Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2021 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.

Α	For th	e 2020 calendar year, or tax year beginning	and endin	g		
В	Check if applicat	C Name of organization			D Employer identif	fication number
	Addr	ge CENTER FOR FAMILY REPRESENTATION IN	1C			
	Name Chan	ge Doing business as			51-04194	196
	Initia returi Final returi	Number and street (or P.U. box if mail is not delivered to street address)	Room	/suite	E Telephone numb	
	termi ated		le		G Gross receipts \$	12,887,592.
	Amer	nded NIEW VODE NIV 10012	-		H(a) Is this a group	
F	Appli				for subordinate	
	pend				H(b) Are all subordinates	
\overline{T}	Tax-ex	xempt status: X 501(c)(3) 501(c) ()	7(a)(1) or	7 527	1	a list. See instructions
		ite: ► WWW.CFRNY.ORG			H(c) Group exempti	
		f organization: X Corporation Trust Association Other	L	. Year		M State of legal domicile; NY
	art I				•	<u>v</u>
	1	Briefly describe the organization's mission or most significant activities:	FR IS 2	A N	ON-PROFIT L	AW, SOCIAL
Governance		WORK AND ADVOCACY ORGANIZATION				
ŗ	2	Check this box if the organization discontinued its operations or	· ·		1	1
Š	3				3	
		Number of independent voting members of the governing body (Part VI, line				
9	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)				
Activities &	6	Total number of volunteers (estimate if necessary)				
Ą	7 a	Total unrelated business revenue from Part VIII, column (C), line 12				
_	<u> b</u>	Net unrelated business taxable income from Form 990-T, Part I, line 11				
		Ocal Stations and appets (Det MIII See 41)			Prior Year 11,898,539.	Current Year 12,856,072.
9	8	Contributions and grants (Part VIII, line 1h)			17,400.	
Revenue	9	Program service revenue (Part VIII, line 2g)			24,075	
ğ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			-79,463	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			11,860,551	
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line			11,860,551.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)			9,279,912.	
Fxnenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines &			12,500	
ğ	Ioa	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 33	9 226		12,500	0.
X	1 47	Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			2,185,825.	2,047,763.
	''	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			11,478,237	
	18	Revenue less expenses. Subtract line 18 from line 12			382,314.	
	+	neverue less expenses. Subtract line to nonnine 12		Ro	ginning of Current Year	End of Year
sets or	20	Total assets (Part X, line 16)		БС	7,198,899.	
ASSE	21	Total liabilities (Part X, line 10)			2,200,218.	-
Net.	22	Net assets or fund balances. Subtract line 21 from line 20			4,998,681.	
_	art II				1,550,0010	1,722,723
Und	der pen	alties of perjury, I declare that I have examined this return, including accompanying sci	hedules and s	tateme	nts, and to the best of m	nv knowledge and belief, it is
		ct, and complete. Declaration of preparer (other than officer) is based on all informatio				,
		Marde Costese				
Sig	ın	Signature of officer			Date	5 / 2021
He		MICHELE CORTESE, EXECUTIVE DIRECTOR	}		10 / 1	5 / 2021
		Type or print name and title				
		Print/Type preparer's name Preparer's signature			Date Check	PTIN
Pai	d	DEREK FLANAGAN DEREK FLANAGA	AN		0/08/21 self-empl	•
Pre	parer	Firm's name GALLEROS ROBINSONS CPAS, LLP			Firm's EIN ▶	27-3263553
Use	Only	Firm's address 115 DAVIS STATION RD			_	
_		CREAM RIDGE, NJ 08514			Phone no. 6 4	46.921.0400
Ma	v tha	BS discuss this return with the preparer shown above? See instructions				X Ves No

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 IS A NON-PROFIT INTERDISCIPLINARY LEGAL DEFENSE AND ADVOCACY
	ORGANIZATION WHOSE MISSION IS TO DEFEND PARENTS WHOSE CHILDREN ARE AT
	RISK OF FOSTER CARE AND YOUTH AT RISK OF INCARCERATION
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? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$9, 191, 944. including grants of \$) (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 11,000 PARENTS SINCE 2002, 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 \$
TD	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 \$1,371,766. 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 A ONE-STOP SOLUTION TO PROVIDE
	NEEDED ADVOCACY IN THESE OTHER AREAS & SO KEEP THEIR FAMILIES STABLE.
	OUR CIVIL LEGAL SERVICES, IMMIGRATION & CRIMINAL DEFENSE TEAMS HAVE
	ALREADY HELPED OVER 500 FAMILIES KEEP THEIR CHILDREN HOME
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 71,483. including grants of \$) (Revenue \$ 14,795.)
<u>4e</u>	
	Form 990 (2020)

Form 990 (2020) CENTER FOR FAMILY REPRESENTATION INC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	L,		
	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,	۰		
•	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? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
0	Schedule D, Part III	-		
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?			x
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			.
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	٠.ٽ		 -
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- ''-		
.0		18	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	10	21	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
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			_V
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

CENTER FOR FAMILY REPRESENTATION INC 51-0419496 Page 4 Form 990 (2020) Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 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 Х 23 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 Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a X **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c "Yes," complete Schedule L, Part IV 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 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 Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 21 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

032004 12-23-20

(gambling) winnings to prize winners?

