

**Brent H. Parks, CPA, PA
1816 E Innes St Ste 101
Salisbury, NC 28146-6027
704-633-8700**

January 14, 2025

CONFIDENTIAL

Families First-NC, Inc.
130 S Main Street, Ste 225
Salisbury, NC 28144

Dear Jeannie Sherrill, Executive Director:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

Your Form 990 for the year ended 6/30/24 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

Brent H. Parks, CPA, PA
1816 E Innes St Ste 101
Salisbury, NC 28146-6027

***Important:* Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.**

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Brent H. Parks, CPA, PA

Forms 990 / 990-EZ Return Summary

For calendar year 2023, or tax year beginning 07/01/23 , and ending 06/30/24

-*4408

Families First-NC, Inc.

Net Asset / Fund Balance at Beginning of Year 420,795

Revenue

Contributions	<u>672,767</u>	
Program service revenue		
Investment income		
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>16,694</u>	
Direct expenses	<u>7,925</u>	
Net income	<u>8,769</u>	
Other income	<u>0</u>	
Total revenue		<u>681,536</u>

Expenses

Program services	<u>673,689</u>	
Management and general	<u>138,495</u>	
Fundraising		
Total expenses		<u>812,184</u>
Excess / (deficit)		<u>-130,648</u>

Changes

Net Asset / Fund Balance at End of Year 290,147

Reconciliation of Revenue

Total revenue per financial statements	<u>681,536</u>
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	<u>681,536</u>

Reconciliation of Expenses

Total expenses per financial statements	<u>812,184</u>
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	<u>812,184</u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>456,564</u>	<u>336,132</u>	
Liabilities	<u>35,769</u>	<u>45,985</u>	
Net assets	<u>420,795</u>	<u>290,147</u>	<u>-130,648</u>

Miscellaneous Information

Amended return
Return / extended due date 05/15/25
Failure to file penalty _____

Form **8879-TE**

**IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning 7/01, 2023, and ending 6/30, 2024

2023

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

Families First-NC, Inc.

EIN or SSN

****-***4408**

Name and title of officer or person subject to tax

**Jeannie Sherrill
Executive Director**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

<input checked="" type="checkbox"/> 1a Form 990 check here	<input type="checkbox"/> b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	681,536
<input type="checkbox"/> 2a Form 990-EZ check here	<input type="checkbox"/> b Total revenue, if any (Form 990-EZ, line 9)	2b	
<input type="checkbox"/> 3a Form 1120-POL check here	<input type="checkbox"/> b Total tax (Form 1120-POL, line 22)	3b	
<input type="checkbox"/> 4a Form 990-PF check here	<input type="checkbox"/> b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
<input type="checkbox"/> 5a Form 8868 check here	<input type="checkbox"/> b Balance due (Form 8868, line 3c)	5b	
<input type="checkbox"/> 6a Form 990-T check here	<input type="checkbox"/> b Total tax (Form 990-T, Part III, line 4)	6b	
<input type="checkbox"/> 7a Form 4720 check here	<input type="checkbox"/> b Total tax (Form 4720, Part III, line 1)	7b	
<input type="checkbox"/> 8a Form 5227 check here	<input type="checkbox"/> b FMV of assets at end of tax year (Form 5227, Item D)	8b	
<input type="checkbox"/> 9a Form 5330 check here	<input type="checkbox"/> b Tax due (Form 5330, Part II, line 19)	9b	
<input type="checkbox"/> 10a Form 8038-CP check here	<input type="checkbox"/> b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **Brent H. Parks, CPA, PA** to enter my PIN **44408** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date **01/14/25**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Jeannie Sherrill

Date

01/14/25

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2023)

