	0	חר
Form	95	JU

Department of the Treasury

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

www.ine.gov/Fermooo fer instructions and the latest info



-				intormation.	mopeetien		
<u>A</u> [or the	2020 calendar year, or tax year beginning and	ending				
	B Check if applicable: C Name of organization			D Employer identification number			
	Addres change	IN THE FAMILY WAY					
	Name change	Doing business as		54-2153235			
	Initial return		Room/suite				
	Final	PO BOX 9055	nooni, ouno	505-670-			
	return/ termin- ated			G Gross receipts \$	937,931.		
	Amend						
	return Applica			H(a) Is this a group re			
	tion pendin	⁹ SAME AS C ABOVE		for subordinates			
				H(b) Are all subordinates in			
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c e: ► WWW.INTHEFAMILYWAY.ORG	or 527	1 '	list. See instructions		
				H(c) Group exemptio			
	art I	organization: X Corporation Trust Association Other Summary	L Year		State of legal domicile: NM		
ГС	-						
ø		Briefly describe the organization's mission or most significant activities:	ING AL	L FAMILIES .	THRIVE		
Governance	:	EVERYWHERE.					
ern	2	Check this box F if the organization discontinued its operations or dispos	ed of more				
Š	3				3		
ර න	1	Number of independent voting members of the governing body (Part VI, line 1b)			3		
Activities &		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			0		
Viti		Total number of volunteers (estimate if necessary)			0		
Acti		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.		
				Prior Year	Current Year		
Ð	8	Contributions and grants (Part VIII, line 1h)		0.	937,836.		
Revenue	9 1	Program service revenue (Part VIII, line 2g)		103.	95.		
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.		
£	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		103.	937,931.		
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
G	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
per	b	Total fundraising expenses (Part IX, column (D), line 25)	0.				
ň	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		45.	710,104.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		45.	710,104.		
		Revenue less expenses. Subtract line 18 from line 12		58.	227,827.		
JL N			Be	ginning of Current Year	End of Year		
Net Assets or	20	Total assets (Part X, line 16)		1,696.	229,523.		
Ass Bal	21	Total liabilities (Part X, line 26)		0.	0.		
Net	22	Net assets or fund balances. Subtract line 21 from line 20		1,696.	229,523.		
Pa	art II	Signature Block		_,			
Und	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	knowledge and belief, it is		
	-	t, and complete Declaration of preparer (other than officer) is based on all information of wh			internedge and bener, it is		
			ion proparor		ber 15, 2021		
Sig	n	Signature of officer		Date	0.1.1.3, 2021		
-		JULIE CHASE-DANIEL, PRESIDENT					
Her	6	Type or print name and title					
				Date Check	PTIN		
Paic	,	Print/Type preparer's name Preparer's signature RHONDA WILLIAMS RHONDA WILLIAMS		1/15/21			
	- F		4		72-1396621		
		Firm's name ► CARR, RIGGS & INGRAM, LLC Firm's address ► 807 CAMINO DE MONTE REY			12-1390021		
026	Only						

SANTA FE, NM 87505

No

Phone no. 505.983.3387

1	Check if Schedule O contains a response or note to any line in this Part III
	WE HELP FAMILIES THRIVE EVERYWHERE. WE CULTIVATE CREATIVITY,
	COMPASSION, & LOVE TO SUPPORT WELLBEING AMONG DISTRESSED FAMILIES,
	COMMUNITIES, & THE PUBLIC AT LARGE THROUGH PROGRAMS, PROJECTS, ART,
	RESEARCH, EVENTS, PUBLICATIONS, WORKSHOPS, CLASSES & OTHER ACTIVITIES.
	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.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
	(Code:) (Expenses \$ 697,299. including grants of \$) (Revenue \$)
	IN RESPONSE TO THE 2020 PANDEMIC, WE OFFERED FISCAL SPONSORSHIP TO HELP
	LAUNCH THE COVID-19 CRISIS RESPONSE OF SUPPORT AND FEED. THIS PROGRAM
	IS DEDICATED TO PROVIDING PLANT-BASED MEALS PREPARED BY LOCAL
	RESTAURANTS TO INDIVIDUALS, CHILDREN, AND FAMILIES DISPROPORTIONATELY
	AFFECTED BY THE PANDEMIC, AND PUBLIC EDUCATION ABOUT THE BENEFITS OF
	PLANT-BASED FOODS. THE PROGRAM GREW RAPIDLY, EXPANDING TO LOS ANGELES,
	NEW YORK, PHILADELPHIA, AND WASHINGTON DC. SUPPORT AND FEED
	INCORPORATED ON NOV. 20, 2020 AS A CA NONPROFIT PUBLIC BENEFIT
	CORPORATION AND APPLIED FOR IRS 501(C)(3) TAX EXEMPTION ON APRIL 30,
	2021.
	NUMBER OF PEOPLE SERVED: 60,000 MEALS SERVED TO INSTITUTIONS AND
	FAMILIES IN NEED IN FOUR STATES.
	(Code:) (Expenses \$ including grants of \$) (Revenue \$ 95.
	CO-CREATOR AND ONLINE HOST OF "I-CHING MOTHERING CHANGE" A UNIQUE
	CUSTOMIZED ADAPTATION OF THE CHINESE CLASSIC BOOK OF CHANGE. THIS IS
	AN EDUCATIONAL AND CREATIVE THINKING TOOL THAT WAS DEVELOPED IN
	CONJUNCTION WITH THE AUTHOR, WELL-KNOWN I-CHING SCHOLAR STEPHEN KARCHER
	PH.D., AND OUR FOUNDER JULIE CHASE-DANIEL M.A., TO SHARE THIS ANCIENT
	PHILOSOPHICAL TEXT WITH THE GENERAL PUBLIC, AND SUPPORT CREATIVE
	SELF-REFLECTION AND COMPASSION DURING TIMES OF PERSONAL CHANGE AND
	FAMILY TRANSITIONS.
	NUMBER OF PEOPLE SERVED: 7,000+ ONLINE VISITORS EACH MONTH.
	(Code:) (Expenses \$504 • including grants of \$) (Revenue \$)
	FISCAL SPONSORSHIP FOR POETRY POLLINATORS, AN ECO-POETRY PUBLIC ART
	INITIATIVE THAT ENGAGES POETRY, ART, AND EDUCATION TO BRING BACK
	DECLINING NATIVE BEE POPULATIONS AND ANIMATE PUBLIC SPACES AS
	ECOLOGICAL SYSTEMS THAT SUPPORT THE FLOURISHING OF ALL SPECIES. THIS
	PROJECT IS BOTH ECOLOGICALLY RESTORATIVE AND EDUCATIONAL AS WELL AS
	INSPIRING. IT SEEKS TO REACH UNDERSERVED COMMUNITIES WITH POETRY AND
	EDUCATIONAL PROGRAMS WHILE OFFERING A BEAUTIFUL HOME FOR SOLITARY BEES.
	THE PROJECT IS CURRENTLY AT WORK ON ITS FIRST INSTALLATION. WEBSITE
	HAS BEEN ESTABLISHED FOR EDUCATIONAL OUTREACH AND FUNDRAISING PURPOSES.
1d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses ► 698, 293.
le	Form 990 (20
	Form 990 (20