Form 990 (2020) CENTER FOR FAMILY REPRESENTATION INC Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	i (continued)				T
0-	Enter the number of ampleyage reported on Form W.C. Transmittel of Wage and Tay Ctatements	l I		Yes	No
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 135			
h	filed for the calendar year ending with or within the year covered by this return		2b	х	
D	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions		20	21	
32			3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	······································	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		35		
··u	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		x
h	If "Yes," enter the name of the foreign country		-iu		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?		7c		X
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 co	ontract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•			
0			8		
9 a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:		0.5		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а			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	l .a. l			
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c	44-		Х
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		_^
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.		13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
	, , , , , , , , , , , , , , , , , , , ,			200	

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.

<u> </u>	· · · · · · · · · · · · · · · · · · ·					X
Sec	tion A. Governing Body and Management					
		ı	1 10		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	16			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
10a	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	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befo	re filing the form?	11a	_X_	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	$Were \ of ficers, \ directors, \ or \ trustees, \ and \ key \ employees \ required \ to \ disclose \ annually \ interests \ that \ could \ give \ rise$	to con	flicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	es," c	lescribe			
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent w	rith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-	· · · · · · ·			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶NY					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	0-T (Section 501(c)(3)	only)	availa	ble
	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		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict	of interest policy, and	financ	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records			
	GENEVIEVE CHRISTY - (212) 691-0950					
	40 WORTH STREET STE 605, NEW YORK, NY 10013					

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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.

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

• List all of the organization's **former 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 instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	(do box	not c	Pos heck	c) ition more rson i		one n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) MICHELE CORTESE	40.00							100 500	•	0 425
EXECUTIVE DIRECTOR	40.00			Х		_		188,700.	0.	9,435.
(2) GENEVIEVE CHRISTY	40.00							155 100	•	12 000
CFO	40.00	Х		Х		├		157,100.	0.	13,900.
(3) MAURA KEATING	40.00	-						100 000	•	15 250
LITIGATION CO-DIRECTOR	40.00		_			X		129,872.	0.	17,350.
(4) ANNE CONROY	40.00	-						105 510	0	10 021
DEVELOPMENT DIRECTOR	40.00					X		125,510.	0.	18,931.
(5) WENDELL CRUZ	40.00	-				,,		105 270	0	6 275
LITIGATION SUPERVISOR	40.00					X		125,378.	0.	6,375.
(6) ANASTASIA RIVERA-BONILLA	40.00	-				,,		104 402	0	C 225
LITIGATION SUPERVISOR	40.00		_			X		124,493.	0.	6,225.
(7) CORINNE LUNDSTRUM	40.00	1				7.		116 050	0	11 040
LITIGATION CO-DIRECTOR	40.00					X		116,052.	0.	11,848.
(8) LINDA MCCARTHY	40.00	1				7.		115 152	0	16 200
LITIGATION SUPERVISOR	40.00					X		115,153.	0.	16,389.
(9) ALEXANDRA ROSIN	40.00	1				x		110 005	0.	10 016
LITIGATION CO-DIRECTOR (10) SANDEEP KANDHARI	40.00					┢		110,895.	0.	18,016.
LITIGATION SUPERVISOR	40.00	1				x		109,755.	0.	4 705
(11) CHRISTINE WAER	40.00					┢		109,755.	0.	4,705.
LITIGATION SUPERVISOR	40.00	1				x		102,583.	0.	5,129.
(12) HAMM GORDON	40.00					_		102,303.	0.	3,129.
DIRECTOR OF IT	40.00	1				X		101,100.	0.	10,281.
(13) MARGARET A DALE ESQ	1.00					<u> </u>		101,100.	0.	10,201.
CHAIR	1.00	Х		Х				0.	0.	0.
(14) SHIVA S FAROUKI ESQ	1.00	22		22				0.		
BOARD MEMBER	1.00	Х						0.	0.	0.
(15) LAURA GORDON	1.00					\vdash		•	•	
BOARD MEMBER		х						0.	0.	0.
(16) PROF MARTIN GUGGENHEIM ESQ	1.00					\vdash			J •	-
BOARD MEMBER		х						0.	0.	0.
(17) INBAL HASBANI ESQ	1.00	† 							3.	
BOARD MEMBER		х						0.	0.	0.
032007 12-23-20	1								•	Form 990 (2020)

032007 12-23-20 Form **990** (2020)

Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C		s (continued)				
(A)	(B)			_ (0				(D)	(E)			(F)	
Name and title	Average	(do		Posi heck r			one	Reportable	Reportable		Es	stimate	:d
	hours per	box	, unle	ss per	son i	is both	n an	compensation	compensation	- 1	l	nount (of
	week	_	Cer ar	id a di	recto	T	lee)	from	from related	- 1	l	other	
	(list any hours for	recto						the	organizations		ı	pensa	
	related	or di	ee ee			ated		organization	(W-2/1099-MIS	C)	l	om the	
	organizations	ustee	trust		96	ubeus		(W-2/1099-MISC)			,	anizati d relate	
	below	ual tr	tional		ploye	le ou	_				l	anizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former				l	ai iiZuti	7110
(18) CLAIRE E JAMES ESQ	1.00		_			"				\neg			
BOARD MEMBER		Х						0.		0.			0.
(19) CHRISTOPHER G KARAGHEUZOFF ESQ	1.00												
BOARD MEMBER		Х						0.		0.			0.
(20) MICHAELA M. KENNY	1.00												
BOARD MEMBER		Х						0.		0.			0.
(21) JEFFREY L KESSLER ESQ	1.00												
BOARD MEMBER		Х						0.		0.			0.
(22) RICHE T MCNIGHT	1.00												
BOARD MEMBER		Х						0.		0.			0.
(23) VAIBHAV PURANIK	1.00												
BOARD MEMBER		Х						0.		0.			0.
(24) PHILIP C SEGAL ESQ	1.00												
BOARD MEMBER		Х				_		0.		0.	<u> </u>		0.
(25) HOWARD SEIFE ESQ	1.00												
BOARD MEMBER		Х						0.		0.	<u> </u>		0.
(26) PROF JANE M SPINAK ESQ	1.00												_
BOARD MEMBER		X						0.		0.	4.0	<u> </u>	0.
1b Subtotal								1,506,591.		0.	13	8,58	
c Total from continuation sheets to Part VI								0.		0.	12	0	0.
d Total (add lines 1b and 1c)							<u> </u>	1,506,591.			13	8,58	34.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	io re	eceived more than \$100,	000 of reportable				12
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director truct	00 l	·0\/ 0	mnl	0.40	0 Or	hia	host componented ampl	ovoc on	1		100	110
, ,	,	,	,	•	,	,	_		,		3		Х
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su													
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					•			•			5		Х
Section B. Independent Contractors	piete deriedan	<i>50</i> /	<i>01 </i>	ion j	2013	OII .							
Complete this table for your five highest cor	mpensated inc	lepe	nder	nt cc	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensa	tion fr	om	
the organization. Report compensation for t													
(A)								(B)			(0	C)	
Name and business	address	N	ONE	3				Description of s	ervices	C	ompe	nsatior	ו
_							\dashv						
2 Total number of independent contractors (in	ncluding but no	ot lir	nited	d to t	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz					C								

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2020)

								TION INC	51-041	9496
Part VII Section A. Officers, Directors, Tr		nplo	yee			ligh	est (
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(0)			ition		I. A	Reportable	Reportable	Estimated
	hours per week (list any hours for related organizations below line)	stee or director	lnstitutional trustee	Officer	Key employee	Highest compensated employee	Former Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(27) BRIAN R STEINWURTZEL	1.00	х						0.	0	0
BOARD MEMBER (28) S. PENNY WINDLE ESQ	1.00	Λ						0.	0.	0
BOARD MEMBER	1.00	Х						0.	0.	0
	-1	1					<u> </u>			

Form 990 (2020) CENTER
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any line	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					iunction revenue	business revenue	sections 512 - 514
SΩ	1 :	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		o Membership dues 1b					
င်္ခ ဗြ		Fundraising events 1c	273,649.				
Ę,							
ig je			11,510,288.				
Sir		3 \ 7	11,310,200.				
e Hi	1	All other contributions, gifts, grants, and	1 072 125				
- ế		similar amounts not included above 1f	1,072,135.				
d t		Noncash contributions included in lines 1a-1f		10.056.050			
<u>0</u> <u>6</u>		1 Total. Add lines 1a-1f	D	12,856,072.			
			Business Code				
9	2 8	TRAINING	900099	14,795.	14,795.		
ΘŽ	ı	·					
S	(·					
eve eve	(<u></u>					
Program Service Revenue	(e	1				
P.	1	All other program service revenue					
		Total. Add lines 2a-2f		14,795.			
	3	Investment income (including dividends, interes					
		other similar amounts)		16,725.			16,725.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
	Ŭ	(i) Real	(ii) Personal				
	6		(.,, : 5.55.1				
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		d Net rental income or (loss)	.				
	7 :	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a	ļ				
	ı	Less: cost or other basis	ı				
Re		and sales expenses 7b					
l e	(Gain or (loss) 7c]				
Be.		d Net gain or (loss)					
ther Revenue		a Gross income from fundraising events (not					
₹		including \$ 273,649. of					
		contributions reported on line 1c). See	ı				
		Part IV, line 188a	0.				
		Less: direct expenses 8b	0.				
		Net income or (loss) from fundraising events		0.			
		a Gross income from gaming activities. See					
	9 (Part IV, line 199a					
		Net income or (loss) from gaming activities	·····				
	10 8	a Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold10b					
		Net income or (loss) from sales of inventory					
ဖ			Business Code				
Miscellaneous Revenue	11 :	a					
an	ı						
e K	(÷					
Λisα	(d All other revenue					
_		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		12,887,592.	14,795.	0.	16,725.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).	Section 5	01(c)(3) and 501(c	4) organizations must cor	mplete all columns. All oti	ther organizations must com	olete column (A).
--	-----------	--------------------	---------------------------	-----------------------------	-----------------------------	-------------------