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2023
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2023 calendar year, or tax year beginning **07/01/23**, and ending **06/30/24**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">Families First-NC, Inc.</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p>130 S Main Street, Ste 225</p> City or town, state or province, country, and ZIP or foreign postal code <p>Salisbury NC 28144</p>	D Employer identification number <p style="text-align: center;">**-***4408</p> E Telephone number <p style="text-align: center;">704-630-0481</p> G Gross receipts\$ 689,461
F Name and address of principal officer: <p>Jeannie Sherrill 130 S Main Street, Ste 225 Salisbury NC 28144</p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: none		H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1987 M State of legal domicile: NC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">To strengthen all families by providing parenting information and education and by preventing adolescent pregnancy.</p>																									
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																									
	3 Number of voting members of the governing body (Part VI, line 1a)	3 13																								
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 13																								
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5 41																								
	6 Total number of volunteers (estimate if necessary)	6 25																								
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0																								
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0																								
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">759,986</td> <td style="text-align: right;">672,767</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">28,312</td> <td style="text-align: right;">8,769</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">788,298</td> <td style="text-align: right;">681,536</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	759,986	672,767	9 Program service revenue (Part VIII, line 2g)		0	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,312	8,769	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	788,298	681,536						
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Expenses		<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td> <td style="text-align: right;">545,761</td> <td style="text-align: right;">616,236</td> </tr> <tr> <td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td>b Total fundraising expenses (Part IX, column (D), line 25)</td> <td style="text-align: center;">0</td> <td></td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</td> <td style="text-align: right;">211,252</td> <td style="text-align: right;">195,948</td> </tr> <tr> <td>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td> <td style="text-align: right;">757,013</td> <td style="text-align: right;">812,184</td> </tr> <tr> <td>19 Revenue less expenses. Subtract line 18 from line 12</td> <td style="text-align: right;">31,285</td> <td style="text-align: right;">-130,648</td> </tr> </tbody> </table>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	14 Benefits paid to or for members (Part IX, column (A), line 4)		0	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	545,761	616,236	16a Professional fundraising fees (Part IX, column (A), line 11e)		0	b Total fundraising expenses (Part IX, column (D), line 25)	0		17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	211,252	195,948	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	757,013	812,184	19 Revenue less expenses. Subtract line 18 from line 12	31,285	-130,648
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Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <i>Jeannie Sherrill</i> Jeannie Sherrill Type or print name and title Executive Director	Date 1-14-25
Paid Preparer Use Only	Print/Type preparer's name Alexander Palumbo Preparer's signature Date 01/14/25 Check <input checked="" type="checkbox"/> if self-employed PTIN ***** Firm's name Brent H. Parks, CPA, PA Firm's EIN ** - ***7087 Firm's address 1816 E Innes St Ste 101 Salisbury, NC 28146-6027 Phone no. 704-633-8700	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

To strengthen all families by providing parenting information and education and by preventing adolescent pregnancy.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 673,689 including grants of \$) (Revenue \$)

Provided parenting & adolescent pregnancy prevention education programs for youth, parents and professionals who work with them. Programs include helping children cope with divorce, Brady Bunch illusion, active & solo parenting, nurturing, parents as teachers, wise guys, she talk, teens taking charge, dealing with tough issues and good beginnings for teen parents.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 673,689

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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		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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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		
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		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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes rows 2a through 17 with various tax-related questions and numerical inputs.

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 X

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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **NC**
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records.