IN THE FAMILY WAY

Form 990 (2020)

54-2153235 Page 2

F	000	(2020)
Form	Y	1211211

 Form 990 (2020)
 IN THE FAMILY WAY

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			77
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	14-		х
L	Part VI	<u>11a</u>		
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		х
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u></u>
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		х
d	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			<u></u>
u	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	11d		х
~	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			- 23
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
1 2 2	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120		12a	х	
h	Schedule D, Parts XI and XII	120		
5	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
032003	12-23-20	Form	990	(2020)

032003 12-23-20

2020.05000 IN THE FAMILY WAY

3

Form	aan	(2020)	
FOUL	990	(2020)	I

 Form 990 (2020)
 IN THE FAMILY WAY

 Part IV
 Checklist of Required Schedules (continued)

	continued)			
~~			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			x
04-	Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		x
	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
		24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
		<u>24u</u>		
zJa	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25a		x
h	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	254		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete			
	Schedule N, Part II	32		x
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		x
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			
	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?			
Der	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	• •	
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	gan	 (2020)
U32004	1 2-23-20 4	rorm	330	(2020)

^{2020.05000} IN THE FAMILY WAY 22-09431

Form	990 (2020) IN THE FAMILY WAY 54-2153	235	Pa	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	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 on Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	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		<u> </u>
6a	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		<u> </u>
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		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			37
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v
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		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	•		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a L	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11 a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
D.	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.	1004		
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			
с	Enter the amount of reserves on hand 13c			
14a	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 on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

032005 12-23-20

Form 990	(2020)
----------	--------

IN THE FAMILY WAY

X

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	3			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other			
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or low employees to a menorement company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
а	The governing body?	-	-	8a	Х	
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	hed a	t the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befoi	e filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," d	escribe			
	in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		<u> </u>
b	Other officers or key employees of the organization			15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	-	-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
0	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure		D 173			
17	List the states with which a copy of this Form 990 is required to be filed NM , CA, DC, NY, P					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	ld 990	-T (Section 501(c)(3)s	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website X Another's website X Upon request Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	of interest policy, and	financ	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records			
	JULIE CHASE-DANIEL - 505-670-5885 PO BOX 9055, SANTA FE, NM 87504					
				[a	990	(0000)
132006	6 12-23-20 6			FOLU	550	(2020)
	v					

2020.05000 IN THE FAMILY WAY

Form 990 (2020) IN THE FAMILY WAY	54-2153235 Page 7				
Part VII Compensation of Officers, Directors, Trustees, Key E					
Employees, and Independent Contractors					
Check if Schedule O contains a response or note to any line in this Pa	rt 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.

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

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

(A)	(B)	Desition						(D)	(E)	(F)		
Name and title	Average hours per week	box offi	not cl . unles	heck i ss per	more rson i	than o s both r/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other		
	(list any hours for related organizations below line)	In dividual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations		
(1) JULIE CHASE-DANIEL	30.00											
PRESIDENT & TREASURER				Х				0.	0.	0.		
(2) ANNE STAVELEY	2.00											
VICE-PRESIDENT				х				0.	0.	0.		
(3) JILL D'AGNENICA	3.00											
SECRETARY				Х				0.	0.	0.		
032007 12-23-20	1					I		1		Form 990 (2020)		

7

	990 (2020) IN THE FA									54-21	532	235	Page 8
(A) (B) Name and title Average			(B) (C) Average hours per hours per				l than c s both	one an	ompensated Employee (D) Reportable compensation from	<u>s</u> (continued) (E) Reportable compensation from related		(F) Estimated amount of other	
		(list any hours for related organizations below line)	s for lates of direction of the lates of the			Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	C)	compensation from the organization and related organizations			
с	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							0.00.00.		0. 0. 0.		0.0.
2	Total number of individuals (including but no compensation from the organization							o re	eceived more than \$100,	000 of reportable			0
3	Did the organization list any former officer,	-		•				Ŭ				Ye	s No X
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable	e coi	mpe	nsat	tion	and	oth		he organization		3	X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>com</i>	ccrue compen	satio	on fro	om a	any	unre	late	ed organization or individ	dual for services		5	X
Sec 1	tion B. Independent Contractors Complete this table for your five highest cor				-						ensat	ion from	
	the organization. Report compensation for t (A)					ith c	or wi	hin:	(B)			(C)	
	Name and business	address	NC	DNE	<u> </u>				Description of s	ervices	0	ompensa	
	Total pump or of index or days to set to a first of the f		. . I!		4 - 1		- K-			are there			
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot ilm	iited	10 1))	lea	above) who received me	bre than		- 00	