_	Check if Schedule O contains a respon	se or note to any line in (A)		(C)	L
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	260 125	222 060	26 047	0 220
_	trustees, and key employees	369,135.	332,960.	26,947.	9,228
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0 200 515	E 5E4 0E2	615 000	006 014
7	Other salaries and wages	8,398,715.	7,574,073.	617,828.	206,814
8	Pension plan accruals and contributions (include	262 224	222	25 225	2 222
	section 401(k) and 403(b) employer contributions)	368,304.	332,210. 753,699.	26,886.	9,208 18,384
9	Other employee benefits	833,057.		60,974.	18,384
10	Payroll taxes	721,150.	649,035.	52,644.	19,471
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	50,276.	16,340.	33,735.	201
d					
е					
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch O.)	314,721.	102,340.	211,200.	1,181
12	Advertising and promotion				
13	Office expenses	266,747.	240,588.	19,594.	6,565
14	Information technology	-			-
15	Royalties				
16	Occupancy	847,128.	764,875.	63,697.	18,556
17	Travel	16,162.	16,162.	,	•
 18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
	Payments to affiliates				
21	Depreciation, depletion, and amortization	71,916.	64,864.	5,282.	1,770
22		37,540.	37,540.	3,202.	1,770
23	Insurance Other expenses Itemize expenses not severed	37,340.	37,340.		
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.) CASE RELATED EXPENSES	150,478.	150,478.		
	OMITTE TANDENATA	102,928.	96,094.	6,834.	
b	TOTT DATES OF AND MATSIMESTANT	79,415.	71,626.	5,834.	1,955
C	DECEMBER CERTIFICE AND D	64,559.	64,559.	3,034.	1,333
d		45,893.	04,333.		1E 00 2
	All other expenses		11 267 442	1 121 / [45,893
<u> 25</u>	Total functional expenses. Add lines 1 through 24e	12,738,124.	11,267,443.	1,131,455.	339,226
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (20)

Form **990** (2020)

Form 990 (2020)
Part X | Balance Sheet

	1 2 3 4 5	Check if Schedule O contains a response or n Cash - non-interest-bearing Savings and temporary cash investments		ne in this Part X	(A) Beginning of year		(B)
	2 3 4	Savings and temporary cash investments			(A) Beginning of year		
	2 3 4	Savings and temporary cash investments			<u> </u>		End of year
3	3 4	Savings and temporary cash investments			23,262.	1	1,715,226.
	4				5,133,263.	2	3,053,853.
		Pledges and grants receivable, net			142,594.	3	246,536.
		Accounts receivable, net			1,192,877.	4	1,829,666.
		Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial conf	tributor, or 35%			
'		controlled entity or family member of any of th	ese persons			5	
	6	Loans and other receivables from other disqua	alified persor	ns (as defined			
		under section 4958(f)(1)), and persons describ	ed in sectior	n 4958(c)(3)(B)		6	
<u>.</u>	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
~ ¥ 9	9	Prepaid expenses and deferred charges	200,398.	9	202,759.		
10	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	944,555.			
	b	Less: accumulated depreciation	. 10b	490,098.	332,405.	10c	454,457.
11	11	Investments - publicly traded securities				11	
1:	12	Investments - other securities. See Part IV, line			12		
1:	13	Investments - program-related. See Part IV, lin		13			
14	14	Intangible assets		14			
19	15	Other assets. See Part IV, line 11	174,100.	15	174,100. 7,676,597.		
10	16	Total assets. Add lines 1 through 15 (must ed			7,198,899.		7,676,597.
17	17	Accounts payable and accrued expenses			496,180.	17	765,596.
	18	Grants payable		18			
	19	Deferred revenue		19			
20		Tax-exempt bond liabilities		20			
2		Escrow or custodial account liability. Complete			21		
S 2	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub					
ja		controlled entity or family member of any of th		Г		22	
_ 2,	23	Secured mortgages and notes payable to unre	•	······ F		23	
	24	Unsecured notes and loans payable to unrelat				24	
2	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin of Schedule D	•	·	1,704,038.	25	2,188,278.
30	26				2,200,218.	26	2,953,874.
	20	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, cl	nock boro	Ÿ	2,200,210	20	2,000,014.
န		and complete lines 27, 28, 32, and 33.	ieck liele j				
g 2	7				4,748,681.	27	4,522,723.
gala 2	28	Net assets with donor restrictions			250,000.	28	200,000.
₽ <u>-</u>	-0	Organizations that do not follow FASB ASC					
ᇍ		and complete lines 29 through 33.	000, 0110011				
5 2	29	Capital stock or trust principal, or current fund	ls			29	
sets 3	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances		Total net assets or fund balances			4,998,681.	32	4,722,723.
	33	Total liabilities and net assets/fund balances			7,198,899.	33	7,676,597.

