any related organization?		6b		X	
	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 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					
			. 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			
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedul	e J (Forn	1 990)	2021	

#### 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.

51-0419496

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-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(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) MICHELE CORTESE	(i)	188,700.	0.	0.	9,435.	35.	198,170.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) GENEVIEVE CHRISTY	(i)	157,100.	0.	0.	7,855.	6,073.	171,028.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

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) 2021

SCHEDULE O (Form 990)

# Department of the Treasury

Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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



51-0419496

CENTER FOR FAMILY REPRESENTATION INC

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

THEIR CHILDREN HOME FOR GOOD.

COMMUNITY ADVOCACY PROJECT (CAP): CAP PROVIDES 'EARLY DEFENSE' TO

PARENTS FACING A CITY INVESTIGATION OF MALTREATMENT, WITH THE GOAL OF

AVOIDING A COURT PROSECUTION ALTOGETHER AND KEEPING FAMILIES INTACT AND

CONNECTED TO SERVICES. CAP ALSO PROVIDES PARENTS WITH REPRESENTATION TO

MODIFY THE STATE RECORDS THAT CORRESPOND TO A CHILD WELFARE

INVESTIGATION; THE RECORDS OFTEN PREVENT PARENTS FROM SEEKING

EMPLOYMENT IN FIELDS WHERE EMPLOYERS REGULARLY CHECK THESE RECORDS.

WHEN A PARENT'S FAMILY DEFENSE CASE IS DISMISSED OR THEY HAVE OVERCOME

CHALLENGES THAT LEAD TO MALTREATMENT CHARGES, CAP ASSISTS PARENTS WITH

AMENDING THESE RECORDS, THUS EXPANDING EMPLOYMENT OPPORTUNITIES FOR OUR

CLIENTS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

TRAINING, TECHNICAL ASSISTANCE, AND POLICY ADVOCACY: ANNUALLY CFR

PROVIDES TRAINING AND TA TO MORE THAN 1,400 PROFESSIONALS ACROSS THE

COUNTRY, INCLUDING JUDGES, ON OUR INTERDISCIPLINARY MODEL. STAFF ALSO

REGULARLY HOST COMMUNITY BASED TRAININGS FOR PARENTS AND YOUTH. TO

DATE, WE HAVE WORKED WITH OVER 10,000 PRACTITIONERS IN 20 STATES, WHO

HOPE TO REPLICATE SOME OR ALL OF OUR NATIONALLY RECOGNIZED

INTERDISCIPLINARY CORNERSTONE ADVOCACY MODEL. CFR STAFF REGULARLY

PRESENT AT NATIONAL CONFERENCES AND SIT ON ADVISORY BOARDS AND WORK

GROUPS DIRECTED TOWARD LEGISLATIVE AND POLICY REFORM TO PROMOTE JUSTICE

FOR INDIGENT FAMILIES AND YOUTH.

Schedule O (Form 990) 2021 Page 2									
Name of the organization CENTER FOR FAMILY REPRESENTATION INC	Employer identification number $51 - 0419496$								
EXPENSES \$ 20,470. INCLUDING GRANTS OF \$ 0. REVENUE \$	14,888.								
FORM 990, PART VI, SECTION B, LINE 11B:									

PRIOR TO FILING THE DRAFT IS DISTRIBUTED TO ALL BOARD MEMBERS FOR REVIEW

AND COMMENT.

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

COMPREHENSIVE COI FORM IS COMPLETED BY EACH MEMBER OF THE BOARD.

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

WE CONDUCT A REVIEW OF COMPENSATION FOR SIMILAR POSITIONS AT OTHER SIMILAR

ORGANIZATIONS AND COMPARE THOSE TO OUR SALARY STRUCTURE. THE SALARIES OF

THE EXECUTIVE DIRECTOR AND CHIEF FINANCIAL OFFICER HAVE NOT CHANGED FOR

SEVERAL YEARS.

FORM 990, PART VI, SECTION C, LINE 19:

THE FINANCIALS AND 990 RETURNS ARE AVAILABLE ON OUR WEBSITE, OTHER

GOVERNING DOCUMENTS AS WELL AS CFR'S CONFLICT OF INTEREST POLICY ARE

AVAILABLE UPON REQUEST.

23520803 137971 10-388

# TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

#### FOR THE YEAR ENDING

December 31, 2021

#### **Prepared For:**

Center for Family Representation Inc 40 WORTH STREET NO 605 NEW YORK, NY 10013

#### **Prepared By:**

Galleros Robinson CPAS, LLP 115 DAVIS STATION RD CREAM RIDGE, NJ 08514

#### Amount of Tax:

Balance due of \$275

#### Make Check Payable To:

Department of Law

#### Mail Tax Return To:

NYS Office of Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

#### Return Must Be Mailed On Or Before:

Please mail as soon as possible.

#### **Special Instructions:**

The report should be signed and dated by an authorized individual(s).

The attached copy of the federal Form 990 must be properly signed and dated.