032008 12-23-20

gend 1 a ta	Form	n 990 ((2020) IN THE FAMII	LY WAY			54-2153	235 Page 9
A Total revenue Petated or exempt function revenue Description (Comparison of the status) function revenue Description of the status) function revenu	Pa	rt VII	Statement of Revenue					
Total revenue Pediate or exempt Unclose revenue Directive exclude Unclose revenue Pediate or exempt Unclose			Check if Schedule O contains a respon	se or note to any line	e in this Part VIII	<u>.</u>		
as a Federated campaigns 1a 1b b Membership dues 1a 1b c Functioning events 1a 1b c Bournement grants (contributions) 1d 1d c Bournement grants (contributions) 1d 937, 836. g Worzas event-toxen rotates in the ta-tri 1g S 216, 083. 1 Total. Add lines 1a t1 937, 836. 2 a BOOK SALES 95. b b 95. c during a control to include about the ta-tri 95. d dther program service reverue 95. g dtat. Add lines 3a/t 95. d dther program service reverue 95. g dtat. Add lines 3a/t 00 Personal 5 Regatios 00 Personal 6 a Gross rots 5a c Gross rots 5a d dter arbitrome or (loss) 7a d date segments 7a d date segments<					• •	Related or exempt	Unrelated	Revenue excluded from tax under
Boy Membership dues 10 0 Weiness greents 0 Boy Membership dues 1 Boy Membership dues 2 BOOK SALES 2 BOOK SALES 3 Boy Membership due 4 Flag Status 5 Boy Membership due 6 Gross rents 5 Boy Membership due 7 Gross rents 5 Gross rents 6 Gross rents 7 Gross rents 7 Gross rents 7 Gross rents	ς S	1 a	Federated campaigns 1a					
Business Code Business Code 2 a BOOK SALES 451211 95. 95. 4	ant	 b						
Business Code Business Code 2 a BOOK SALES 451211 95. 95. 4	ng G	c						
Business Code Business Code 2 a BOOK SALES 451211 95. 95. 4	iifts ar A	d						
Business Code Business Code 2 a BOOK SALES 451211 95. 95. 4	s, G mila	е						
Business Code Business Code 2 a BOOK SALES 451211 95. 95. 4	ŝ	f	All other contributions, gifts, grants, and					
Business Code Business Code 2 a BOOK SALES 451211 95. 95. 4	but		similar amounts not included above 1f					
Business Code Business Code 2 a BOOK SALES 451211 95. 95. 4	dOti	g	Noncash contributions included in lines 1a-1f	216,083.				
2 a BOOK SALES 451211 95. 95. a b	aŭ	h	Total. Add lines 1a-1f		937,836.			
Be								
9 Total. Add lines 2a2: >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	e	2 a	BOOK SALES	451211	95.	95.		
9 Total. Add lines 2a2: >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	e vic	b		_				
9 Total. Add lines 2a2: >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	enu Se	с		_				
9 Total. Add lines 2a2: >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	ram Jeve	d						
9 Total. Add lines 2a2: >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	е Б	е		_				
3 Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 4 Income from investment of tax-exempt bond proceeds Income from investment of tax-exempt bond proceeds 5 Royaties (i) Real (ii) Personal 6 a Gross rents 5 6 Income or (loss) C Rental income or (loss) 6 Income or (loss) Income or (loss) 7 a Gross amount from sales of assets other than inventory Income or (loss) Income or (loss) Income or (loss) 7 b Income or (loss) 7 Income or (loss) Income or (loss) 7 b Income or (loss) Income or (loss) Income or (loss) Income or (loss) 7 b Income or (loss) Income or (loss) Income or (loss) Income or (loss) 8 a Gross income from fundraising events (not including \$ or of contributions reported on line 1c). See Ba Income or (loss) from gaming activities. See 9 a Gross income from gaming activities. Income or (loss) from gaming activities. Income or (loss) from gaming activities. Income or (loss) from gaming activities. 10 a Gross sales of inventory. Income or (loss) from sales of inventory. Income or (loss) from sales of inventory	ā	f			0.5			
other similar amounts)					95.			
9 A Income from investment of tax-exempt bond proceeds 6 A Royatties 0 6 a Gross rents 6a 0 6 a Gross rents 6a 0 7 b Less: rental expenses 6a 0 6 a Home form (ross) Image: Construction of the form of t		3						
9 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6a 6b (ii) Personal 6 a Gross rental expenses 6a (iii) Personal (iii) Personal 7 a Gross rental expenses 6a (iii) Personal (iii) Personal 7 a Gross amount torme or (loss) (iii) Personal (iii) Personal (iiii) Personal 7 a Gross amount torme sales of arcs amount torm sales of arcs amount torm sales of arcs amount torm sales of torme sales of inventory (iii) Personal (iiii) Personal a dross amount torm sales of arcs amount torm sales of arcs amount torm sales of torme sales of inventory. (iii) Personal (iiii) Personal (iiii) Personal a dross income from thundraising events (iiii) Personal (iiii) Personal (iiii) Personal (iiii) Personal 9 a Gross income from fundraising events (iiii) Personal (iiiii) Personal (iiii) Personal (iiii) Personal 9 a Gross income from fundraising events (iiiiii) Personal (iiiii) Personal (iiiiii) Personal (iiiii) Personal 9 a Gross income from gaming activities (iiiiiiii) Personal (iiiiiii) Personal (iiii) Personal								
6 a Gross rents (i) Real (ii) Personal b Less: rental expenses (iii) Cascurities (iii) Other a Gross amount from aslas of assets other than inventory (iii) Securities (iii) Other b Less: cost or other basis and sales expenses (iii) Other (iiii) Other c Gain or (loss) (iii) Other (iii) Other c Gain or (loss) (iii) Other (iii) Other c Gain or (loss) (iiii) Other (iiii) Other a Gross income from fundralising events (not including \$\frac{1}{20}\$, (including \$			-	· ·				
6 a Gross rents 6 a b Less: rental expenses 6 b c Rental income or (loss) 6 c d Net rental income or (loss) > d Net rental income or (loss) > b Less: cost or other basis and sales expenses 7 b and sales expenses 7 b c Gain or (loss) > d Net gain or (loss) > d Net gain or (loss) > d Net gain or (loss) > b Less: cost or other basis and sales expenses of and sales expenses of c Gain or (loss) > d Net gain or (loss) > b Less: direct expenses of c Net income or (loss) from fundraising events > 9 a Gross income from gaming activities. See Part IV, line 19 9a 9 a Less: direct expenses 9b 10 a Gross sales of inventory, less returns and allowances 10a 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c A Lincemer (loss) from sales of inventory > c A Lincemer (loss) from sales of inventory > c A Lincemer (loss) from sales of inventory > c A Lincemer (loss) from sales of inventory > c A Lincemer (loss) from sales of inventory > c A Lincemer (loss) from sales of inventory > c A Lincemer (loss) from sales of inventory > c A Lincemer (loss) from sales of inventory > c A Lincemer (loss) f		5	Royalties					
b Less: rental expenses Gb		6 -						
c Rental income or (loss) Sc Image: second s								
a Net rental income or (loss) 7 a 7 a 7 a a assets other than inventory b Less: cost or there basis and sales expenses 7a 7a 7a								
