** FORM 990 PUBLIC DISCLOSURE COPY **									
	Ω	nn	Return of Organization Exempt From	n Income Ta	X	OMB No. 1545-0047			
Form JJU Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)									
		of the Treasury	Do not enter social security numbers on this form as it m			Open to Public			
		enue Service	Go to www.irs.gov/Form990 for instructions and the la		10	Inspection			
				JUN 30, 20					
B C	heck if oplicab	le: C Name of	organization	D Employer ide	ntificat	tion number			
		FAMI	LY RESOURCES						
	_change FAMILY RESOURCES 25-072								
	Initial returr	Number	and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone nui	nber				
	Final	/	FORBES AVENUE	41	2-36	53-1702			
	termii ated Amer	City or to	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$		17,026,548.			
	_return Appli		SBURGH, PA 15219	H(a) Is this a grou					
	_tion pend	F Name ar	nd address of principal officer:VICTORIA CLITES	for subordin					
		empt status:		527 If "No." attac					
			FAMILYRESOURCESOFPA.ORG	H(c) Group exem		t. (see instructions)			
		f organization:				State of legal domicile: PA			
	rt I	Summary				nate en legar definient. = = =			
1	1		e the organization's mission or most significant activities: TO TREAT	AND PREVEN	T CI	HILD ABUSE			
Activities & Governance		BY STRE	NGTHENING FAMILIES AND NEIGHBORHOODS						
rna	2	Check this box	et asse	ets.					
ove	3				3	16			
ڻ م	4	Number of ind	ependent voting members of the governing body (Part VI, line 1b)		4	16			
es 6	5		of individuals employed in calendar year 2017 (Part V, line 2a)		5	241			
viti	6		of volunteers (estimate if necessary)		6	12			
\cti	7 a		business revenue from Part VIII, column (C), line 12		7a	0.			
1	b	Net unrelated	t unrelated business taxable income from Form 990-T, line 34			0.			
				Prior Year		Current Year			
e	8	Contributions	and grants (Part VIII, line 1h)	6,075,29		6,843,551.			
Revenue	9	Program service	ce revenue (Part VIII, line 2g)	983,46		1,109,887. 4,629,147.			
Sev.	10	Investment inc	come (Part VIII, column (A), lines 3, 4, and 7d)	152,49	152,490.				
۳.	11	Other revenue	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			-109,257.			
	12	Total revenue	add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,230,23		12,473,328.			
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	48,73		16,096.			
			o or for members (Part IX, column (A), line 4)		0.	0.			
es	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)	5,152,88		5,528,534.			
Expenses	16a	Professional fu	compensation, employee benefits (Part IX, column (A), lines 5-10) indraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) 147,983.		0.	0.			
ž	b	Total fundraisi	ng expenses (Part IX, column (D), line 25)	0 600 05		0 104 820			
"	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	2,603,25		2,104,732.			
	18	•	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,804,87		7,649,362.			
S	19	Revenue less	expenses. Subtract line 18 from line 12	-574,64		4,823,966.			
IS OI	_			Beginning of Current Y		End of Year			
Sse Bala		Total assets (F		11,129,12		14,046,155.			
Net Assets or Fund Balances	21		(Part X, line 26)	2,039,65		430,484.			
	22		und balances. Subtract line 21 from line 20	9,089,46	5.	13,615,671.			
	rt II			the second as a second se	af mer d	naudadaa aad babat 91			
ULIQE	e pen	anies or perjury, l	declare that I have examined this return, including accompanying schedules and sta	atements, and to the pest	ui my Ki	nowledge and bellet, it is			

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

Sign Here								
	Print/Type preparer's name	Fieparer S Signature	Date Check PTIN					
Paid SARAH R. PIOT SARAH R. PIOT 013588								
Preparer Firm's name SCHNEIDER DOWNS & CO., INC. Firm's EIN 25-140								
Use Only Firm's address ONE PPG PLACE SUITE 1700								
PITTSBURGH, PA 15222 Phone no. (412) 261-3644								
May the IRS discuss this return with the preparer shown above? (see instructions)								
732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2017)								

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PREVENT AND TREAT CHILD ABUSE BY STRENGTHENING FAMILIES AND
	NEIGHBORHOODS IN ALLEGHENY COUNTY IN THE COMMONWEALTH OF PENNSYLVANIA.
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?
	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
10	revenue, if any, for each program service reported. (Code:) (Expenses \$ 2,164,784. including grants of \$ 2,746.) (Revenue \$
4a	(Code:) (Expenses \$ 2,164,784. including grants of \$ 2,746.) (Revenue \$ THE BEVERLY JEWEL WALL LOVELACE (BJWL) PROGRAM IS THE LARGEST PROVIDER
	OF OUT OF SCHOOL TIME SERVICES IN ALLEGHENY COUNTY, LOCATED AT 18 SITE
	IN PITTSBURGH. THE PROGRAM IS OPEN SIX DAYS A WEEK DURING THE SCHOOL
	YEAR AND FIVE DAYS DURING THE SUMMER MONTHS. THE PROGRAM INSPIRES
	LEARNING, KEEPS CHILDREN SAFE AND PROMOTES WELL-BEING THROUGH SOCIAL
	AND ACADEMIC PROGRAMMING. THE BJWL PROGRAM SERVES OVER 1,500 CHILDREN
	EACH YEAR.
4b	(Code:)(Expenses \$ 1,206,493. including grants of \$) (Revenue \$ 3,038
+D	(Code:) (Expenses \$1,206,493. including grants of \$) (Revenue \$3,038 IN HOME SERVICE PROGRAMS INCLUDE FAMILY UNIFICATION SERVICES AND THE
	PARENT/TEEN MEDIATION PROGRAM. FAMILY UNIFICATION SERVICES PROVIDES
	SUPPORT AND EDUCATION FOR FAMILIES WHO ARE AT RISK OF SEPARATION,
	FOSTER CARE PLACEMENT, OR ADOPTION; OR WHO HAVE BEEN SEPARATED AND ARE
	WORKING TOWARD REUNIFICATION AND DEVELOPING POSITIVE RELATIONSHIP
	PATTERNS AND SKILLS. WE WORK TO EQUIP FAMILIES WITH THE TOOLS THEY
	NEED TO REMAIN OR REUNITE AS A FAMILY. THE PARENT/TEEN MEDIATION
	PROGRAM OFFERS FREE COUNSELING TO FAMILIES WITH CHILDREN 8-18 WHO ARE
	EXPERIENCING CONFLICT, STRUGGLING TO CREATE OR MAINTAIN A POSITIVE HOM
	ENVIRONMENT, OR HAVING DIFFICULTY MANAGING A CHILD OR TEENAGER'S BEHAVIOR. WE FOCUS ON STRUCTURE, COMMUNICATION, AND RELATIONSHIP SKIL
	BUILDING TO ENHANCE FAMILY FUNCTIONING.
4c	(Code:) (Expenses \$ 938,154. including grants of \$ 12,804. (Revenue \$ 328,672
	CHILD ABUSE TREATMENT PROGRAMS INCLUDE OUTPATIENT PSYCHOTHERAPY
	SERVICES AND THE THERAPEUTIC PARENTS' AND CHILDREN'S CENTER. THE
	THERAPEUTIC PRESCHOOL SUPPORTS SOCIAL AND EMOTIONAL LEARNING FOR
	CHILDREN AGES 3-5. HERE, CHILDREN WHO HAVE EXPERIENCED TRAUMA AND NEED
	EMOTIONAL AND BEHAVIORAL SUPPORT CAN FIND THE ENVIRONMENT THAT THEY
	NEED TO HEAL, BUILD CONFIDENCE AND PAVE THE WAY TO BE SUCCESSFULLY
	ENROLLED IN A TRADITIONAL SCHOOL SETTING. THE COUNSELING CENTER
	FOCUSES ON EMPOWERING AND STRENGTHENING INDIVIDUALS AND FAMILIES. WE
	PROVIDE COMPREHENSIVE SERVICES THAT ADDRESS THE DIVERSE MENTAL HEALTH
	NEEDS OF CHILDREN, ADOLESCENTS, ADULTS, AND FAMILIES. OUR BOARD CERTIFIED PSYCHIATRISTS AND CLINICAL PROFESSIONALS PROVIDE EXPERT CARE
	TO PEOPLE WHO HAVE EXPERIENCED TRAUMA.
14	Other program services (Describe in Schedule O.)
40	(Expenses \$ 1,598,012 · including grants of \$ 546 ·) (Revenue \$ 778,175 ·)
4e	Total program service expenses ► 5,907,443.
	Form 990 (20
32002	2 11-28-17
	2
61	109 786250 25303-24000 2017.04030 FAMILY RESOURCES 25303-2

25 - 0728060Page **2**

FAMILY RESOURCES

Part III Statement of Program Service Accomplishments

Form 990 (2017)

Form	990	(2017)	۱

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</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		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
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? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>	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		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		x
16	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		- 22
15	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	15		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	10		IX

Form **990** (2017)

Form	aan	(2017)
FUIII	990	(2017)

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
2 4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			x
07	complete Schedule L, Part II	26		<u>л</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		x
00	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):			
2	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20a		X
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			İ
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u>-</u> -
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2017)

Form	990 (2017) FAMILY RESOURCES 25-0728	060	Р	age 5		
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V					
			Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 25					
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0					
с						
	(gambling) winnings to prize winners?	1c	Х			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return 2a 241					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х		
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit					
	any contributions that were not tax deductible as charitable contributions?	6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х			
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?	7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	A		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A					
	sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?N/A	9b				
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12 10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders N/A					
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.) 11b					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A 12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state? ${ m N/A}$	13a				
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans 13b					
С	Enter the amount of reserves on hand 13c					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b				
		Form	990	(2017)		