Form **990** (2020)

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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	12	,88	7,5	92.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12	,73	8,1	24.
3	Revenue less expenses. Subtract line 2 from line 1	3		14:	9,4	68.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	,99	8,6	81.
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		-42	5,4	26.
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	4	,72	2,7	23.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin					
	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 required	ed aud	lit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3h		

032012 12-23-20

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

51-0419496

Name of the organization

CENTER FOR FAMILY REPRESENTATION INC

Pa	ıπı	Reason for Public C	Inarity Status.	(All organizations must c	omplete th	nis part.) S	See instructions.			
he	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)				
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,		
		city, and state:								
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	overnmental unit describe	ed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organization that norma	-					public described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe		1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org			-	ed in conju	unction with a land-grant	college		
		or university or a non-land-g				-		-		
		university:		,						
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership fees, an	d gross receipts from		
		activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of its support f	rom gross investment		
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.		
		See section 509(a)(2). (Con	mplete Part III.)							
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to carry out the	purposes of one or		
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section 509(a)(3).	Check the box in		
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and 12g.			
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving		
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	ctors or trustees of the su	upporting		
		organization. You must o	complete Part IV, Se	ections A and B.						
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by hav	ving		
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the sup	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.						
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,		
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ections A,	D, and E.			
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)		
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and an attenti	veness		
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.			
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III			
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.				
f	Ente	er the number of supported o	organizations							
g		vide the following information			I (iv) Is the oras	anization listed	I () A	(A		
	((i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
		organization		above (see instructions))	Yes	No	Support (See motifications)	Support (See instructions)		
ota	al									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

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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	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1045268.	2070693.	14239727.	11898539.	12856072.	42110299.	
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	1045268.	2070693.	14239727.	11898539.	12856072.	42110299.	
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.						42110299.	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
7	Amounts from line 4	1045268.	2070693.	14239727.	11898539.	12856072.	42110299.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	457.	930.	3,500.	24,075.	16,725.	45,687.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						42155986.	
12	Gross receipts from related activities,	etc. (see instruction	ns)			12 13	,484,876.	
13	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3)		
	organization, check this box and stop	here						
Sec	tion C. Computation of Publi	c Support Per	centage					
	Public support percentage for 2020 (li		•	* * * * * * * * * * * * * * * * * * * *		14	99.89 %	
	Public support percentage from 2019					15	99.91 <u>%</u>	
16a	33 1/3% support test - 2020. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo		
	stop here. The organization qualifies		•					
b	33 1/3% support test - 2019. If the o							
	and stop here. The organization quali							
17a	10% -facts-and-circumstances test	-						
	and if the organization meets the facts			=	•	VI how the organia	zation	
	meets the facts-and-circumstances te	_		*	-			
b	10% -facts-and-circumstances test	-					10% or	
	more, and if the organization meets the				· ·		, —	
	organization meets the facts-and-circu				•			
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990 or 990-EZ) 2020

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

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

Section A. Public Support		Diete Fart II.)				
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	•			•		. —
check this box and stop here Section C. Computation of Public						P
•			aclumn (f\\		15	0/
15 Public support percentage for 2020 (li	, ,,,	•	.,,		15	<u>%</u>
16 Public support percentage from 2019 Section D. Computation of Inves					10	%
17 Investment income percentage for 20			ine 13 column (f)		17	%
18 Investment income percentage from 2			(i)		18	
19a 33 1/3% support tests - 2020. If the						
more than 33 1/3%, check this box an					-41	▶ □
b 33 1/3% support tests - 2019. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	nd
line 18 is not more than 33 1/3%, chec	ck this box and st	t op here. The orga	anızatıon qualifies a	as a publicly supp	orted organization	▶∟

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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
1	1		
İ			
H	2		
1	3a		
Ī			
-			
H	3b		
ı	3c		
H	4a		
	4b		
ı	4c		
	5a		
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ļ	-		
-	9b		
	9c		
ļ			
}	10a		
_	10b		
n 99	00 or 99	0-EZ)	2020

Par	Tiv 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 in lines 11b and		
	11c below, the governing body of a supported organization?	3	+
	A family member of a person described in line 11a above?)	_
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
0	detail in Part VI.	;	
Sec	tion B. Type I Supporting Organizations		_
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		
Sec	supervised, or controlled the supporting organization. 2 tion C. Type II Supporting Organizations		
	and or type it cupperting organizations	Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	168	INO
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 the supported organization(s)		
Sec	the supported organization(s). 1 tion D. All Type III Supporting Organizations		
		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	103	110
•	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?		
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).		
3	By reason of the relationship described in 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.		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions)	ion <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.	Yes	No
а	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 in 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.		\bot
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.		_
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.		