99000 Bits 7 a Gross amount from sales of assets other than inventory 7 a Gross amount from sales of assets other than inventory 7 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 Ba Gross income from fundraising events > > 9 a Gross income from gaming activities. See Part IV, line 18 Ba Gross income from gaming activities. See Part IV, line 18 Ba Gross income from gaming activities. See Part IV, line 19 Ba Gross income from gaming activities. See Part IV, line 19 Ba Gross sales of inventory, less returns and allowances Ba Gross sales of inventory, less returns that and allowances Ba Gross sales of inventory is set to the income or (loss) from sales of inventory. > 10 a Gross score for goods sold IOB IOB								
assets other than inventory Ta Ta b Less: cost or other basis and sales expenses Tb Tb c Gain or (loss) Tc Tc d Net gain or (loss) Tc Tc a Gross income from fundraising events (not including \$\$								
99000 and sales expenses 7b 7c c Gain or (loss) 7c 7c d Net gain or (loss) 7c 7c 8 a Gross income from fundraising events (not including \$of contributions reported on line 1c). See Part IV, line 18 8a b Less: direct expenses 8b 8b c Net income or (loss) from fundraising events 9a 9 a Gross income from gaming activities. See Part IV, line 19 9a 9 a Gross sincome from gaming activities. See Part IV, line 19 9a 9 a Gross since or (loss) from gaming activities. See Part IV, line 19 9a 9 a Gross sales of inventory, less returns and allowances 9b b Less: cost of goods sold 10a c Net income or (loss) from sales of inventory Image: Code 11 a		7 4		(.,				
Page of the set of the		b						
a Gain or (loss) Tc d Net gain or (loss) Tc 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 Ba b Less: direct expenses 9 a a Gross income from gaming activities. See Part IV, line 19 9a b Less: clirect expenses 9 a a Gross income from gaming activities. See Part IV, line 19 9a b Less: clirect expenses 9 a a Gross sales of inventory, less returns and allowances 10 a b Less: cost of goods sold c Net income or (loss) from sales of inventory c Met income or (loss) from sales of inventory c Met income or (loss) from sales of inventory c Met income or (loss) from sales of inventory c Met income or (loss) from sales of inventory c Met income or (loss) from sales of inventory c Met income or (loss) from sales of inventory c Met income or (loss) from sales of inventory c Met income or (loss) from sales of inventory c Met income or (loss) from sales of inventory c Met income or (loss) from sales of inventory c Met income or (loss) from sales of inventory d It of the revenue e Total revenue. See instructions d Met incom	e							
d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses 9 a Gross income from gaming activities. See Part IV, line 19 9 a Gross income from gaming activities. See Part IV, line 19 9 a Gross sincome from gaming activities. See Part IV, line 19 9 b Less: direct expenses 9 c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 11 a	ent	с						
B a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9 b Less: direct expenses 9 b Less: direct expenses 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 11 a b c c Net income or (loss) from sales of inventory e Total Add lines 11a-11d 12 Total revenue. See instructions	A)							
contributions reported on line 1c). See Ba Part IV, line 18 Bb b Less: direct expenses Bb c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See 9a Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 9a 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory and allowances 10a b Less: cost of goods sold 10b c All other revenue c All other revenue c Total. Add lines 11a:11d 12 Total revenue. See instructions	er		- · · ·					
contributions reported on line 1c). See Part IV, line 18 8a b Less: direct expenses c Net income or (loss) from fundraising events 9 Gross income from gaming activities. See Part IV, line 19 9 Gross income from gaming activities. See Part IV, line 19 9 Less: direct expenses 9 Gross sales of inventory, less returns and allowances 10 Gross sales of inventory, less returns and allowances b Less: cost of goods sold 10b It a c Net income or (loss) from sales of inventory c Net income or (loss) from sales of inventory b Less: cost of goods sold 10a It a c Multimest Code d All other revenue e Total revenue. See instructions 12 Total revenue. See instructions	Ę							
b Less: direct expenses 8b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9 b State c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b Less: cost of goods sold c It a b Business Code a b It a c It a c It a c It a b It a c It a <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b 9 b See b Less: direct expenses 9 b See c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold c Net income or (loss) from sales of inventory c Mexince d All other revenue e Total revenue. See instructions 12 Total revenue. See instructions			Part IV, line 18	8a				
9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9b c Net income or (loss) from gaming activities and allowances b Less: cost of goods sold 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 10 a b c Net income or (loss) from sales of inventory b c d All other revenue e Total revenue. See instructions 12 Total revenue. See instructions		b	Less: direct expenses	8b				
Part IV, line 19 9a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold c Net income or (loss) from sales of inventory c Main et al. Add lines 11a-11d 12 Total revenue. See instructions 937, 931. 95.				s 🕨				
b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances		9 a						
c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory c Net income or (loss) from sales of inventory b Business Code b State of the second secon								
10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold 10 a 10 b 10 a 10 b 10 a 10 b 10 b 10 a 10 a 10 b 10 b 10 b 10 a 10 b 10 b 10 b 10 b 11 a b c c c d All other revenue e Total. Add lines 11a-11d b 12 Total revenue. See instructions 937,931. 95. 0.			· · · · · · · · · · · · · · · · · · ·					
and allowances 10a b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code b c d			- -	►				
b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions 937,931. 95. 0. 0.		10 a	-					
c Net income or (loss) from sales of inventory Business Code b Business Code c All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions								
So grad of a structions Business Code Image: Code struction stru			U					
11 a	-+	С	Net income or (loss) from sales of inventory					
e Total. Add lines 11a-11d ▶ 937,931. 95. 0. 0.	sn	44 -						
e Total. Add lines 11a-11d ▶ 937,931. 95. 0. 0.	leol	11 a						
e Total. Add lines 11a-11d ▶ 937,931. 95. 0. 0.	yen.	a						
e Total. Add lines 11a-11d ▶ 937,931. 95. 0. 0.	Bei	C ה		-				
12 Total revenue. See instructions ▶ 937,931. 95. 0. 0.	ž							
					937.931.	95.	0.	0.
	032004							Form 990 (2020