Jeannie Sherrill
Salisbury

130 S Main Street, Ste 225

NC 28144

704-630-0481

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's **five current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Jeannie Sherrill	40.00									
Executive Director	0.00	X	X				56,236	0	0	
(2) Greg Alcorn	0.00									
President	0.00	X	X				0	0	0	
(3) Vincia Miller	0.00									
Vice President	0.00	X	X				0	0	0	
(4) Joyce Goodwin	0.00									
Treasurer	0.00	X	X				0	0	0	
(5) Elijah Belton	0.00									
Director	0.00	X					0	0	0	
(6) Rev. Carol Hallman	0.00									
Director	0.00	X					0	0	0	
(7) Luke Hamaty	0.00									
Director	0.00	X					0	0	0	
(8) Natalie Murphy	0.00									
Director	0.00	X					0	0	0	
(9) Nichole Pequeno	0.00									
Director	0.00	X					0	0	0	
(10) Esther Smith	0.00									
Director	0.00	X					0	0	0	
(11) Melonie Thompson	0.00									
Director	0.00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Jemel Black	0.00									
(12) Director	0.00	X					0	0	0	
(13) Emily Arnold	0.00									
(13) Director	0.00	X					0	0	0	
(14) Lindsay Lyles	0.00									
(14) Director	0.00	X					0	0	0	
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal							56,236			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							56,236			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	156,502				
	b Membership dues	1b					
	c Fundraising events	1c	111,000				
	d Related organizations	1d					
	e Government grants (contributions)	1e	248,738				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	156,527				
	g Noncash contributions included in lines 1a-1f	1g \$					
	h Total. Add lines 1a-1f			672,767			
Program Service Revenue	Business Code						
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ 111,000 of contributions reported on line 1c). See Part IV, line 18	8a		16,694				
b Less: direct expenses	8b		7,925				
c Net income or (loss) from fundraising events			8,769		8,769		
9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10a 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							
Miscellaneous Revenue	Business Code						
	11a						
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			681,536	0	0	8,769	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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	56,236	14,059	42,177	
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	502,023	442,272	59,751	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	14,019	11,459	2,560	
10 Payroll taxes	43,958	35,932	8,026	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	12,000	9,965	2,035	
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, column (A) amount, list line 11g expenses on Schedule O.)	42,753	42,753		
12 Advertising and promotion				
13 Office expenses	5,359	4,450	909	
14 Information technology	3,017	2,505	512	
15 Royalties/				
16 Occupancy	58,595	48,657	9,938	
17 Travel	1,803	1,497	306	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,082	6,711	1,371	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,877	4,880	997	
23 Insurance	10,810	8,977	1,833	
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 O.)				
a Supplies	13,934	11,571	2,363	
b Incentives	10,116	8,400	1,716	
c Telephone	7,549	6,269	1,280	
d Dues and subscriptions	5,714	4,745	969	
e All other expenses	10,339	8,587	1,752	
25 Total functional expenses. Add lines 1 through 24e	812,184	673,689	138,495	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)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	312,649	1	80,043
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	15,120	3	133,595
	4	Accounts receivable, net	1,912	4	1,302
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	12,108	9	12,294
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	208,615		
	10b	Less: accumulated depreciation	99,717	10c	108,898
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	456,564	16	336,132	
Liabilities	17	Accounts payable and accrued expenses	35,769	17	45,985
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	35,769	26	45,985
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	420,795	27	290,147
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	420,795	32	290,147
33	Total liabilities and net assets/fund balances	456,564	33	336,132	

Part 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	681,536
2	Total expenses (must equal Part IX, column (A), line 25)	2	812,184
3	Revenue less expenses. Subtract line 2 from line 1	3	-130,648
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	420,795
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	290,147

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? 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. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2023

Open to Public
Inspection

Name of the organization

Families First-NC, Inc.

Employer identification number

****-***4408**

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 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 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	667,688	812,818	750,732	759,986	672,767	3,663,991
2 Tax revenues levied for the organization'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	667,688	812,818	750,732	759,986	672,767	3,663,991
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						3,663,991

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	667,688	812,818	750,732	759,986	672,767	3,663,991
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	55,805	29,300	54,029	27,312	7,769	174,215
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						3,838,206
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	95.46%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	93.63%
16a 33 1/3% support test — 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test — 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test — 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

- 19a **33 1/3% support tests — 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- b **33 1/3% support tests — 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on 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

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

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described on line 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section 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).		

Section 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?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

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

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide 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 organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

[Dotted lines for supplemental information]

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization: Families First-NC, Inc. Employer identification number: **-***4408

Organization type (check one):

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

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

General Rule

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

Special Rules

- [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. [] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. [] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

Name of organization

Employer identification number

Families First-NC, Inc.