Form 990	(2017)
----------	--------

X

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

Sec						
	tion A. Governing Body and Management					
			1 4		Yes	1
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	6		
	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 in Schedule 0.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b		<u>6</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		•			ŀ
	officer, director, trustee, or key employee?			2		∔
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, or trustees, or key employees to a management company or other person? \dots			3		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 v	vas filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		
6	Did the organization have members or stockholders?					∔
7a	5 , , , , , , , , , , , , , , , , , , ,					
	more members of the governing body?			7a		
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?			7b		
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	acheo	d at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal R	Reven	ue Code.)		-	
					Yes	1
0a	Did the organization have local chapters, branches, or affiliates?			10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapte	ers, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy be	fore filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to co	onflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ">	Yes,"	describe			Τ
	in Schedule O how this was done			12c	Х	
3	Did the organization have a written whistleblower policy?			13	Х	
4	Did the organization have a written document retention and destruction policy?			14	Х	Т
5	Did the process for determining compensation of the following persons include a review and approv					T
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?				
а	The organization's CEO, Executive Director, or top management official			15a	Х	Т
	Other officers or key employees of the organization			15b	Х	T
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					t
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a			
	taxable entity during the year?			16a		T
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						t
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga					
	······································			16b		L
	exempt status with respect to such arrangements?					-
ec	exempt status with respect to such arrangements?					
	tion C. Disclosure			1.00		
7	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶PA					
7	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶PA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-				le	
7	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶PA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990- for public inspection. Indicate how you made these available. Check all that apply	T (Se	ction 501(c)(3)s only;		le	
7 8	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶PA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990- for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain	T (Se	ction 501(c)(3)s only) chedule O)	availat		
7 8	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶PA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990- for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	T (Se	ction 501(c)(3)s only) chedule O)	availat		
7 8 9	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶PA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990- for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain Describe in Schedule O whether (and if so, how) the organization made its governing documents, co statements available to the public during the tax year.	T (Sen In in S Donflict	ction 501(c)(3)s only) chedule O) : of interest policy, ar	availat		
7 8 9	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶PA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990- for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain Describe in Schedule O whether (and if so, how) the organization made its governing documents, co statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bo	T (Sen In in S Donflict	ction 501(c)(3)s only) chedule O) : of interest policy, ar	availat		
7 8 9	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶PA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990- for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain Describe in Schedule O whether (and if so, how) the organization made its governing documents, co statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bo JASON JOVENALL - 412-363-1702	T (Sen In in S Donflict	ction 501(c)(3)s only) chedule O) : of interest policy, ar	availat		
7 8 9 0	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶PA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990- for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain) Describe in Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's box JASON JOVENALL 412-363-1702 1425 FORBES AVENUE, PITTSBURGH, PA 15219	T (Sen In in S Donflict	ction 501(c)(3)s only) chedule O) : of interest policy, ar	availab	cial	
17 18 19 20	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶PA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990- for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain Describe in Schedule O whether (and if so, how) the organization made its governing documents, co statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bo JASON JOVENALL - 412-363-1702	T (Sen In in S Donflict	ction 501(c)(3)s only) chedule O) : of interest policy, ar	availab) (2

Part VII	Compensation of Officers,	Directors, Trustees,	, Key Employees,	Highest C	compensated
	Employees, and Independe	ent Contractors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See 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.

• 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)	ľ		(0)			(D)	(E)	(F)
Name and Title	Average hours per		not c	Posi heck i ss per	more	than		Reportable compensation	Reportable compensation	Estimated amount of
	week	offic		d a di				from	from related	other
	(list any hours for	Individual trustee or director				pe		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	stee or	trustee			Highest compensated employee		(W-2/1099-MISC)		organization
	organizations below	ual tru	ional t		Key employee	t comp /ee				and related organizations
	line)	ndivid	Institutional t	Officer	key em	Highes employ	Former			organizations
(1) JOSHUA CRAMER	1.00	_			-					
BOARD MEMBER (ENTERED 9/2017)		X						0.	0.	0.
(2) PATRICIA DARNLEY	1.00									
BOARD MEMBER		X						0.	0.	0.
(3) JENNIFER ENGEL	1.00									
BOARD MEMBER (ENTERED 9/2017)		Х						0.	0.	0.
(4) GORDON D. FISHER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(5) JEREMY GRACIK	1.00									
BOARD MEMBER (ENTERED 5/2018)		X						0.	0.	0.
(6) TRACEY GRAJEWSKI	1.00									
BOARD MEMBER	1 0 0	X						0.	0.	0.
(7) MARY ANN HOWARD	1.00									
BOARD MEMBER	1 0 0	X						0.	0.	0.
(8) NANCY KEEGAN	1.00								0	0
BOARD MEMBER	1 00	X				<u> </u>	<u> </u>	0.	0.	0.
(9) REVEREND JOHN KNIGHT	1.00							0	0	0
BOARD MEMBER (ENTERED 9/2017)	1 00	X					<u> </u>	0.	0.	0.
(10) D. BRYANT MITCHELL, II	1.00	x						0.	0.	0.
BOARD MEMBER	1.00	<u> </u>					<u> </u>	0.	0.	0.
(11) WILLIAM SIMPSON BOARD MEMBER	1.00	x						0.	0.	0.
(12) THOMAS VON LEHMAN	1.00	^						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(13) ROBERT YOUNG	1.00							0.	0.	0.
BOARD MEMBER (ENTERED 9/2017)	1.00	x						0.	0.	0.
(14) VICTORIA L. CLITES	1.00								0.	
PRESIDENT		x		x				0.	0.	0.
(15) SCOTT L. BROWN	1.00									
VICE PRESIDENT AND SECRETARY		x		x				0.	0.	0.
(16) MICHAEL P. DONNELLY	1.00								•••	
TREASURER		x		x				0.	0.	0.
(17) AIMEE LEFEVERS	40.00									
EXECUTIVE DIRECTOR		1		х				146,265.	0.	27,381.
732007 11-28-17						· · · ·				Form 990 (2017)

732007 11-28-17

11561109 786250 25303-24000

7

	990 (2017) FAMILY RI	ESOURCES	5							25-0	728	060	Pa	age 8
Par			ploy	ees			ghe	st C		es (continued)				
	(A) Name and title	(B) Average hours per week	box offic	not c , unle	ss pe	ition more rson i	than o is botl pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	on	an	(F) timate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatior (W-2/1099-MI		fr org and	pensa om the anizati d relate anizatio	e ion ed
·														
1b	Sub-total 146,265.										0.	2	7,3	81.
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)											0.		7,3	0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	iose	liste	ed al	oove	e) wh	io r	eceived more than \$100),000 of reportab	le			1
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	-				•			•			3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportab	le co	omp	ensa	ation	n and	l ot		the organization		4	x	
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i> ion B. Independent Contractors					-			-			5		X
1	Complete this table for your five highest co the organization. Report compensation for	-									npens	ation f	rom	
	(A) Name and business	(B) Description of s		с	(C ompe		n							
POINT BRIDGE REALTY ADVISORS, 1001 PERRY HIGHWAY, SUITE 8, PITTSBURGH, PA 15237 REALTY ROBERT J. ALGAIER, M.D.										OR		11	7,5	00.
	VEE LYNN DRIVE, PITTS	SBURGH,	PZ	A 1	152	228	3	_	PSYCHIATRIC	SERVICES		10	3,3	10.
2	Total number of independent contractors (i	•	ot li	mite	d to		•	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organiz	zation 🕨				4	2					Form	990 (2	2017)

		Check if Schedule O conta		ponoc		(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenuè éxclude from tax under sections 512 - 514
1	а	Federated campaigns	·	1a	9,596.				
.		Membership dues		1b	, ,				
		Fundraising events		1c	72,450.				
		Related organizations	····· ⊢	1d	,				
		Government grants (contributio	····· ⊢	1e	6,216,910.				
		All other contributions, gifts, grants	Ý 🕨		-,,				
		similar amounts not included abov		1f	544,595.				
	a	Noncash contributions included in lines	····· -		297,885.				
1	-	Total. Add lines 1a-1f				6,843,551.			
					Business Code	, , , , , , , , , , , , , , , , , , , ,			
2	а	BILLING INCOME			900099	1,094,308.	1,094,308.		
2		AUXILIARY INCOME			900099	10,344.	10,344.		
		TRAINING & CONFERENCE F	EES		900099	5,235.	5,235.		
	d								
	e								
	-	All other program service rever	חוופ						
		Total. Add lines 2a-2f				1,109,887.			
3		Investment income (including of			i i				
ľ		other similar amounts)				241,614.			241,63
4		Income from investment of tax							
5		Royalties	•		· · · ·				
ľ			(i) Re		(ii) Personal				
6	а	Gross rents	39						
ľ		Less: rental expenses		,418.					
		Rental income or (loss)		,513.					
	d Net rental income or (loss)			-106,513.			-106,53		
₇		Gross amount from sales of	(i) Secu		(ii) Other				
1 '	u	assets other than inventory	4,816						
	h	Less: cost or other basis	-,	/					
	D	and sales expenses	4,381	541.	0.				
	c	Gain or (loss)							
	4	Net gain or (loss)		, = . = .	► .	4,387,533.			4,387,5
8		Gross income from fundraising				-,,			
ľ	u	including \$ 72,							
		contributions reported on line							
		Part IV, line 18	·	2	22,517.				
	h	Less: direct expenses							
		Net income or (loss) from fundi				-2,744.			-2,7
		Gross income from gaming act	-			2,711.			2,7
1	a								
	h	Part IV, line 19 Less: direct expenses							
		Net income or (loss) from gami							
10									
10	a	Gross sales of inventory, less r							
	h	and allowances							
		Less: cost of goods sold							
-	С	Net income or (loss) from sales		tory					
44		Miscellaneous Revenue	;		Business Code				
11					<u>├</u>				
	b				├ ──── ├				
	C				├ ──── ┤				
		All other revenue							
		Total. Add lines 11a-11d				40.100.000			
12		Total revenue. See instructions.			🕨 📔	12,473,328.	1,109,887.	C	4,519,89