9

	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	2,314.		2,314.	
c	Accounting	5,479.		2,314. 5,479.	
d	Lobbying	.,			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	1,516.	753.	763.	
14	Information technology	2,848.		2,848.	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	8,815.	8,815.		
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	DISTRIBUTIONS OF FOOD	653,287.	653,287.		
b	FEES	23,550.	23,514.	36.	
с	SUPPLIES	10,685.	10,685.		
d	LICENSES	1,610.	1,239.	371.	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	710,104.	698,293.	11,811.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
032010	12-23-20				Form 990 (2020)
		10			. ,

IN THE FAMILY WAY

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

(A) Total expenses

(B) Program service expenses

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

11161115 794202 22-09439.000

2020.05000 IN THE FAMILY WAY

(C) Management and general expenses

(D) Fundraising expenses

Form 990 (2020) Part IX Statement of Functional Expenses

1

2

Do not include amounts reported on lines 6b,

Grants and other assistance to domestic organizations

and domestic governments. See Part IV, line 21

Grants and other assistance to domestic

7b, 8b, 9b, and 10b of Part VIII.

11 2020.05000 IN THE FAMILY WAY

IN THE FAMILY WAY

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

Form 990 (2020)

Part X Balance Sheet

(A) Beginning of year (B) End of year 226,797. 1,696. 1 1 Cash - non-interest-bearing Savings and temporary cash investments 2 2 3 Pledges and grants receivable, net 3 2,726. 4 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disgualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 229,523 1,696. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 0. 0. 26 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 1,696. Net assets without donor restrictions 27 20,281. 27 209,242. Net assets with donor restrictions 0. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 229,523. 1,696. Total net assets or fund balances 32 32 1,696. 229,523. 33 33 Total liabilities and net assets/fund balances

54-2153235 Page 11

22-09431

Form 990 (2020)

11161115 794202 22-09439.000

Form	1990 (2020) IN THE FAMILY WAY	54-215	3235	Pad	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	937		
2	Total expenses (must equal Part IX, column (A), line 25)	2	710),10	04.
3	Revenue less expenses. Subtract line 2 from line 1	3	227	7,82	27.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	.,6	96.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	229),52	23.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u>.</u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>
			F a	aan /	(0000)

Form **990** (2020)

032012 12-23-20

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2020
Open to Public Inspection

Name of the	organization
-------------	--------------

Nan	me of the organization Employer identification number									
			HE FAMILY					5	4-2153235	
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete tł	nis part.) S	ee instructior	IS.		
The	organ	ization is not a private found	ation because it is: (For lines 1 through 12, cl	heck only	one box.)				
1		A church, convention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(1	1)(A)(i).			
2		A school described in section	ion 170(b)(1)(A)(ii).(Attach Schedule E (Form	n 990 or 99	90-EZ).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).			
4		A medical research organization	ation operated in co	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
		section 170(b)(1)(A)(iv). (Complete Part II.)								
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	X	An organization that norma	-					ne general r	oublic described in	
		section 170(b)(1)(A)(vi). (C	•		5			5		
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)					
9	\square	An agricultural research org				ed in coniu	unction with a	land-grant	college	
•		or university or a non-land-g	-			-		-	-	
		university:	, and conego or agine				,	ine conege		
10		An organization that norma	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns membersh	in fees and	d aross receipts from	
10		activities related to its exem								
		income and unrelated busir							-	
		See section 509(a)(2). (Con						gamzation		
11		An organization organized a		ively to test for public sat	fetv See	section 5(19(2)(4)			
12	\square	An organization organized a						rry out the	nurnoses of one or	
		more publicly supported or	-	-	-			•		
		lines 12a through 12d that	-							
-		Type I. A supporting orga	• •			-		-	aivina	
а				-	• • • •	-				
		the supported organization			majonty c				ipporting	
L		organization. You must o			ion with it.		d organizatio	n(a) hy hay	ina	
b		Type II. A supporting org								
		control or management o			ame perso	ns that co	ntrol or mana	ge the supp	orted	
_		organization(s). You mus								
С		J Type III functionally inte		·				lly integrate	a with,	
		its supported organization	. , .	•	-		-			
d		Type III non-functionally						-		
		that is not functionally int	с с	e ,			•	an attentiv	/eness	
		requirement (see instructi	,	•						
е		Check this box if the orga					Туре I, Туре	II, Type III		
		functionally integrated, or		nally integrated supporting	ng organiz	ation.				
f		er the number of supported o	•							
g		vide the following information i) Name of supported			(iv) Is the oroa	anization listed	(u) Amount of	fmonoton	(vi) Amount of other	
	(organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount o support (see ir		(vi) Amount of other support (see instructions)	
		organization		above (see instructions))	Yes	No	Support (See ii	1311 40110113)		
Tota	al									
LHA	For P	Paperwork Reduction Act N	lotice, see the Instr	uctions for Form 990 or	990-EZ.	032021 01-	25-21 Sche	dule A (For	m 990 or 990-EZ) 2020	