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Schedule A (Form 990 or 990-EZ) 2020	CENTER	FOR	FAMILY	REPRESENTATION	TNC	
Scriedule A (FOM) 990 of 990-EZ) 2020		LOI	LULTI	KULKUDUNIAIION	TIAC	

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ıg Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t 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-functional		ed Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Sect	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exemple	pt purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pr	rovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2020 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
	·	(i)	(ii)	(iii)
		ı	I have deeper all a deather add as a con-	District and a fail of

Section	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
<u>a</u>	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2020 distributable amount			
<u>i</u>	Carryover from 2015 not applied (see instructions)			
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7:			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
С	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CENTER FOR FAMILY REPRESENTATION INC

Employer identification number 51-0419496

Pai	rt I Organizations Maintainiı	g Donor Advised Funds or O	ther Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on	Form 990, Part IV, line 6.		
		(a) Dono	r advised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (du			
3	Aggregate value of grants from (during	/ear)		
4	Aggregate value at end of year			
5	Did the organization inform all donors a	nd donor advisors in writing that the as	ssets held in donor advised t	funds
	are the organization's property, subject	to the organization's exclusive legal co	ontrol?	Yes No
6	Did the organization inform all grantees	donors, and donor advisors in writing	that grant funds can be use	ed only
	for charitable purposes and not for the	penefit of the donor or donor advisor, o	or for any other purpose con	ferring
Pai	rt II Conservation Easement	Complete if the organization answer	red "Yes" on Form 990, Part	t IV, line 7.
1	Purpose(s) of conservation easements I	neld by the organization (check all that	apply).	
	Preservation of land for public us	e (for example, recreation or education)	Preservation of a h	nistorically important land area
	Protection of natural habitat		Preservation of a c	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the org	anization held a qualified conservation	contribution in the form of a	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easemen	s		2 a
b	Total acreage restricted by conservation	n easements		
С				2c
d				
	listed in the National Register			
3	Number of conservation easements mo	dified, transferred, released, extinguish	ned, or terminated by the org	ganization during the tax
	year ▶			
4	Number of states where property subje			
5	Does the organization have a written po			
_	violations, and enforcement of the cons			
6	Staff and volunteer hours devoted to m	onitoring, inspecting, handling of violat	ions, and enforcing conserv	ation easements during the year
_	<u> </u>			
7	Amount of expenses incurred in monito	ring, inspecting, handling of violations,	and enforcing conservation	easements during the year
	S		.:	\/D\/:\
8	Does each conservation easement repo			
9	and section 170(h)(4)(B)(ii)?	on reports consequation consequents in i		
9	balance sheet, and include, if applicable	•	•	
	organization's accounting for conservat		zation s ililanciai statements	s that describes the
Pai		ng Collections of Art, Historica	al Treasures, or Othe	r Similar Assets.
		wered "Yes" on Form 990, Part IV, line	•	
	If the organization elected, as permitted			balance sheet works
	of art, historical treasures, or other simi	,		
	service, provide in Part XIII the text of the	•	,	
b	If the organization elected, as permitted			ince sheet works of
	art, historical treasures, or other similar	, ,		
	provide the following amounts relating	•		
	(i) Revenue included on Form 990, Pa			• \$
	(ii) Assets included in Form 990, Part			
2	If the organization received or held work			
	the following amounts required to be re		-	
а	Revenue included on Form 990, Part VI	I, line 1		• \$
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice	see the Instructions for Form 990.		Schedule D (Form 990) 2020

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

Par	t III Organizations Maintaining Co	ollections of Ar	t, Historic	al Tre	asures, o	r Other	Similar	Assets	(continu	ed)
3	Using the organization's acquisition, accession								(OOTHING	<u> </u>
	collection items (check all that apply):	•	•		· ·					
а	Public exhibition	d	I Loa	n or exc	hange progra	am				
b	Scholarly research	е			0.0					
С	Preservation for future generations									
4	Provide a description of the organization's col	lections and explair	n how they f	urther th	e organizatio	on's exen	not purpos	se in Part	XIII.	
5	During the year, did the organization solicit or	·	•		ū					
	to be sold to raise funds rather than to be mai								Yes	☐ No
Par	t IV Escrow and Custodial Arrang									
	reported an amount on Form 990, Part							,	,	
1a	Is the organization an agent, trustee, custodia	n or other intermed	iarv for cont	ributions	s or other as	sets not i	ncluded			
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII a								_	
	gg								Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Fo								Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.						•		_	
Par										
		(a) Current year	(b) Prior		(c) Two yea			ears back	(e) Four y	ears back
1a	Beginning of year balance	(a) carront year	(2) 1 1101	you	(C) TWO you	io buon	(4) 111100)	ouro buon	(C) i oui j	ouro buon
	Contributions									
C	Net investment earnings, gains, and losses									-
4	Grants or scholarships									-
	Other expenditures for facilities									
C										
f	and programs Administrative expenses									
	Administrative expenses End of year balance									
g	Provide the estimated percentage of the curre	ent year and balance	o (lino 1a, co	dumn (a)) hold ac:					
2	Board designated or quasi-endowment	in year end balance	% (iii ie 19, cc	numm (a)) Helu as.					
a	Permanent endowment	%								
b	Term endowment									
С	The percentages on lines 2a, 2b, and 2c shou	-								
2-		•	tion that are	a bald an	d administa	ad for th		tion		
Ja	Are there endowment funds not in the posses	Sion of the organiza	ilion inal are	rieiu ai	iu auriii iistei	eu ioi iii	e organiza	ition	T.	es No
	by: (i) Unrelated organizations								3a(i)	es NO
									3a(ii)	+-
h	(ii) Related organizations	iona liatad aa raguir	ad on Cobo	dula D2					3b	+-
4	Describe in Part XIII the intended uses of the o								SU	
	t VI Land, Buildings, and Equipme		willent lunu	5.						
	Complete if the organization answered) Dort IV lin	0 110 S	00 Form 000	Dort V	lino 10			
	Description of property	(a) Cost or o							(d) Book	, clus
	Description of property	basis (investn			or other (other)		ccumulate preciation	eu	(a) Book	value
	Land	· ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `		54313	(54101)	ue,	J. COIATION			
	Land									
	Buildings			55	9,142.	 	216,18	35	3/10	,957.
	Leasehold improvements				$\frac{9,142.}{2,306.}$		$\frac{210,10}{71,59}$, 715.
	Equipment				$\frac{2,300.}{3,107.}$	—	$\frac{71,32}{202,32}$		110	785.
	Other	•	V! "						451	,457.
1 ULA	. Add iii lee Ta ti ii dagii Te. (Cojumn (a) must ea	uai FUIIII 990. Part i	A. COIUMN (E	oi. iine 10	JU.J				- -	, , •