25303-21

Form 990 (2017)

FAMILY RESOURCES

Part VIII Statement of Revenue

	eck if Schedule O contains a response	(A)	(B)	(C)	(D)
<i>Jo not include amo</i> 7b, 8b, 9b, and 10	ounts reported on lines 6b, b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and othe	er assistance to domestic organizations		'		1
and domestic g	overnments. See Part IV, line 21				
2 Grants and ot	her assistance to domestic				
individuals. S	ee Part IV, line 22	16,096.	16,096.		
3 Grants and ot	her assistance to foreign				
	, foreign governments, and foreign				
	ee Part IV, lines 15 and 16				
	to or for members				
-	n of current officers, directors,	150,183.		150,183.	
	key employees	100,100.		100,100.	
-	not included above, to disqualified				
	ined under section 4958(f)(1)) and bed in section 4958(c)(3)(B)				
	and wages	4,397,392.	3,703,525.	600,713.	93,154
	ccruals and contributions (include	_,	5,105,525.		20720
	and 403(b) employer contributions)	73,795.	53,091.	20,575.	129
	ee benefits	571,165.	437,447.	124,459.	9,259
		335,999.	274,476.	54,160.	7,363
	ces (non-employees):				
		5,127.		5,127.	
	[73,365.		73,365.	
	ndraising services. See Part IV, line 17				
f Investment m	anagement fees	5,768.		5,768.	
	11g amount exceeds 10% of line 25,				
column (A) ame	ount, list line 11g expenses on Sch O.)	389,476.	210,441.	178,394.	641
2 Advertising ar	nd promotion	005 005	000 544		
	es	285,087.	208,544.	50,870.	25,673
	echnology	122,314.	54,450.	67,864.	
		433,904.	247,534.	183,431.	2 0 2 0
		124,124.	121,038.	2,995.	2,939
	· · · · · · · · · · · · · · · · · · ·	144,144.	121,030.	2,995.	9.
	travel or entertainment expenses				
2	Il, state, or local public officials conventions, and meetings	6,098.	6,098.		
· · · · ·		8,628.	0,050.	8,628.	
	affiliates	0,0200		0,0200	
	depletion, and amortization	60,853.	229.	60,624.	
3 Insurance		101,708.	60,532.	39,247.	1,929
	. Itemize expenses not covered	,	,	,	•
above. (List mis	scellaneous expenses in line 24e. If line ceeds 10% of line 25, column (A)				
	24e expenses on Schedule O.)				
a IN-KIND	FOOD	297,885.	297,885.		
	RELATED	171,394.	170,772.	622.	
	EES, & SUBSCRIPT	51,834.	8,508.	36,521.	6,80
d PROGRAM	I SUPPLIES	30,998.	30,998.		
e All other expe	nses	-63,831.	5,779.	-69,610.	
	l expenses. Add lines 1 through 24e	7,649,362.	5,907,443.	1,593,936.	147,983
	mplete this line only if the organization				
	Imn (B) joint costs from a combined				
-	npaign and fundraising solicitation.			I	

732010 11-28-17

11561109 786250 25303-24000

25-0728060 Page 11

767,011.

465,345. 20,485. 613,716.

Form 990	(2017) FAMILY RESOURCES		25-	0728060 Pa
Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	142,997.	1	767,0
2	Savings and temporary cash investments	142,784.	2	465,3
3	Pledges and grants receivable, net	21,157.	3	20,4
4	Accounts receivable, net	1,134,037.	4	613,7
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary			
s	employees' beneficiary organizations (see instr). Complete Part II of Sch I		6	

	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensation	ated en	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect					
ţ		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			99,510.	9	126,776.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,246,605.			
	b	Less: accumulated depreciation	10b	826,204.	5,127,228.	10c	420,401.
	11	Investments - publicly traded securities			4,461,407.	11	7,003,414.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			0.	15	4,629,007.
	16	Total assets. Add lines 1 through 15 (must equa			11,129,120.	16	14,046,155.
	17	Accounts payable and accrued expenses			855,803.	17	430,484.
	18	Grants payable		18			
	19	Deferred revenue			33,854.	19	0.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I			21		
Se	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee					
iab		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ated thi	rd parties	1,150,000.	23	0.
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25		2,039,657.	26	430,484.	
		Organizations that follow SFAS 117 (ASC 958), chec	k here ▶ X and			
es		complete lines 27 through 29, and lines 33 an	d 34.				
anc	27	Unrestricted net assets			8,925,462.	27	13,430,387.
Balances	28	Temporarily restricted net assets			164,001.	28	185,284.
σ	29	Permanently restricted net assets				29	
Fui		Organizations that do not follow SFAS 117 (A	3), check here 🕨 🛄				
Q		and complete lines 30 through 34.					
iets	30	Capital stock or trust principal, or current funds			30		
Net Assets or Fun	31	Paid-in or capital surplus, or land, building, or ec	nt fund		31		
let ,	32	Retained earnings, endowment, accumulated in				32	
2	33	Total net assets or fund balances			9,089,463.	33	13,615,671.
	34	Total liabilities and net assets/fund balances			11,129,120.	34	14,046,155.
							Form 990 (2017)

Form **990** (2017)

	1990 (2017) FAMILY RESOURCES	<u>25-0'</u>	728060	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
			4.0.45		~ ~
1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,47		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,64		
3	Revenue less expenses. Subtract line 2 from line 1	3	4,82		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,08		
5	Net unrealized gains (losses) on investments	5	-29	7,7	58.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		10 (1	- <i>-</i>	- 1
De	column (B))	10	13,61	5,0	/1.
Pa	rt XII Financial Statements and Reporting				X
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	NO
1			-		
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				x
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		2b	х	
D	Were the organization's financial statements audited by an independent accountant?		20	1	<u> </u>
		e Dasis,			
	consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis				
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	o oudit			
C	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
			20		<u> </u>
20	If the organization changed either its oversight process or selection process during the tax year, explain in Sch As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
Jd		•	3a	Х	
h	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		Ja	23	
U U	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Зb	х	
	or addits, explain why in conclude o and describe any steps taken to undergo such addits	<u></u>			(2017)

Form **990** (2017)

12 11561109 786250 25303-24000 2017.04030 FAMILY RESOURCES

SCHEDULE A

(Form 990 or 990-EZ)

11561109 786250 25303-24000

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

	OMB No. 1545-0047
	2017
	Open to Public Inspection
r	identification number

OMB No. 1545-0047

	partment of the Treasury Attach to Form 990 or Form 990-EZ. Open to Public prnal Revenue Service Inspection Inspection											
Nan	ne of t	the organizati		do to www.ii3.go					Employer	identification nu		
				LY RESOURC	ES					5-0728060		
Pa	rt I	Reason			All organizations must co	omplete th	is part.) Se	ee instruction		0,20000		
The	organ				(For lines 1 through 12, o							
1					on of churches describe							
2	\square	-			Attach Schedule E (Forr			·//· ·//·/·				
3					anization described in s			ii).				
4	\square	•	•		njunction with a hospita				(iii). Enter	the hospital's nan	ne.	
-		city, and stat	-	·	, ,			(A A	~ /		,	
5				or the benefit of a co	ollege or university owne	d or opera	ted by a q	overnmental	unit descrit	oed in		
				Complete Part II.)	0 ,		, 0					
6				-	mental unit described in	section 17	70(b)(1)(A)	(v).				
7	X				antial part of its support i				the general	public described	in	
		section 170(b)(1)(A)(vi). (Complete Part II.)										
8					(1)(A)(vi). (Complete Par	t II.)						
9		An agricultur	al research org	ganization described	l in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	a land-grant	college		
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or										
		university:										
10		An organizati	on that norma	Illy receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	and gross receipts	from	
		activities rela	ted to its exen	npt functions - subje	ect to certain exceptions,	and (2) no	o more tha	in 33 1/3% o	f its suppor	t from gross inves	tment	
		income and ι	unrelated busir	ness taxable income	e (less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	after June 30, 197	75.	
		See section	509(a)(2). (Cor	mplete Part III.)								
11		An organization organized and operated exclusively to test for public safety. See section 509(a)(4).										
12		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or										
					ed in section 509(a)(1) o					Check the box in		
		-			of supporting organizatio							
а					supervised, or controlled							
					egularly appoint or elect	a majority	of the dire	ctors or trust	ees of the s	supporting		
	_			complete Part IV, Se								
b					d or controlled in connec							
			-		anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	oported		
				t complete Part IV,								
С					g organization operated				ally integrat	ed with,		
		-			s). You must complete					• • • • • •		
d					porting organization oper							
			•		zation generally must sa	-		-	id an attent	liveness		
					nplete Part IV, Sections							
е			•		written determination fro			а турет, туре	еп, туре п			
f	Ento				onally integrated support							
g				n about the supporte								
9		(i) Name of supp	-	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount o	f monetary	(vi) Amount of ot	ther	
		organization	ı		(described on lines 1-10 above (see instructions))	Yes	ing document? No	support (see i	nstructions)	support (see instruc	ctions)	
						İ	İ					
Tota	al											