2020.05000 IN THE FAMILY WAY

13

Schedule A (Form 990 or 990 EZ) 2020 IN THE FAMILY WAY

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					937,836.	937,836.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3					937,836.	937,836.
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)						374,211.
	Public support. Subtract line 5 from line 4.						563,625.
	ction B. Total Support		<i>"</i> , , , , , , , , , , , , , , , , , , ,			(),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4					937,836.	937,836.
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						
10	Other income. Do not include gain						
	or loss from the sale of capital					0.5	0.5
	assets (Explain in Part VI.)					95.	95. 937,931.
	Total support. Add lines 7 through 10						957,951.
	Gross receipts from related activities,	-					
13	First 5 years. If the Form 990 is for th	•					
500	organization, check this box and stor ction C. Computation of Publi	o nere	contago			<u></u>	
						14	60.09 %
	Public support percentage for 2020 (I		•				$\frac{60.09}{100.00}$ %
	Public support percentage from 2019 33 1/3% support test - 2020. If the c						
108	stop here. The organization qualifies	-					
F	33 1/3% support test - 2019. If the c		•			or more check thi	
	and stop here. The organization qual						
17-	10% -facts-and-circumstances test					and line $1/1$ is 10%	
170	and if the organization meets the facts						
	meets the facts-and-circumstances te			-	-	vi now the organiz	
٢	10% -facts-and-circumstances test	-		• • • •	-		
	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio						
				, , . , . , . , . , . , 		edule A (Form 990	

032022 01-25-21

Schedule A (Form 990 or 990 EZ) 2020 IN THE FAMILY WAY

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

54-2153235 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
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 \dots						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disgualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
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 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organiz	zation,
check this box and stop here						
Section C. Computation of Publi	c Support Per	centage				
15 Public support percentage for 2020 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	%
16 Public support percentage from 2019					16	%
Section D. Computation of Inves	stment Income	e Percentage				
17 Investment income percentage for 20					17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2020. If the						e 17 is not
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2019. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organizatio	п ана пот спеск а		a, or iso, check t			990 or 990-EZ) 2020
032023 01-25-21		1 5	5	301		330 01 330-EZJ 2020

2020.05000 IN THE FAMILY WAY

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

032024 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

16

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	1		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
~				

3	By reason of the relationship described in line 2, above, did the organization's supported organizations have
	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

<u>supported organizations played in this regard.</u> Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions)
		•

a ____ The organization satisfied the Activities Test. Complete line 2 below.

b

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	---	---	--

17

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

Schedule A (Form 990 or 990-EZ) 2020

3

2a

2b

3a

3b

Yes No

2020.05000 IN THE FAMILY WAY

1

Schedule A (Form 990 or 990-EZ) 2020 IN THE FAMILY WAY Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrated		inization (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) 2020

Dort V	Type III Nep Fur	actionally I	Intograted 500/a	(2) Supporting Organizations
Schedule A	(Form 990 or 990-EZ) 2	2020 IN T	THE FAMILY	WAY

Par	t v Type III Non-Functionally Integrated 509	a)(s) Supporting Orga	mzations (continue	<u>d)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020		(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
с	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Section D, lines 5, 6, and 8; and Part V, Section D, lines 2 and 3; Part I Section D, lines 5, 6, and 8; and Part V, Section (See instructions.)	V, Section É, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, ion E, lines 2, 5, and 6. Also complete this part for any additional information.
032028 01-25-21	Schedule A (Form 990 or 990-EZ) 20 2 0

Schedule B

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

Name of the organization

** 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

2020

Employer identification number

54-2153235

IN	THE	FAMILY	WAY

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

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Name of organization

54-2153235

IN THE FAMILY WAY

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 249,551. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 85,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 30,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 41,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 X Person Payroll 20,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

11161115 794202 22-09439.000

23 2020.05000 IN THE FAMILY WAY

20

Name of organization

Employer identification number

IN THE FAMILY WAY

54-2153235

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8		\$28,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9		\$43,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$20,250.	Person Payroll Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$20,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

11161115 794202 22-09439.000

Name of organization

IN THE FAMILY WAY

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

54-2153235

(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
8	2,440 POUNDS OF VEGAN MEAT FOR MEAL PREPARATION			
		\$_	28,000.	05/15/20
(a) No. rom Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
9	8,600 NON-DAIRY VEGAN NUTRITIONAL SHAKES			
		\$_	43,000.	10/29/20
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
10	1,150 VEGAN BURGERS, 200 VEGAN BURGERS AND FRIES = TOTAL OF 1,350 PLATES			
		\$_	20,250.	06/06/20
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
11	3,925 ALL VEGAN SANDWICHES, SALAD MEALS, COOKIES			
		\$_	20,000.	06/01/20
(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
		\$		

023453 11-25-20

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

2020.05000 IN THE FAMILY WAY

25

Name of or	ganization		Employer identification number						
IN THE	E FAMILY WAY		54-2153235						
Part III		a) through (e) and the following line entr charitable, etc., contributions of \$1,000 or lo	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year						
(a) No. from Part 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						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I									
-	(e) Transfer of gift								
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(a) No.									
from Part 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						
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
F		(e) Transfer of gift							
	Transferee's name, address, a		Relationship of transferor to transferee						
023454 11-25-	-20	26	Schedule B (Form 990, 990-EZ, or 990-PF) (2020)						