Schedule D (Form 990) 2020

Part VII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990 Part IV line		51-0419496 Page
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-vear market value
(1) Financial derivatives		1 '	·
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	•	•	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		>
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) REFUNDABLE ADVANCES			1,847,186
(3) DEFERRED RENT			341,092
(4)			
(5)			
(6)			
		<u> </u>	

2,188,278. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

(8) (9)

	dule D (Form 990) 2020 CENTER FOR FAMILY REPRES			0419496 _{Pag}	e 4
Pai	t XI Reconciliation of Revenue per Audited Financial State	ements With Revenue p	er Return.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	12,887,592	<u>2.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	l l			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d		2e		0.
3	Subtract line 2e from line 1			12,887,592	2.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b		4c	(0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			12,887,592	$\overline{2}$.
	t XII Reconciliation of Expenses per Audited Financial Sta				_
	Complete if the organization answered "Yes" on Form 990, Part IV, line	•	-		
1	Total expenses and losses per audited financial statements		1	12,738,124	4.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		•		<u> </u>
a	Donated services and use of facilities	2a			
b		I I			
	Prior year adjustments				
C	Other losses				
d	Other (Describe in Part XIII.)		0-	(ο.
_	Add lines 2a through 2d			12,738,124	
3	Subtract line 2e from line 1		3	14,730,124	<u> </u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b		4b		,	^
	Add lines 4a and 4b				<u>0.</u>
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	.)	5	12,738,124	<u>4.</u>
	t XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, 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	y additional information.			
PAI	RT X, LINE 2:				
CFF	R APPLIES THE PROVISIONS PERTAINING TO U	NCERTAIN TAX PR	OVISION	S (FASB	
AC(COUNTING STANDARDS CODIFICATION ("ASC")T	OPIC 740) AND H	AS DETE	RMINED	
THZ	AT THERE ARE NO MATERIAL UNCERTAIN TAX P	OSITIONS THAT R	EQUIRE		
REC	COGNITION OR DISCLOSURE IN THE FINANCIAL	STATEMENTS. CF	R BELIE	VES IT IS	
NO	LONGER SUBJECT TO INCOME TAX EXAMINATION	NS FOR YEARS PR	IOR TO	2017.	
					_
					_

Schedule D (Form 990) 2020

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

vame of the organization CENTER	FOR FAMILY REPRESEN	JTAT	OIT	I INC		51-0419	ntification number
	Complete if the organization answe				ine 17		
1 Indicate whether the organization rais a	ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-ga gover dising a ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	Did aiser ustody itrol of utions?	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
			_				
List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from re	gistration

032081 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

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

		of fundraising event contributions and gro	oss income on Form 990	· ·		· ·
		3	(a) Event #1 CELEBRATING FAMILIES	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
4			(event type)	(event type)	(total number)	- col. (c))
Revenue	1	Gross receipts	273,649.			273,649.
æ	•	G. 666 1666 p. 6				
	2	Less: Contributions	273,649.			273,649.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes				
bense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
⊡	8	Entartainment				
	9	Entertainment Other direct expenses				
	-	Direct expense summary. Add lines 4 through		ı	•	
	11	Net income summary. Subtract line 10 from li	ne 3, column (d)		>	
Pa	ırt I	II Gaming. Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	ı	Γ	.	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev						
	1	Gross revenue				
ses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	Ť	1	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
		Not gaming income summany Subtract line 7	from line 1 column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (a)			l
9	Ent	ter the state(s) in which the organization condu	icts gaming activities:			
		the organization licensed to conduct gaming a	_	states?		Yes No
		No," explain:				
	_					
10-		ere any of the organization's gaming licenses re	woked suspended or to	rminated during the tax s	100r?	Yes No
		ere any or the organization's gaming licenses re Yes," explain:	•	minated during the tax y	/cai !	. LITES LINO
-		, 				