Schedule A (Form 990 or 990-EZ) 2017 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 13

Schedule A (Form 990 or 990 EZ) 2017 FAMILY RESOURCES

25-0728060 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	Sec	ction A. Public Support						
membership fees received. (Do not include any 'unusual grants.') 6,975,543. 6,796,495. 5,896,473. 6,075,297. 6,843,551. 32,587,359. 2 Tax revenues levid for the organization's benefit and either paid to or expended on its behaf 6,975,543. 6,796,495. 5,896,473. 6,075,297. 6,843,551. 32,587,359. 3 The value of services or facilities furnished by a governmental unit to the organization without charge 6,975,543. 6,796,495. 5,896,473. 6,075,297. 6,843,551. 32,587,359. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 11 that exceede 25% of the amount shown on line 11, column (f) 6,975,543. 6,796,495. 5,896,473. 6,075,297. 6,843,551. 32,587,359. Section B. Total Support (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 6,975,543. 6,796,495. 5,896,473. 6,075,297. 6,843,551. 32,587,359. 8 Gross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from similar sources	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
include any "unusual grants.") 6,975,543. 6,976,495. 5,896,473. 6,075,297. 6,843,551. 32,587,359. 2 Tax revenues levied for the organization of sending of the organization without charge furnished by a governmental unit to the organization of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 296 of the amount shown on line 11, column (f) 6,975,543. 6,796,495. 5,896,473. 6,075,297. 6,843,551. 32,587,359. 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 296 of the amount shown on line 11, column (f) 6,975,543. 6,796,495. 5,896,473. 6,075,297. 6,843,551. 32,587,359. Section B. Total Support 6,975,543. 6,796,495. 5,896,473. 6,075,297. 6,843,551. 32,587,359. Section B. Total Support 6,975,543. 6,796,495. 5,896,473. 6,075,297. 6,843,551. 32,587,359. 9 Net income from interest, dividends, payments received on securities loans, rents, royatties, and income from unrelated business activities, whether or not the business is regularly carried on include gain or loss from the sale of capital assets (Explain in Part V). 34,876,653. 34,876,653. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part V	1	Gifts, grants, contributions, and						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		membership fees received. (Do not						
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 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) 6 Public support Section B. Total Support Calendar year (or fiscal year beginning in) ► 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net 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 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 90b is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and step here Section C. Computation of Public Support Percentage		include any "unusual grants.")	6,975,543.	6,796,495.	5,896,473.	6,075,297.	6,843,551.	32,587,359.
or expended on its behalf	2	Tax revenues levied for the organ-						
3 The value of services or facilities furnished by a governmental unit to the organization without charge 6,975,543. 6,796,495. 5,896,473. 6,075,297. 6,843,551. 32,587,359. 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) 6,975,543. 6,796,495. 5,896,473. 6,075,297. 6,843,551. 32,587,359. 6 Public support. Subtract line 5 from line 4. 32,587,359. 32,587,359. 32,587,359. 7 Amounts from line 4 6,975,543. 6,796,495. 5,896,473. 6,075,297. 6,843,551. 32,587,359. 8 Gross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from similar sources 474,056. 536,730. 592,434. 404,555. 281,519. 2,289,294. 9 Net income from unrelated business activities, whether or not the business is regularly carried on ro loss from the sale of capital assets (Explain in Part VI). 474,056. 536,730. 592,434. 404,555. 281,519. 2,289,294. 11 Total support. Add lines 7 through 10 34,076,653. 12 5,410,273. 34,076,653. 12 Gross receipts from related activities, etc. (see instructions) 12 5,410,273.		ization's benefit and either paid to						
furnished by a governmental unit to the organization without charge 6,975,543. 6,796,495. 5,896,473. 6,075,297. 6,843,551. 32,587,359. 4 Total. Add lines 1 through 3 6,975,543. 6,796,495. 5,896,473. 6,075,297. 6,843,551. 32,587,359. 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) 32,587,359. 6 Public support. Subtact line 5 from line 4 32,587,359. 7 Amounts from line 4 6,975,543. 6,796,495. 5,896,473. 6,075,297. 6,843,551. 32,587,359. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources activities, whether or not the business is regularly carried on 474,056. 536,730. 592,434. 404,555. 281,519. 2,289,294. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 474,056. 536,730. 592,434. 404,555. 281,519. 2,289,294. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 34,876,653. 12 5,410.,273. 12 5,410.,273. 12 5,410.,273. </td <td></td> <td>or expended on its behalf</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		or expended on its behalf						
the organization without charge 6,975,543 6,796,495 5,896,473 6,075,297 6,843,551 32,587,359 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) 6 Public support 32,587,359 6 Public support 32,587,359 32,587,359 7 Amounts from line 4 32,587,359 8 Gross income from interest, dividends, payments received on securities loans, rents, royatlies, and income from similar sources activities, whether or not the business is regularly carried on mor loss from the sale of capital assets (Explain in Part VI). 474,056.536,730.592,434.404,555.281,519.2,289,294. 11 Total support. Add lines 7 through 10 34,876,653. 12 5,410,273. 13 First five years. If the Form 90 is for the organization's first, second, third, fourth, or fift tax year as a section 501(c)(3) organization, check this box and stop here 12	3	The value of services or facilities						
4 Total. Add lines 1 through 3 6,975,543 6,796,495 5,896,473 6,075,297 6,843,551 32,587,359 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) 6 9 tubic support. Subtract line 5 from line 4 32,587,359 6 Public support. Subtract line 5 from line 4. 32,587,359 32,587,359 Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 6,975,543 6,796,495 5,896,473 6,075,297 6,843,551 32,587,359 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total A mounts from line 4 B cross income from unrelated business activities, whether or not the business is regularly carried on in cross from the sale of capital assets (Explain in Part VI.) 474,056 536,730 592,434 404,555 281,519 2,289,294 1 Total support. Add lines 7 through 10 1 Continue de quin or loss from the sale of capital assets (Explain in Part VI.) 12 5,410,273 </td <td></td> <td>furnished by a governmental unit to</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		furnished by a governmental unit to						
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) 32,587,359. 6 Public support. Subtract line 5 from line 4. 32,587,359. Section B. Total Support Calendar year (or fiscal year beginning in) ► 7 Amounts from line 4 6,975,543. 6,796,495. 5,896,473. 6,075,297. 6,843,551. 32,587,359. Section B. Total Support Calendar year (or fiscal year beginning in) ► 7 Amounts from line 4 6,975,543. 6,796,495. 5,896,473. 6,075,297. 6,843,551. 32,587,359. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from unrelated business activities, whether or not the business is regularly carried on into loss from the sale of capital assets (Explain in Part VI.) 474,056. 536,730. 592,434. 404,555. 281,519. 2,289,294. 11 Total support. Add lines 7 through 10 34,876,653. 12 5,410,273. 12 5,410,273. 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this		the organization without charge \dots						
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) 6 Public support. Subtract line 5 from line 4 7 Amounts from line 4 6	4	Total. Add lines 1 through 3	6,975,543.	6,796,495.	5,896,473.	6,075,297.	6,843,551.	32,587,359.
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 32,587,359. 6 Public support. Subtract line 5 from line 4. 32,587,359. Section B. Total Support (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Calendar year (or fiscal year beginning in) ► (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Section B. Total Support. (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Gross income from line 4 6, 975, 543. 6, 796, 495. 5, 896, 473. 6, 075, 297. 6, 843, 551. 32, 587, 359. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 474, 056. 536, 730. 592, 434. 404, 555. 281, 519. 2, 289, 294. 9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.) 474, 056. 536, 730. 592, 434. 404, 555. 281, 519. 2, 289, 294. 11 Total support. Add lines 7 through 10 134, 876, 653. 12 5, 410, 273. 34, 876, 653. 12 G	5	The portion of total contributions						
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		by each person (other than a						
on line 1 that exceeds 2% of the amount shown on line 11, column (f) 32,587,359. 6 Public support. Subtract line 5 from line 4. 32,587,359. Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Calendar year (or fiscal year beginning in) ► (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4 6, 975, 543. 6, 796, 495. 5, 896, 473. 6, 075, 297. 6, 843, 551. 32, 587, 359. 8 Gross income from initerest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 474, 056. 536, 730. 592, 434. 404, 555. 281, 519. 2, 289, 294. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 0 ther income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 34, 876, 653. 12 5, 410, 273. 11 Total support. Add lines 7 through 10 12 5, 410, 273. 12 5, 410, 273. 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and		governmental unit or publicly						
amount shown on line 11, column (f) amount shown on line 11, column (f) amount shown on line 11, column (f) 32,587,359. Section B. Total Support Section B. Total Support 32,587,359. 32,587,359. Section B. Total Support (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4 6,975,543. 6,796,495. 5,896,473. 6,075,297. 6,843,551. 32,587,359. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 474,056. 536,730. 592,434. 404,555. 281,519. 2,289,294. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 474,056. 536,730. 592,434. 404,555. 281,519. 2,289,294. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 34,876,653. 12 5,410,273. 12 Gross receipts from related activities, etc. (see instructions) 12 5,410,273. 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage		supported organization) included						
column (f) and and and 6 Public support. Subtract line 5 from line 4. 32,587,359. Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4 6,975,543. 6,796,495. 5,896,473. 6,075,297. 6,843,551. 32,587,359. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources activities, whether or not the business is regularly carried on		on line 1 that exceeds 2% of the						
6 Public support. Subtract line 5 from line 4. 32,587,359. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4 6,975,543. 6,796,495. 5,896,473. 6,075,297. 6,843,551. 32,587,359. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources activities, whether or not the business is regularly carried on		amount shown on line 11,						
Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4 6,975,543. 6,796,495. 5,896,473. 6,075,297. 6,843,551. 32,587,359. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 474,056. 536,730. 592,434. 404,555. 281,519. 2,289,294. 9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.) 474,056. 536,730. 592,434. 404,555. 281,519. 2,289,294. 11 Total support. Add lines 7 through 10 34,876,653. 34,876,653. 34,876,653. 34,876,653. 12 Gross receipts from related activities, etc. (see instructions) 12 5,410,273. 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage		column (f)						
Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4 6,975,543 6,796,495 5,896,473 6,075,297 6,843,551 32,587,359 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI) 474,056 536,730 592,434 404,555 281,519 2,289,294 11 Total support. Add lines 7 through 10 34,876,653 34,876,653 34,876,653 34,876,653 12 Gross receipts from related activities, etc. (see instructions) 12 5,410,273 . 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 14 14 14 14	6	Public support. Subtract line 5 from line 4.						32,587,359.
 7 Amounts from line 4 6,975,543. 6,796,495. 5,896,473. 6,075,297. 6,843,551. 32,587,359. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources activities, whether or not the business is regularly carried on activities, whether or not the business is regularly carried on activities, whether or not the business is regularly carried on activities, whether or not the business is regularly carried on activities, whether or not the business is regularly carried on activities, whether or not the business is regularly carried on activities, whether or not the business is regularly carried on activities, whether or not the business is regularly carried on activities, etc. (see instructions) activities, etc. (see instructions) at a sets (Explain in Part VI.) and a sets (Explain in Part VI.) and a sets (Explain in Part VI.) and a sets (see instructions) at a set of capital assets (for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here activities.	Sec	ction B. Total Support						
 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
 dividends, payments received on securities loans, rents, royalties, and income from similar sources activities, whether or not the business is regularly carried on a control of the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 	7	Amounts from line 4	6,975,543.	6,796,495.	5,896,473.	6,075,297.	6,843,551.	32,587,359.
 securities loans, rents, royalties, and income from similar sources 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 12 5, 410, 273. 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 	8	Gross income from interest,						
and income from similar sources 474,056.536,730.592,434.404,555.281,519.2,289,294. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 2,289,294. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 34,876,653. 11 Total support. Add lines 7 through 10 34,876,653. 12 Gross receipts from related activities, etc. (see instructions) 12 5,410,273. 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 10 Orther income form related activities of the organization of Public Support Percentage		dividends, payments received on						
9 Net income from unrelated business activities, whether or not the business is regularly carried on Image: Comparison of 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.) Image: Comparison of the business is regularly carried on 11 Total support. Add lines 7 through 10 Image: Comparison of the companization is first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage		securities loans, rents, royalties,						
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 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here		and income from similar sources \dots	474,056.	536,730.	592,434.	404,555.	281,519.	2,289,294.
business is regularly carried on	9	Net income from unrelated business						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Image: Comparison of the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 Image: Comparison of the sale of capital assets (Explain in Part VI.) 12 Gross receipts from related activities, etc. (see instructions) Image: Comparison of the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage		activities, whether or not the						
or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage		business is regularly carried on						
assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage	10	Other income. Do not include gain						
11 Total support. Add lines 7 through 10 34,876,653. 12 Gross receipts from related activities, etc. (see instructions) 12 5,410,273. 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Image: Computation of Public Support Percentage Section C. Computation of Public Support Percentage		or loss from the sale of capital						
12 5,410,273. 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage		assets (Explain in Part VI.)						
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage	11	Total support. Add lines 7 through 10						
organization, check this box and stop here Section C. Computation of Public Support Percentage	12	Gross receipts from related activities,	etc. (see instruction	ons)			12 5	,410,273.
Section C. Computation of Public Support Percentage	13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
		organization, check this box and stop	here					
14. Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f) 141 93, 141 93, 141 93, 141	Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
······································	14	Public support percentage for 2017 (line 6, column (f) di	ivided by line 11, c	olumn (f))		14	93.44 %
15 Public support percentage from 2016 Schedule A, Part II, line 14 15 93.04 %	15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	93.04 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	16 a	33 1/3% support test - 2017. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or n	nore, check this bo	
stop here. The organization qualifies as a publicly supported organization								
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	b	33 1/3% support test - 2016. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
and stop here. The organization qualifies as a publicly supported organization		and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	17a	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization		and if the organization meets the "fac	sts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pa	t VI how the organ	ization
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶∟
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	b	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the		more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explain	in Part VI how the	
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		organization meets the "facts-and-cire	cumstances" test.	The organization o	ualifies as a publi	cly supported orga	anization	▶∐
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	18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990 EZ) 2017 FAMILY RESOURCES