11161115 794202 22-09439.000

2020.05000 IN THE FAMILY WAY

SCHEDULE D		Supplementa	al Financial Statements		OMB No. 1545-0047
(Form 990)		Complete if the ora	anization answered "Yes" on Form 990.		2020
Depart	ment of the Treasury	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Public
Interna	Revenue Service		90 for instructions and the latest informat		Inspection
Nam	e of the organizati	on IN THE FAMILY WAY		Em	ployer identification number 54-2153235
Par	t I Organiza		d Funds or Other Similar Funds o	r Accour	
	-	n answered "Yes" on Form 990, Part IV, lin			
		· · · · · · · · · · · · · · · · · · ·	(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at e	nd of year			
2		f contributions to (during year)			
3	Aggregate value o	f grants from (during year)			
4	Aggregate value a	t end of year			
5	-		writing that the assets held in donor advised		
			exclusive legal control?		Yes No
6	•	u	dvisors in writing that grant funds can be us	•	
			r donor advisor, or for any other purpose co	•	
Par	impermissible priv				
			ganization answered "Yes" on Form 990, Pa	rt IV, line 7	
1		servation easements held by the organization	· · · · · · · · · · · · · · · · · · ·	la interviera III.	
		n of land for public use (for example, recrea of natural habitat	tion or education) Preservation of a Preservation of a		r important land area
	—	n of open space		centilied ni	Stone Structure
2			fied conservation contribution in the form of	a conserva	tion assement on the last
2	day of the tax year				Held at the End of the Tax Year
а				2a	
b					
c	•		ucture included in (a)		
d			after 7/25/06, and not on a historic structure		
	listed in the Natior	nal Register	·	2d	
3			eased, extinguished, or terminated by the or		during the tax
	year 🕨				
4	Number of states	where property subject to conservation eas	sement is located		
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, inspection, handling of		
	violations, and enf	forcement of the conservation easements it	holds?		Yes No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	vation ease	ements during the year
	▶				
7		ses incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservatio	n easemen	ts during the year
-	►\$				
8			e satisfy the requirements of section 170(h)(
•	and section 170(h		· · · · · · · · · · · · · · · · · · ·		
9	,	6	on easements in its revenue and expense st		
		counting for conservation easements.	note to the organization's financial statement	is that dest	
Par	t III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Othe	er Simila	r Assets.
		f the organization answered "Yes" on Form			
1a		-	8, not to report in its revenue statement and	l balance s	heet works
	e e	· •	blic exhibition, education, or research in furth		
			ncial statements that describes these items.		
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and bal	ance sheet	works of
	art, historical treas	sures, or other similar assets held for public	exhibition, education, or research in further	ance of pu	blic service,
	provide the follow	ing amounts relating to these items:			
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1		►	\$
					\$
2	If the organization	received or held works of art, historical treat	asures, or other similar assets for financial g	ain, provide	Э
	-	unts required to be reported under FASB A	-		
а	Revenue included	on Form 990, Part VIII, line 1		►	\$
				🕨	\$
LHA	For Paperwork R	eduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2020

	ct Notice, see the instructions for Fo
032051 12-01-20	

27 2020.05000 IN THE FAMILY WAY

Sche		FAMILY WAY						54-21			age 2
Par	t III Organizations Maintaining C	Collections of Ar	t, Histo	rical Tre	easures, or	Other S	Similaı	⁻ Assets	(contir	nued)	
3	Using the organization's acquisition, access	ion, and other record	s, check a	any of the	following that n	nake sigr	nificant u	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌 L	oan or exc	hange program	า					
b	Scholarly research	e	• 🗌 C	Other							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explair	n how the	y further th	ne organization	's exemp	ot purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, hist	orical trea	sures, or other	similar a	ssets		_		_
	to be sold to raise funds rather than to be m		<u>u</u>		llection?				Yes		No
Par	t IV Escrow and Custodial Arran		ete if the o	organizatic	n answered "Y	es" on F	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	art X, line 21.									
1a	Is the organization an agent, trustee, custod								_	_	_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	ble:							
									Amoun	t	
	Beginning balance						1c				
	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on F					•	/?	∟	Yes		No
_	If "Yes," explain the arrangement in Part XIII										
Par	t V Endowment Funds. Complete								() =		
		(a) Current year	(b) Pr	ior year	(c) Two years	раск (с	a) Inree y	ears back	(e) Four	years	раск
1a	Beginning of year balance										
a	Contributions										
C	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur			column (a)) neid as:						
a L	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
C	Term endowment										
20	The percentages on lines 2a, 2b, and 2c sho		tion that	ara hald a	ad administoro	d for the	orgoniza	tion			
Ja	Are there endowment funds not in the posse		allon that	are neiu ai			organiza]	Yes	No
	by: (i) Unrelated organizations								3a(i)	103	
									3a(ii)		
h	(ii) Related organizations	ations listed as requir	ed on Sch	hedule R2					3b	-+	
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipn		WINCHLIG	103.							
	Complete if the organization answere). Part IV.	line 11a. S	See Form 990. F	Part X. lir	ne 10.				
	Description of property	(a) Cost or c			t or other		cumulate	bd	(d) Boo	k valu	
	Description of property	basis (investr			(other)	• •	eciation	-	, 000	. Taiut	-
1a	Land		·								
b	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X colum	1 (R) line 1	0c).						0.
		inggaari onni 000, i dil			<u></u>			Sebedule	D /Carm	- 0001	

Schedule D (Form 990) 2020

032052 12-01-20

11161115 794202 22-09439.000

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12 (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book 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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) ► Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (b) Book value 1 (1) Federal income taxes (2)(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

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

Schedule D (Form 990) 2020

032053 12-01-20

X

	edule D (Form 990) 2020 IN THE FAMILY WAY		54-21	.53235 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With Revenu	ie per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	937,931.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			937,931.
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		
Ŀ.	Other (Describe in Part XIII.)	4b		
D				0.
D D	Add lines 4a and 4b		<u>4c</u>	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			937,931.
5				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	tements With Expen		937,931.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i> , rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expen e 12a.	5 ses per Return.	
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line	tements With Expen e 12a.	5 ses per Return.	937,931.
5 Pa 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	tements With Expen e 12a.	5 ses per Return.	937,931.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12,</i> rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	tements With Expen	5 ses per Return.	937,931.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 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	tements With Expen e 12a.	5 ses per Return.	937,931.
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 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	2a 2b 2c	5 ses per Return.	937,931.
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	5 ses per Return.	937,931. 710,104. 0.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 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	5 ses per Return. 1 2e	937,931.
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	5 ses per Return. 1 2e	937,931. 710,104. 0.
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 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 1	2a 2b 2c 2d	5 ses per Return. 1 2e	937,931. 710,104. 0.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	5 ses per Return. 1 2e	937,931. 710,104. 0.
5 Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	5 ses per Return. 1 2e 3 3	937,931. 710,104. 0. 710,104. 0.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	5 ses per Return. 1 2e 3 3	937,931. 710,104. 0. 710,104.