Schedule G (Form 990 or 990-EZ) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 CENTER FOR FAMILY REPRESENTATION INC 51-0	1419496	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		,-
•	and the hame and address of the person time propared into organization organization of the zoone and recorded		
	Name		
	Name y		
	Address		
	Address		
45.	Does the examination have a contract with a third north from whom the examination receives coming revenue?	Yes	No
158	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. L res	NO
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
C	: If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	<u> </u>		
	Description of services provided		
	Director/officer Employee Independent contractor		
	bliector/officer Employee midependent contractor		
47	Manufacture d'at the d'anne		
	Mandatory distributions:		
а	solution is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Da	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pal	t III, lines 9, 9	b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	(Form 990 or 990-EZ)	CENTER FOR	FAMILY	REPRESENTATION	INC	51-0419496	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (continued)					
		•					

SCHEDULE J (Form 990)

Compensation Information

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

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

➤ Attach to Form 990.

Open to Public

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

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

CENTER FOR FAMILY REPRESENTATION INC

Employer identification number 51-0419496

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

Schedule J (Form 990) 2020

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

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

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

	(B) Breakdo	own of W-2 and/o	or 1099-MIS	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensa	tion ince	onus & ntive nsation	(iii) Other reportable compensation	compensation	benents	(5)()-(5)	reported as deferred on prior Form 990
(1) MICHELE CORTESE	188,7	00.	0.	0.	0.	0.	188,700.	0.
EXECUTIVE DIRECTOR (i	i)	0.	0.	0.	0.	0.	0.	0.
(2) GENEVIEVE CHRISTY	157,1		0.	0.	0.	0.	157,100.	0.
CFO (i		0.	0.	0.	0.	0.	0.	0.
(1))							
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de 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 O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2020
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CENTER FOR FAMILY REPRESENTATION INC

Employer identification number 51-0419496

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: TECHNICAL ASSISTANCE, AND POLICY ADVOCACY: ANNUALLY CFR TRAINING, PROVIDES TRAINING AND TA TO MORE THAN 500 PROFESSIONALS ACROSS THE ON OUR INTERDISCIPLINARY MODEL. STAFF ALSO COUNTRY, INCLUDING JUDGES, REGULARLY HOST COMMUNITY BASED TRAININGS FOR PARENTS AND YOUTH. TO 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.

EXPENSES \$ 71,483. INCLUDING GRANTS OF \$ 0. REVENUE \$ 14,795.

FORM 990, PART VI, SECTION A, LINE 4:

IN DECEMBER 2020, OUR CERTIFICATE OF INCORPORATION WAS AMENDED AND OUR

CORPORATE PURPOSES WAS REVISED TO READ AS FOLLOWS: THE CORPORATION IS

ORGANIZED AND AT ALL TIMES THEREAFTER SHALL BE OPERATED PRIMARILY FOR THE

PURPOSES OF PROVIDING AND IMPROVING THE PROVISION OF LEGAL REPRESENTATION

AND RELATED INTERDISCIPLINARY SERVICES TO INDIGENT INDIVIDUALS INVOLVED

WITH, OR AT RISK OF BECOMING INVOLVED WITH, FAMILY COURT, HOUSING COURT,

CRIMINAL COURT OR IMMIGRATION PROCEEDINGS, PROVIDING TRAINING AND TECHNICAL

ASSISTANCE TO OTHER PROFESSIONALS WORKING WITH SUCH INDIVIDUALS, ADVOCATING

FOR THE INTERESTS OF SUCH INDIVIDUALS WITH RESPECT TO RELEVANT POLICY

ISSUES AND OTHER LAWFUL PURPOSES RELATED TO THE FOREGOING.

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

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization CENTER FOR FAMILY REPRESENTATION INC	Employer identification number 51-0419496
PRIOR TO FILING THE DRAFT IS DISTRIBUTED TO ALL BOARD MEMB	ERS FOR REVIEW
AND COMMENT.	
FORM 990, PART VI, SECTION B, LINE 12C:	
COMPREHENSIVE COI FORM IS COMPLETE BY EACH MEMBER OF THE B	OARD.
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. T	HE SALARIES OF
THE EXECUTIVE DIRECTOR AND CHIEF FINANCIAL OFFICER HAVE NO	T CHANGED FOR
SEVERAL YEARS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE FINANCIALS AND 990 RETURNS ARE AVAILABLE ON OUR WEBSIT	E, OTHER
GOVERNING DOCUMENTS AS WELL AS CFR'S CONFLICT OF INTEREST	POLICY ARE
AVAILABLE UPON REQUEST.	
PART XII, LINE 2C:	
THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR.	