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

25-0728060 Page 3

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

Sec	ction A. Public Support				-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 20	17 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
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.)						
See	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 20	17 (f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
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 five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3)	organization,
	check this box and stop here						>
Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2017 (ine 8, column (f) c	divided by line 13,	column (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Investion		¥				
17	Investment income percentage for 20	17 (line 10c, colu	mn (f) divided by li	ine 13, column (f))		17	%
	Investment income percentage from 2					18	%
19 a	33 1/3% support tests - 2017. If the	-					
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t			
7320	23 10-06-17			15	Sch	edule A (Fo	orm 990 or 990-EZ) 2017

11561109 786250 25303-24000

2017.04030 FAMILY RESOURCES

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

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

732024 10-06-17

Schedule A (Form 990 or 990-EZ) 2017

16

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
		11c		
	A 35% controlled entity of a person described in (a) or (b) above? <i>If</i> "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	TIC		
000	aon B. Type Toupporting Organizations		Yes	No
4	Did the directory tructory, or membership of one or more supported organizations have the newer to		165	NU
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported			
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	-		
<u></u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		Vee	Na
4	Ware a majority of the argenization's directors of the store during the tay year slap a regionity of the directors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	-		
800	tion D. All Type III Supporting Organizations	1		
000	tion D. An Type in Supporting Organizations		Yes	No
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Tes	NO
1	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			
		1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
2	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3				
	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	•		
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	•		
a L	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i> The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
b		truction	-)	
c 2	L The organization supported a governmental entity. <i>Describe in</i> Part VI how you supported a government entity (see instactivities Test. Answer (a) and (b) below.	actions	y. Yes	No
2 a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NU
d	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	the supported organization(s) to which the organization was responsive <i>in res, then in</i> Part Videntity those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Za		
D	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 been engaged in the engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	ZIJ		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
U	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
73202	5 10-06-17 Schedule A (Form 9			2017
, 52023	17			

11561109 786250 25303-24000 2017.04030 FAMILY RESOURCES

25303-21

Schedule A (Form 990 or 990 EZ) 2017 FAMILY RESOURCES

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete 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 1-1/2% 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 .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 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	v integrate	d Type III supporting or	anization (see

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

Schedule A (Form 990 or 990-EZ) 2017

732026 10-06-17

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	· · · · · ·
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
-	Applied to underdistributions of prior years			
-	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
-	Excess from 2013			
	Excess from 2014			
-	Excess from 2015			
	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

732027 10-06-17

Schedule A (Form 990 or 990-EZ) 2017 FAMILY RESOURCES

	Section D, lin (See instruction	ion A, lines 1, 2, 3b, /, Section D, lines 2 les 5, 6, and 8; and ions.)	Part V, Sect	ion E, lines 2, 5, an	d 6. Also com	plete this part for a	ny additional informa	tion.
	,	,						
32028 10-06-1	7				2.0		Schedule A (Form 9	990 or 990-EZ)
61100	786250	25303-240	00 2	017 04030	20 Famti.v	RESOURCES	t.	25303-

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Ŧ

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Employer identification number

25-0728060

WITTI KEDOOKCED	AMILY	RESOURCES
-----------------	-------	-----------

0	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2017)
------------	-------	------	---------	------------	--------

Name of organization

FAMILY RESOURCES

Employer identification number

25-0728060

	f additional space is needed.	
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$5,842,396.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$297,885.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for
	(b) (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (c) (b) Name, address, and ZIP + 4	Name, address, and ZIP + 4 Total contributions

11561109 786250 25303-24000 2017.04030 FAMILY RESOURCES

Schedule Name of or	B (Form 990, 990-EZ, or 990-PF) (2017)			Employ	Page er identification number
Name of or	ganization			Employ	er identification number
FAMIL	Y RESOURCES			25	-0728060
Part II	Noncash Property (see instructions). Use duplicate copies of Part I	l if additio	nal space is needed	ł.	
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate (See instructions.		(d) Date received
2	DONATED FOOD	_			
		 \$ _	297,88	35.	07/01/17
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate (See instructions.		(d) Date received
		 \$_			
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate (See instructions.		(d) Date received
		 \$_			
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate (See instructions.		(d) Date received
		 \$_			
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate (See instructions.		(d) Date received
		 \$_			
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate (See instructions.		(d) Date received
		\$			
723453 11-0	L	<u> </u>	Schedule B	(Form 9	990, 990-EZ, or 990-PF) (2017

Page 3

11561109 786250 25303-24000 2017.04030 FAMILY RESOURCES

11561109 786250 25303-24000

25303-21

rt III	RESOURCES Exclusively religious, charitable, etc., con	tributions to organizations described i	2 5 - 0 7 2 8 0 6 0 n section 501(c)(7), (8), or (10) that total more than \$1,000	
	the year from any one contributor. Complete completing Part III, enter the total of exclusively religion	columns (a) through (e) and the follow	ing line entry. For organizations	
	Use duplicate copies of Part III if addition	nal space is needed.	ess for the year. (Enter this into: once.)	
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
.		(e) Transfer of gift		
	Transferee's name, address, a		Relationship of transferor to transferee	
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
_ .				
-		(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee	
No. m rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
.		(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
No. m t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
.		(e) Transfer of gift		
	Transferee's name, address, a		Relationship of transferor to transferee	

2017.04030 FAMILY RESOURCES

SCHEDULE D

(Form 990)

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.