-*4408

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
1	United Way of Rowan County Inc PO Box 5065 Salisbury NC 28145	\$ 156,502	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	NC Dept of Public Saftey Governors Crime Commission 4201 Mail Service Center Raleigh NC 27699	\$ 87,312	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	NC Dept of Health & Human Service Teen Pregnancy Prevention Initatives 2001 Mail Service Center Raleigh NC 27699-2000	\$ 161,426	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	County of Rowan 130 W Innes Street Salisbury NC 28144	\$ 85,789	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Foundation for the Carolinas 220 S Tryon Street Charlotte NC 28202	\$ 86,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Cabarrus County 65 Church Street S Concord NC 28025	\$ 46,915	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number
****-***4408**

Families First-NC, Inc.

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	Blanche & Julian Robertson Family Fd PO Box 4242 Salisbury NC 28145	\$ 17,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

Employer identification number

Families First-NC, Inc.

-*4408

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements

Table with 1 column: Conservation Easements. Rows include: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours devoted to monitoring..., 7 Amount of expenses incurred..., 8 Does each conservation easement reported on line 2d...?, 9 In Part XIII, describe how the organization reports conservation easements...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Table with 1 column: Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report..., 1b If the organization elected, as permitted under FASB ASC 958, to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i) Unrelated organizations? Yes No
 - (ii) Related organizations? Yes No
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		100,000		100,000
b Buildings				
c Leasehold improvements				
d Equipment		108,615	99,717	8,898
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				108,898

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.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))		

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. (Column (b) must equal Form 990, Part X, line 13, col. (B))		

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, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	681,536
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	a Net unrealized gains (losses) on investments	2a			
	b Donated services and use of facilities	2b			
	c Recoveries of prior year grants	2c			
	d Other (Describe in Part XIII.)	2d			
	e Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	681,536
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	b Other (Describe in Part XIII.)	4b			
	c Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	681,536

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	812,184
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
	a Donated services and use of facilities	2a			
	b Prior year adjustments	2b			
	c Other losses	2c			
	d Other (Describe in Part XIII.)	2d			
	e Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	812,184
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	b Other (Describe in Part XIII.)	4b			
	c Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	812,184

Part XIII Supplemental Information

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.

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**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

Families First-NC, Inc.

Employer identification number

****-***4408**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Fundraiser (event type)	(event type)	None (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	127,694		127,694
	2	Less: Contributions	111,000		111,000
	3	Gross income (line 1 minus line 2)	16,694		16,694
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	7,925		7,925
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				8,769

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
b	An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$
- c If "Yes," enter name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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

OMB No. 1545-0047

2023Open to Public
Inspection

Name of the organization

Families First-NC, Inc.

Employer identification number

-*4408

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The executive director and finance committee review a draft of the 990 and discuss any observations, questions or changes with the CPA return preparer. Management emails each board member a PDF copy of the 990 for their review. Board members are given a period of one week to review the return and reply to management with any observations, questions or changes.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The conflict of interest policy is distributed annually to board members, employees and volunteers who are asked to sign the policy and reveal in writing any potential conflicts of interest. Individuals are reminded as part of the policy to recuse themselves of any official action where they may have a conflict of interest.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The Organization's governance / personnel committee evaluates the performance of the executive director annually and considers compensation adjustments based on merit and other market factors. Compensation surveys and other resources from the NC Center for Non Profit Organizations are used to help determine current salary levels in similar organizations.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

All governing documents, conflict of interest policy and financial statements are made accessible at the Organization's administrative office and are available to the public upon written request.