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:

UNDER	SECTION	501(C)(3)	OF	THE	INTERNAL	REVENUE	CODE,	THE	ORGANIZATION	IS
-------	---------	-------	------	----	-----	----------	---------	-------	-----	--------------	----

EXEMPT FROM TAXES ON INCOME OTHER THAN UNRELATED BUSINESS INCOME.

UNRELATED BUSINESS INCOME RESULTS FROM RENT, ADMINISTRATION OF

SELF-INSURANCE ACTIVITIES, AND COMMISSIONS.

THE ORGANIZATION UTILIZES THE ACCOUNTING REQUIREMENTS ASSOCIATED WITH

UNCERTAINTY IN INCOME TAXES USING THE PROVISIONS OF FINANCIAL ACOUNTING

STANDARDS BOARD (FASB) ASC 740, INCOME TAXES. USING THAT GUIDANCE, TAX

POSITIONS INITIALLY NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN

30

IT IS MORE-LIKELY-THAN-NOT THE POSITIONS WILL BE SUSTAINED UPON

EXAMINATION BY THE TAX AUTHORITIES. IT ALSO PROVIDES GUIDANCE FOR

DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN

032054 12-01-20

Schedule D (Form 990) 2020 IN THE FAMILY WAY	54-2153235 Page 5
Part XIII Supplemental Information	· • • • • • • • • • • • • • • • • • • •
INTERIM PERIODS, DISCLOSURE AND TRANSITION	AS OF DECEMBER 31, 2020, THE
ORGANIZATION HAS NO UNCERTAIN TAX PROVISION	NS THAT QUALIFY FOR RECOGNITION
OR DISCLOSURE IN THE FINANCIAL STATEMENTS.	
	Schedule D (Form 990) 2020

032055 12-01-20

11161115 794202 22-09439.000

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

N7N

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

2

Employer identification number

54-2153235

Name of the organization

IN THE FAMILY WAY

Pal	TI I ypes of Property							
		(a)	(b)	(c)		(d)		
		Check if	Number of contributions or	Noncash contribution amounts reported on		of determir		
		applicable		Form 990, Part VIII, line 1g	noncash con	itribution a	mount	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 -							
13								
14	Historic structures Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19								
20	Food inventory Drugs and medical supplies							
20 21								
21	Taxidermy Historical artifacts							
22	Scientific specimens							
23 24	Archeological artifacts							
2 4 25	Other (RESTAURANT PR)	X	28	216 083.	SELLING P	RTCE	TN	NOR
25 26	Other ► ()	21	20	210,005.		MICH .		
20 27	Other ()							
28	Other ()							
<u>20</u> 29	Number of Forms 8283 received by the organiz	ation during	l the tax year for e					
25	for which the organization completed Form 828		, ,					
	for which the organization completed form ozo	0, 1 alt v, L	onee Acknowledg	ement 29			Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part L lines 1 throug	h 28 that it		103	
004	must hold for at least three years from the date							
	exempt purposes for the entire holding period?					30a		x
h	If "Yes," describe the arrangement in Part II.					50a		
31	Does the organization have a gift acceptance p	olicy that re	auires the review (of any nonstandard contribut	ions?	31		x
	Does the organization have a gift acceptance p					51		<u> </u>
JZa			•			32a		x
h	contributions? If "Yes," describe in Part II.					528		
33	If the organization didn't report an amount in co	olumn (c) for	r a type of property	for which column (a) is cher	ked			
00	describe in Part II.		a type of property	TO WHICH COUTHIN (a) IS CHEC	neu,			

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

Schedule M (Form 990) 2020

032141 11-23-20

Part II	Supple	mental	Info	rmatic	n. Provide th	ne inform
	M (Form 990				FAMILY	

54-2153235 Page 2

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.

032142 11-23-20	Schedule M (Form 990) 2020
	22

11161115 794202 22-09439.000

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.

OMB No. 1545-0047

Employer identification number 54 - 2153235

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

IN THE FAMILY WAY

IN FURTHERANCE OF OUR TAX-EXEMPT PURPOSE, WE BEGAN PROVIDING FISCAL

SPONSORSHIP IN 2020 TO PROVIDE CRISIS RELIEF, HELP LAUNCH WORTHY NEW

CHARITABLE PROGRAMS, AND SUPPORT LOCAL CHARITABLE INITIATIVES. WE ALSO

EXPANDED OUR GRANT-GIVING TO INCLUDE ART PROJECTS AND ARTISTS THAT

REFLECT OUR CHARITABLE GOALS.

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

WE REGISTERED AS A CHARITABLE ORGANIZATION IN FOUR ADDITIONAL STATES

AND THE DISTRICT OF COLUMBIA.

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

THE 990 WAS REVIEWED BY THE BOARD PRIOR TO FILING.

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

TO ENFORCE THE CONFLICT OF INTEREST POLICY, BOARD REVIEWS AND SIGNS IT

ANNUALLY, AND IS EXPECTED TO DISCLOSE ANY POTENTIAL CONFLICTS THAT MAY

ARISE.

FORM 990, PART VI, SECTION C, LINE 18:

FORM 990 AND 1023 ARE AVAILABLE TO THE PUBLIC UPON REQUEST AND ALSO CAN BE

VIEWED ON THE NEW MEXICO ATTORNEY GENERAL'S WEBSITE.

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

FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC

UPON REQUEST AND ALSO CAN BE VIEWED ON THE NEW MEXICO ATTORNEY GENERAL'S

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

 032211
 11-20-20

 34

Name of the organization IN THE FAMILY WAY			Employer identification num 54-2153235
WEBSITE. FINANCIAL STATEMENTS AN	ID OTHER D	ISCLOSURES CA	IN ALSO BE OBTAINED
VIA LINKS ON OUR WEBSITE.			
<u> </u>			
032212 11-20-20	35		Schedule O (Form 990 or 990-EZ) 2