Name of the organizati
Internal Revenue Service
Department of the Treasury

Nam	e of the organization FAMILY RESOURCES		Employer identification number
Pa		r Other Similar Funds	
1 41	organization answered "Yes" on Form 990, Part IV, line 6.		
		onor advised funds	(b) Funds and other accounts
-			
1	Total number at end of year	<u> </u>	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the		
	are the organization's property, subject to the organization's exclusive lega		
6	Did the organization inform all grantees, donors, and donor advisors in write		
	for charitable purposes and not for the benefit of the donor or donor advis	or, or for any other purpose c	
	impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if the organization ans	wered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all	that apply).	
	Preservation of land for public use (e.g., recreation or education)	Preservation of a histor	rically important land area
	Protection of natural habitat	Preservation of a certifi	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservat	tion contribution in the form of	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic structure include	ed in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06,	and not on a historic structur	re l
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, exting	juished, or terminated by the	organization during the tax
	year 🕨		
4	Number of states where property subject to conservation easement is loca	ated 🕨	
5	Does the organization have a written policy regarding the periodic monitor	ing, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	-	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of vi		
7	Amount of expenses incurred in monitoring, inspecting, handling of violation	ons, and enforcing conservati	on easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above satisfy the	requirements of section 170(h	h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easements		
	include, if applicable, the text of the footnote to the organization's financia		
	conservation easements.		0
Pa	rt III Organizations Maintaining Collections of Art, Histo	prical Treasures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to	o report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education	ation, or research in furtheran	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these iter	ms.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to rep	port in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or re		
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		N A
2	If the organization received or held works of art, historical treasures, or oth		
-	the following amounts required to be reported under SFAS 116 (ASC 958)		3, F. 61.80
я	Revenue included on Form 990, Part VIII, line 1	•	▶ \$
	Assets included in Form 990, Part X		
			······ 🚩 🦞

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
732051	10-09-17

Schedule D (Form 990) 2017

25

11561109 786250 25303-24000

2017.04030 FAMILY RESOURCES

Sche	dule D (Form 990) 2017 FAMILY	RESOURCES						25-07	2806	0 Pa	age 2
Pai	t III Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	easures, o	or Othe	r Simila	ar Asse	ts (contir	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, check	any of the	following tha	at are a się	gnificant (use of its	collectio	n item	S
	(check all that apply):										
а	Public exhibition	c	1 🛄 L	oan or excl	nange progra	ams					
b	Scholarly research	e	, LI (Other							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how th	ey further tl	ne organizati	ion's exen	npt purpo	se in Par	XIII.		
5	During the year, did the organization solicit of								-		_
	to be sold to raise funds rather than to be m							L	Yes		No
Pa	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" on	Form 990	, Part IV,	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	lian or other intermed	diary for o	contribution	s or other as	sets not i	included		-		7
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:							
									Amoun	t	
	Beginning balance										
d	Additions during the year										
e	Distributions during the year										
	Ending balance						. 1 f				
	Did the organization include an amount on F							L	Yes		J No □
	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete							<u></u>			<u></u>
I UI		-		ior year	(c) Two yea			oare back		Veare	hack
10	Paginning of year balance	(a) Current year		ior year		IS DACK (uj mee y	Cars Dack	(e) i oui	years	Dack
ld b	Beginning of year balance										
0	Contributions										
d	Grants or scholarships										
	Other expenditures for facilities										
e											
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent vear end balance	i ce (line 1o	n column (a)) held as:						
a	Board designated or quasi-endowment		%	<i>y</i> , oolanni (e							
b	Permanent endowment	%									
с	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	-	ation tha	t are held a	nd administe	ered for th	ie organiz	ation			
	by:								[Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on So	chedule R?					3b		
	Describe in Part XIII the intended uses of the		owment f	unds.							
Pa	t VI Land, Buildings, and Equipn										
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV	, line 11a. S	ee Form 990), Part X,	line 10.				
	Description of property	(a) Cost or c basis (investr		(b) Cost basis		• •	cumulate reciation	d	(d) Boo	k valu	Э
1a	Land										
b	Buildings										
	Leasehold improvements				7,878.		71,38				96.
d	Equipment			1,00	8,727.	7	54,82	22.	25	3,9	05.
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colum	n (B), line 1	0c.)				42	0,4	01.

Schedule D (Form 990) 2017

732052 10-09-17

Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(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.	
	Description		(b) Book value
(1) BUILDING AVAILABLE FOR SA	LE		4,629,007.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		4,629,007.
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)		
Liability for uncertain tax positions. In Part XIII, provide	e the text of the footnote to	o the organization's financial statements t	hat reports the

732053 10-09-17

Schedule D (Form 990) 2017

Sche	edule D (Form 990) 2017 FAMILY RESOURCES			25-	0728060 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents Wit			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ı.			
1	Total revenue, gains, and other support per audited financial statements			1	12,347,249.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-297,758.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	171,679.		
е	Add lines 2a through 2d			2e	-126,079.
3	Subtract line 2e from line 1			3	12,473,328.
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.)	. 4b			
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.)			5	12,473,328.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten		th Expenses per	Retu	irn.
Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.			
Pa 1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ι.		Retu 1	ırn. 7,821,041.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ı. 			
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ı. 			
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b			
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	· · ·		
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses in Part XIII.)	2a 2b 2c 2d	171,679.		7,821,041.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	171,679.	1 2e	7,821,041.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses in Part XIII.)	2a 2b 2c 2d	171,679.	1	7,821,041.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	171,679.	1 2e	7,821,041.
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	171,679.	1 2e	7,821,041.
1 2 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	171,679.	1 2e	7,821,041.
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 2d 4a 4b	171,679.	1 2e 3 4c	7,821,041. 171,679. 7,649,362. 0.
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	171,679.	1 2e 3	7,821,041.

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

PART X, LINE 2:

THE	OR	GAN	IZAJ	TION	IS	Al	NOT	-FOI	R-PRC	FIT	CO	RPOF	RATI	ON	AS	DESCI	RIBE	DI	N	SECI	ION
501	(C)	(3)	OF	THE	INT	TERI	NAL	REV	VENUE	E CO	DE	(IRC	C) A	ND	IS	EXEM	PT F1	ROM	F	EDER	AL
INC	OME	TA	XES	PURS	UAN	1T .	го	SEC	FION	501	(A)	OF	THE	: IF	RC.	THE	ORG	ANI	ZA	TION	IIS
NOT	CLA	ASSI	IFIE	ED AS	A	PR	IVA	TE I	FOUNI	DATI	ON.										

THE ORGANIZATION FOLLOWS THE INCOME TAXES TOPIC OF THE FINANCIAL

ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION

(CODIFICATION), CLARIFYING THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES

RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS. THIS TOPIC REQUIRES A

RECOGNITION THRESHOLD AND MEASUREMENT PRINCIPLES FOR FINANCIAL STATEMENT

DISCLOSURES OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX Schedule D (Form 990) 2017 732054 10-09-17 28 11561109 786250 25303-24000 2017.04030 FAMILY RESOURCES 25303-21

Schedule D (Form 990) 2017 FAMILY RESOURCES	25-0728060 Page 5
Part XIII Supplemental Information (continued)	
RETURN. THE ORGANIZATION HAS ASSESSED THE TAX POSITION	S IT HAS TAKEN OR
EXPECTS TO TAKE IN ITS TAX RETURNS, AND NO LIABILITY FOR	R UNCERTAIN TAX
POSITIONS HAS BEEN RECORDED; FURTHER, THE ORGANIZATION I	HAS NO UNRECOGNIZED
TAX BENEFITS. THE ORGANIZATION IS NO LONGER SUBJECT TO	EXAMINATION OF ITS
TAX RETURNS FOR YEARS BEFORE 2015.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EVENT EXPENSES	25,261.
RENTAL EXPENSES	146,418.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	171,679.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EVENT EXPENSES	25,261.
RENTAL EXPENSES	146,418.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	171,679.