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

Schedule O (Form 990) 2023

-*4408

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Prior MACRS:											
3	4 drawer File Cabinets 3	9/01/95	300				300	5	MQ S/L	300	0
5	Metal Storage Cabinet	9/01/95	25				25	5	MQ S/L	25	0
6	Desk	6/30/95	125				125	5	MQ S/L	125	0
7	4 Drawer File Cabinet	6/30/95	50				50	5	MQ S/L	50	0
8	Metal Storage Cabinet	6/30/95	100				100	5	MQ S/L	100	0
9	Desk	6/30/95	125				125	5	MQ S/L	125	0
10	2 Chairs	6/30/95	60				60	5	MQ S/L	60	0
11	Credenza	6/30/95	100				100	5	MQ S/L	100	0
18	Postage Scale	11/30/96	1,000				1,000	5	HY S/L	1,000	0
20	Computer system	12/12/97	2,565				2,565	5	HY S/L	2,565	0
21	Security system	12/19/97	820				820	5	HY S/L	820	0
32	Sign & installation	1/31/00	1,944				1,944	7	HY S/L	1,944	0
			<u>7,214</u>				<u>7,214</u>			<u>7,214</u>	<u>0</u>
Other Depreciation:											
22	Sign	8/31/97	2,820				2,820	7	MO S/L	2,820	0
23	Computer for Dept 3	12/30/98	798				798	5	MO S/L	798	0
24	Computer for Dept. 8	12/30/98	798				798	5	MO S/L	798	0
25	Printer for Dept 3	12/30/98	160				160	5	MO S/L	160	0
26	Printer for Dept 8	12/30/98	160				160	5	MO S/L	160	0
27	TV/VCR combo	12/30/98	450				450	5	MO S/L	450	0
28	Camcorder & Tripod	12/30/98	429				429	5	MO S/L	429	0
29	Gateway computer	6/18/99	1,119				1,119	5	MO S/L	1,119	0
30	Gateway computer	12/29/99	1,125				1,125	5	MO S/L	1,125	0
31	Computer	1/25/99	800				800	5	MO S/L	800	0
33	Konica 7030 copier	3/27/01	7,550				7,550	5	MO S/L	7,550	0
34	Samsung phone system	4/27/01	4,498				4,498	5	MO S/L	4,498	0
35	Gateway computer	7/01/02	1,400				1,400	5	MO S/L	1,400	0
36	Multi-Use projector	6/15/04	1,070				1,070	5	MO S/L	1,070	0
37	Dell Inspiron 1150 (Laptop)	5/20/04	1,937				1,937	5	MO S/L	1,937	0
38	Camera Equipment	3/03/04	2,221				2,221	5	MO S/L	2,221	0
39	Board Conference Table	7/15/03	1,150				1,150	5	MO S/L	1,150	0
40	Dell server	10/31/06	767				767	5	MO S/L	767	0
41	Dell laptop	10/31/06	1,352				1,352	5	MO S/L	1,352	0
42	Dell desktop	10/31/06	2,768				2,768	5	MO S/L	2,768	0
43	Dell flat screen monitors (9)	10/31/06	1,521				1,521	5	MO S/L	1,521	0
44	Cameras for Kerr St	12/04/06	1,880				1,880	7	MO S/L	1,880	0
45	Dell desktop	4/27/07	680				680	5	MO S/L	680	0
46	Dell desktop	4/27/07	680				680	5	MO S/L	680	0
47	Phones & line hookups	6/13/07	1,141				1,141	7	MO S/L	1,141	0
48	Data mgmt software and licenses (12)	6/28/07	3,058				3,058	3	MO S/L	3,058	0
49	Dell desktop computer	11/18/08	699				699	5	MO S/L	699	0
50	Dell desktop computer	11/18/08	699				699	5	MO S/L	699	0
51	15" Toshiba Laptop	7/01/10	660				660	5	MO S/L	660	0
52	17.3" Toshiba Laptop	7/01/10	665				665	5	MO S/L	665	0
53	17.3" Toshiba Laptop	7/01/10	665				665	5	MO S/L	665	0
54	Laptop L675D	1/21/11	530				530	5	MO S/L	530	0
55	HP Proliant ML330 Server	4/26/11	2,719				2,719	5	MO S/L	2,719	0
56	Memory Module for Dell Servers	9/02/10	518				518	5	MO S/L	518	0
57	4 Laptops 17.3" GRY	5/26/11	2,072				2,072	5	MO S/L	2,072	0
58	HP Laser Jet Printer	8/30/11	521				521	5	MO S/L	521	0
59	3 Laptop computers	3/28/12	1,499				1,499	5	MO S/L	1,499	0
60	2 Laptop computers 15.6"	3/28/12	992				992	5	MO S/L	992	0
61	Educational & training DVDs	7/13/11	3,245				3,245	7	MO S/L	3,245	0
62	Meal time table w/ chairs & trays	8/14/13	1,247				1,247	5	MO S/L	1,247	0
63	Copier 3050ci with finisher	4/28/17	2,950				2,950	7	MO S/L	2,599	351
64	Phone lines installation	8/05/16	567				567	10	MO S/L	392	57
65	Phone system installation	3/30/17	884				884	10	MO S/L	553	88
66	Property renovation	3/09/17	1,245				1,245	10	MO S/L	789	124
67	Desks	4/05/17	1,449				1,449	7	MO S/L	1,294	155
68	6 HP Pavilion Laptop Computers	5/02/18	3,600				3,600	5	MO S/L	3,600	0
69	Laptop	6/07/18	650				650	5	MO S/L	650	0
70	HP Desktop PC	6/15/18	1,129				1,129	5	MO S/L	1,129	0
71	HP Scanjet scanner	9/28/18	1,149				1,149	5	MO S/L	1,092	57
72	2 Laptops	9/29/18	1,060				1,060	5	MO S/L	1,007	53
73	Computer	3/13/19	520				520	5	MO S/L	451	69
74	3 HP Laptops	6/17/20	1,137				1,137	5	MO S/L	682	228