732055 10-09-17

SCHEDULE G	Supplama	ntal Information Departing	Eun	droid	ing or Coming	A ati		OMB No. 1545-0047
(Form 990 or 990-EZ)		ental Information Regarding e organization answered "Yes" on						2017
Department of the Treasury	C	organization entered more than \$1 Attach to Form 990						Open to Public
Internal Revenue Service		Go to www.irs.gov/Form990						Inspection
Name of the organizatior		RESOURCES					25-072	dentification number 8060
	ing Activities	Complete if the organization answe	ered "Y	es" o	n Form 990, Part IV,	line 1		
· · · · · · · · · · · · · · · · · · ·	complete this par	t. sed funds through any of the followi	ag acti	vitios	Chock all that apply	,		
a Mail solicitat	-		-		overnment grants			
	email solicitations			-	nment grants			
c Phone solicit d In-person so		g 🛄 Special	fundra	aising	events			
•		or oral agreement with any individua	l (inclu	ding o	fficers, directors, tru	stees	, or	
• • •		art VII) or entity in connection with p viduals or entities (fundraisers) pursi			-			es No
compensated at le	•	· / /		ayree	ements under which	une iu	inuraiser is ti	5 De
			(iii)	Did			Amount paic	
(i) Name and addres or entity (fund		(ii) Activity	have c	ustody htrol of	(iv) Gross receipts from activity	··	or retained by fundraiser	(vi) Amount paid to (or retained by) organization
			contrib	utions?		list	ted in col. (i)	organization
			Yes	No				
								_
Total								
3 List all states in whi or licensing.	ch the organizatio	on is registered or licensed to solicit	contrik	oution	s or has been notified	d it is	exempt from	registration
LHA For Paperwork Re	eduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ. S	Schee	dule G (Forn	n 990 or 990-EZ) 2017

732081 09-13-17

Schedule G (Form 990 or 990-EZ) 2017 FAMILY RESOURCES

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

		of fundraising event contributions and gr	oss income on Form 990)-EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ROCK AWAY	DINNER AT	NONE	(add col. (a) through
			CHILD ABUSE	ELEVEN		col. (c)
e			(event type)	(event type)	(total number)	COI. (C))
Revenue	1	Gross receipts	89,467.	5,500.		94,967.
	2	Less: Contributions	68,600.	3,850.		72,450.
	3	Gross income (line 1 minus line 2)	20,867.	1,650.		22,517.
	4	Cash prizes				
0	5	Noncash prizes	416.			416.
חוברו באחבווכבי	6	Rent/facility costs	1,500.	783.		2,283.
	7	Food and beverages	4,596.			4,596.
ר	8	Entertainment	800.			800.
	9	Other direct expenses		300.		17,165.
	10	Direct expense summary. Add lines 4 through		•	►	25,260.
	11	Net income summary. Subtract line 10 from l				-2,743.
	rt I					
		\$15,000 on Form 990-EZ, line 6a.				
aline			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Hevenue	1	Gross revenue				
χ,	2	Cash prizes				

ŝ	2	Cash prizes									
Direct Expenses	3	Noncash prizes									
lirect	4	Rent/facility costs									
	5	Other direct expenses									
	6	Volunteer labor	└── Yes % └── No	└── Yes% └── No	└── Yes % └── No						
	7	7 Direct expense summary. Add lines 2 through 5 in column (d)									
8 Net gaming income summary. Subtract line 7 from line 1, column (d)											
9 a	 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? 										

b If "No," explain:

 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
 Ves

 b If "Yes," explain:
 Ves

732082 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

<u>Sc</u> h	edule G (Form 990 or 990-EZ) 2017 FAMILY RESOURCES	25-0728060) Page 3
	Does the organization conduct gaming activities with nonmembers?		No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and recor		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
h	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amo	unt	
~	of gaming revenue retained by the third party \triangleright \$		
	If "Yes," enter name and address of the third party:		
Ŭ			
	Name		
	Address		
16	Gaming manager information:		
	Name N		
	Name		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
	Director/officer		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent		
~	organization's own exempt activities during the tax year > \$		
Pa	t IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	- Part III, lines 9, 9b, 1	0b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	, , ,	, ,
7320		G (Form 990 or 990)-EZ) 2017
		050	00 01

			Schedule G (Form 990 or 990-E
732084 04-01-17		33	
561109 786250 25303-2400	0 2017.04030) FAMILY RESOURCES	25303-21

SCHEDULE I (Form 990)	⁽⁰⁾ Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.										
Department of the Treasu Internal Revenue Service	iry		Go to www.ir	Attach to For rs.gov/Form990 for		nation.		Open to Public Inspection			
Name of the organ	ization		,	3				Employer identification number			
	FAMILY RE							25-0728060			
	al Information on Grants a										
	anization maintain records							tion			
	to award the grants or assi Part IV the organization's pro										
	and Other Assistance to		Q			anization answered "	/es" on Form 990. Par	t IV. line 21. for any			
	nt that received more than	-					,,,,,,,	,,			
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
	umber of section 501(c)(3) a umber of other organization							······			
	ork Reduction Act Notice							Schedule I (Form 990) (2017			

Instructions for Form 990. For Paperwork Reduction Act No LHA

732101 11-01-17

34

Schedule I (Form 990) (2017) FAMILY RESOURCE	ES				25-0728060 Page 2
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.	s. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CLIENT TRANSPORTATION	0	7,388.	0.	N/A	N/A
CLIENT FOOD	0	8,708.	0.	N/A	N/A
Part IV Supplemental Information. Provide the information red	quired in Part I, lir	ie 2; Part III, column	(b); and any other a	dditional information.	
FORM 990, SCHEDULE I, PART III, CO	DLUMN (B)	, NUMBER C	F RECIPIEN	ITS:	
THE ORGANIZATION PROVIDES ASSISTAN	NCE TO IN	DIVIDUALS	AND FAMILI	ES IN A	
VARIETY OF WAYS BASED ON THEIR PAR	RTICULAR	NEEDS. TH	IE NUMBER O)F	
RECIPIENTS OF THIS ASSISTANCE IS N	NOT AVAIL	ABLE.			

732102 11-01-17

35

Schedule I (Form 990) (2017)

	HEDULE J	Ļ	OMB No.	1545-00	47				
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees				201/				
		Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		Onen te		ia			
	tment of the Treasury	Attach to Form 990.		Open to Inspe					
	Iternal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Employer id Iame of the organization Employer id Employ								
	FAMILY RESOURCES 25-07280								
Part I Questions Regarding Compensation									
					Yes	No			
1a	Check the appropr	iate box(es) if the organization provided any of the following to or for a person listed on Form	ı 990,						
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or d	charter travel Housing allowance or residence for perso	nal use						
	Travel for com	panions	sidence						
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	s						
	Discretionary	spending account Personal services (such as, maid, chauffe	ur, chef)						
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or							
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b					
2	Did the organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2					
3		ny, of the following the filing organization used to establish the compensation of the organization							
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to						
	·	ation of the CEO/Executive Director, but explain in Part III.							
	X Compensation								
		compensation consultant							
	X Form 990 of o	ther organizations Approval by the board or compensation of	ommittee						
л	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
4	organization or a re								
а	•	e payment or change-of-control payment?		4a		x			
b		ceive payment from, a supplemental nonqualified retirement plan?				X			
		ceive payment from, an equity-based compensation arrangement?				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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on						
	contingent on the r								
а	The organization?			5a		Х			
b	Any related organiz	ation?		5b		Х			
		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	on						
	contingent on the r	net earnings of:							
а	The organization?			6a		X			
b	Any related organiz	ation?		6b		X			
		or 6b, describe in Part III.							
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment							
		nes 5 and 6? If "Yes," describe in Part III		7		X			
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t							
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X				
9		id the organization also follow the rebuttable presumption procedure described in							
		n 53.4958-6(c)?							
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forr	n 990) 2017			

 Schedule J (Form 990) 2017
 FAMILY
 RESOURCES
 25-0728060

 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.

25-0728060

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

		(B) Breakdown of	W-2 and/or 1099-MI	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 compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(I)-(D)	reported as deferred on prior Form 990
(1) AIMEE LEFEVERS	(i)	146,085.	0.	180.	4,500.	22,881.	173,646.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							ule 1 (Eorm 990) 2017

37

Schedule J (Form 990) 2017

Page 2

25-0728060 Page 3

Schedule J (Form 990) 2017

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

732113 10-17-17

38

Schedule J (Form 990) 2017

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

20

Department of the Treasury Internal Revenue Service Attach to Form 990.
 Go to www.irs.gov/Form990 for the latest information.

Inspection Employer identification number

25 - 0728060

Open To Public

Name of the organization

FAMILY RESOURCES

Pai	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contri amounts report Form 990, Part VII	ted on	(d) Method of de noncash contrib	etermin	•	s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8									
	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory	Х	1	297	,885.	FMV			
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► ()								
26	Other ► ()								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organized	zation durin	g the tax year for c	ontributions					
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gement	29			0	
	5	, ,			I			Yes	No
30a	During the year, did the organization receive by	v contributio	on any property re	ported in Part I. line	es 1 throu	oh 28. that it			
	must hold for at least three years from the date								
	exempt purposes for the entire holding period?			•			30a		х
h	If "Yes," describe the arrangement in Part II.	• •••••							
31	Does the organization have a gift acceptance	oolicy that r	equires the review	of any nonstandar	d contribu	itions?	31		х
	Does the organization have a girt acceptance plane								
JZd			-				32a		х
h	contributions? If "Yes," describe in Part II.						JZd		
	If the organization didn't report an amount in c	olumn (a) fa	r a tupa of aronal	v for which column	(a) is sha	akad			
33	-		a type of propert	y for which column	(a) is crie	uneu,			
	describe in Part II. For Paperwork Reduction Act Notice, see	the Instruct	tions for Earm 00	0		Schedule	/ (Earm	n 000)	2017
	I GER AUGE WURK DEGUGLIUH AGE NULICE. SEE	THE HISHUG	LIGHTS TOLEULIN 33	V.		JUIEUUIEI		ามออบไ	

732141 09-07-17

Schedule M (Form 990) 2017 FAMILY RESOURCES	hedule M (Form 990) 2017	FAMILY	RESOURCES
---	--------------------------	--------	-----------

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE AMOUNTS RECORDED IN COLUMN (B) REPRESENT THE NUMBER OF DONORS.

Schedule M (Form 990) 2017

732142 09-07-17 11561109 786250 25303-24000

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



FAMILY RESOURCES

Employer identification number 25 - 0728060

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

DURING 2018, THE BOARD UNANIMOUSLY APPROVED THAT THE FAMILY RETREAT

CENTER AND RELATED PROPERTY BE MARKETED FOR SALE. THE ORGANIZATION

DISCONTINUED THE FAMILY RETREAT CENTER PROGRAM EFFECTIVE SEPTEMBER 1,

2017.

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

THE FAMILY SUPPORT CENTER PROVIDES PARENT EDUCATION AND SUPPORT,

OPPORTUNITIES FOR FAMILY INTERACTIVE GROUPS AND FAMILY GOAL PLANNING,

AS WELL AS CHILD DEVELOPMENT THROUGH SCHOOL-READINESS ACTIVITIES.

PROGRAMS ARE DESIGNED AND LED BY FAMILY SUPPORT CENTER MEMBERS AND

STAFF, PROVIDING A SUPPORTIVE ENVIRONMENT OF PEERS.

FIRST STEPS WORKS WITH PARENTS WITH CHILDREN FROM 0-5 TO DEVELOP NURTURING AND ATTACHMENT SKILLS. WE HELP PARENTS UNDERSTAND AND TRACK CHILDREN'S SOCIAL AND PHYSICAL DEVELOPMENT, CONNECT FAMILIES TO COMMUNITY RESOURCES, AND SUPPORT PARENTS IN PROVIDING A SAFE SUCCESSFUL ENVIRONMENT FOR THE FAMILY.

REACH OUT TO FAMILIES FOCUSES ON PARENT EDUCATION, WORKING WITH PARENTS WITH CHILDREN 0-18 TO DEVELOP NURTURING AND ATTACHMENT SKILLS. WE REDUCE PARENT-CHILD CONFLICT AND FAMILY DISCORD, HELP CONNECT FAMILIES TO COMMUNITY RESOURCES, AND OFFER TOOLS FOR CREATING A SAFE SPACE WHERE THE FAMILY CAN GROW AND BUILD HEALTHY RELATIONSHIPS.

 OUR
 HIGH
 FIDELITY
 WRAPAROUND
 PROGRAM
 SUPPORTS
 FAMILIES
 WITH
 CHILDREN

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2017)

 732211
 09-07-17
 41

Schedule O (Form 990 or 990-EZ) (2017) Page 2						
Name of the organization FAMILY RESOURCES	Employer identification number $25-0728060$					
5-21 WITH A MENTAL HEALTH DIAGNOSIS WHO ARE INVOLVED IN M	ULTIPLE					
SYSTEMS. WRAPAROUND FACILITATORS ADDRESS THE UNIQUE NEED	S OF THE CHILD					
AND FAMILY AND DEVELOP AN INDIVIDUALIZED PLAN OF CARE. W	E WORK TO					
ENABLE THE CHILD TO REMAIN SAFELY IN THEIR HOME AND COMMU	NITY WITH					
APPROPRIATE SUPPORT AND RESOURCES.						

THROUGH EDUCATION, THE BATTERING INTERVENTION PROGRAM WORKS TO BREAK THE CYCLE OF DOMESTIC ABUSE. WE HELP PARTICIPANTS RECOGNIZE AND DEVELOP AWARENESS OF ABUSIVE THOUGHTS, EMOTIONS AND BEHAVIORS. OUR FACILITATORS ARE TRAINED TO SUPPORT PARTICIPANTS AS THEY ESTABLISH HEALTHY INTIMATE PARTNER RELATIONSHIPS AND IDENTIFY AND STOP VIOLENT AND ABUSIVE BEHAVIOR.

FAMILY FOCUSED SOLUTION BASED SERVICES PROVIDE IN-HOME THERAPEUTIC SUPPORT AND CASE MANAGEMENT. WE WORK WITH FAMILIES TO REDUCE THE NEED FOR OUT OF HOME PLACEMENTS BY SUPPORTING AND TEACHING PRIMARY CAREGIVER ROLES, ENABLING FAMILIES AND CHILDREN TO DEVELOP STRATEGIES TOWARD HEALING TOGETHER.

OUR FAMILY BASED MENTAL HEALTH SERVICES SUPPORT FAMILIES OF CHILDREN						
WHO ARE AT RISK OF CHILD ABUSE AND/OR NEGLECT OR ARE AFFECTED BY MENTAL						
HEALTH ISSUES THROUGH COMPREHENSIVE THERAPEUTIC INTERVENTIONS AND						
TRAUMA-INFORMED CARE. OUR SERVICES ARE CHILD-FOCUSED, FAMILY-CENTERED,						
CULTURALLY COMPETENT, COLLABORATIVE WITH OTHER SYSTEMS AND WORK TO KEEP						
EACH CHILD IN THE HOME.						
EXPENSES \$ 1,598,012. INCLUDING GRANTS OF \$ 546. REVENUE \$ 778,175.						

		3:	11E	LINE	В,	SECTION	VI,	PART	990,	FORM
Schedule O (Form 990 or 990-EZ) (2017)	S								07-17	732212 09-0
		42								
URCES 25303-21	RESOURCES	FAMILY	1030	17.04	20	-24000	25303	5250 2	9 78	1156110

Schedule O (Form 990 or 990-EZ) (2017) Page 2							
Name of the organization FAMILY RESOURCES	Employer identification number $25-0728060$						
THE FORM 990 IS REVIEWED INTERNALLY BY THE FAMILY RESOURCES' FINANCE							
MANAGER. UPON HIS REVIEW THE RETURN IS REVIEWED BY THE F	INANCE COMMITTEE						
OF THE BOARD. THE COMPLETED FORM 990 IS THEN PROVIDED TO THE FULL BOARD							
PRIOR TO FILING WITH THE IRS.							

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

THE BOARD MEMBERS ANNUALLY COMPLETE A CONFLICT OF INTEREST DOCUMENT THAT IS MAINTAINED BY THE BOARD PRESIDENT. THE BOARD MEMBERS MONITOR THEMSELVES AND WITHHOLD THEIR VOTES WHEN THEY HAVE A CONFLICT OF INTEREST WITH THE ISSUE OF DISCUSSION.

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

THE EXECUTIVE DIRECTOR AND OTHER TOP MANAGEMENT OFFICIAL(S) PAY LEVELS ARE DETERMINED BY THE HR DEPARTMENT, BASED UPON RESEARCHING COMPENSATION FOR SIMILAR ROLES OF VARIOUS NON-PROFIT AGENCIES, SPECIFICALLY, INFORMATION PROVIDED BY COMPENSATION INFORMATION INCLUDED IN REGIONAL SURVEYS. ON AN ANNUAL BASIS, THE FAMILY RESOURCES BOARD OF DIRECTORS FINANCE COMMITTEE WILL BE APPRISED OF A RECOMMENDED BASE PAY ADJUSTMENT, WHICH UPON APPROVAL, WILL BE APPLIED IN CONJUNCTION WITH THE ANNUAL PERFORMANCE REVIEW SEASON. THE EXECUTIVE DIRECTOR IS EVALUATED ANNUALLY BY THE BOARD OF DIRECTORS.

OTHER OFFICERS OR KEY EMPLOYEE PAY LEVELS ARE DETERMINED BY THE HR DEPARTMENT STUDYING COMPENSATION OF VARIOUS NONPROFIT AGENCIES. ON AN ANNUAL BASIS, THE FAMILY RESOURCES BOARD OF DIRECTORS FINANCE COMMITTEE WILL BE APPRISED OF A RECOMMENDED BASE PAY ADJUSTMENT, WHICH UPON APPROVAL, WILL BE APPLIED IN CONJUNCTION WITH THE ANNUAL PERFORMANCE REVIEW SEASON. ALL BASE PAY ADJUSTMENTS ARE APPROVED BY THE DIRECTOR OF HUMAN RESOURCES.

43

Schedule O (Form 990 or 990-EZ) (2017) Page 2								
Name of the organization FAMILY RESOURCES	Employer identification number $25-0728060$							
FORM 990, PART VI, SECTION C, LINE 19:								
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINAL	NCIAL STATEMENTS							
ARE MADE AVAILABLE UPON REQUEST.								

FORM 990, PART XII, QUESTION 2C, OVERSIGHT OF FINANCIAL STATEMENT AUDIT: THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AUDITED BY AN INDEPENDENT ACCOUNTING FIRM. THE AUDIT IS REVIEWED BY THE FINANCE COMMITTEE FOLLOWING ITS COMPLETION AND THE COMMITTEE MAKES A RECOMMENDATION TO THE FULL BOARD FOR THE APPROVAL OF THE AUDIT. THE COMMITTEE ALSO ANNUALLY APPROVES THE INDEPENDENT AUDITOR. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

FORM 990, PART VI, SECTION A, QUESTION 1A, DELEGATION OF AUTHORITY: THE BOARD MAY ESTABLISH ONE OR MORE COMMITTEES TO CONSIST OF ONE OR MORE DIRECTORS. ANY SUCH COMMITTEE, TO THE EXTENT PROVIDED IN THE RESOLUTION OF THE BOARD, SHALL HAVE AND MAY EXERCISE ALL OR SOME OF THE POWERS AND AUTHORITY OF THE BOARD, EXCEPT THAT NO COMMITTEE SHALL HAVE ANY POWER OR AUTHORITY AS TO THE FOLLOWING:

(A) THE FILLING OF VACANCIES ON THE BOARD.

(B) THE ADOPTION, AMENDMENT OR REPEAL OF THE ARTICLES OF INCORPORATION OR THE BYLAWS.

(C) THE AMENDMENT OR REPEAL OF ANY RESOLUTION OF THE BOARD.

(D) ACTION ON MATTERS COMMITTED BY THE BYLAWS OR BY RESOLUTION OF THE

44

BOARD TO ANOTHER COMMITTEE OF THE BOARD.

732212 09-07-17