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec		Basis for Depr	PerConv Meth	Prior	Current
				%	179 Bonus				
75	3 HP Laptops	6/17/20	1,128			1,128	5 MO S/L	677	225
76	Kyocera 3551 Copier	9/25/19	2,996			2,996	7 MO S/L	1,605	428
77	2 HP Laptops	9/27/19	1,200			1,200	5 MO S/L	900	240
78	iPhone 8 Plus	9/27/19	540			540	5 MO S/L	405	108
79	Plaything Stove, Sink, Frig, Table	11/08/19	1,370			1,370	7 MO S/L	717	196
80	Update laptops, install Database & hotspots	9/25/19	7,200			7,200	5 MO S/L	5,400	1,440
81	10 Samsung Laptops	6/27/21	2,790			2,790	5 MO S/L	1,116	558
82	Desk	8/26/20	925			925	7 MO S/L	374	133
83	Cell phone	8/24/20	825			825	5 MO S/L	467	165
84	2 HP Laptops	6/27/21	1,600			1,600	5 MO S/L	640	320
85	HP 17 Laptop	3/18/22	600			600	5 MO S/L	150	120
86	Kyocera 5021 printer / copier	1/14/22	3,562			3,562	7 MO S/L	763	509
87	HP 14 HD Laptop	4/11/22	389			389	5 MO S/L	97	78
88	Dell Optiplex 3080 Desktop	5/26/23	874			874	5 MO S/L	15	174
Total Other Depreciation			<u>101,402</u>			<u>101,402</u>		<u>86,627</u>	<u>5,876</u>
Total ACRS and Other Depreciation			<u>101,402</u>			<u>101,402</u>		<u>86,627</u>	<u>5,876</u>
Grand Totals			108,616			108,616		93,841	5,876
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>108,616</u>			<u>108,616</u>		<u>93,841</u>	<u>5,876</u>

-*4408

NC Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	NC Prior	NC Current	Federal Current	Difference Fed - NC
Prior MACRS:								
3	4 drawer File Cabinets 3	9/01/95	300	300	300	0	0	0
5	Metal Storage Cabinet	9/01/95	25	25	25	0	0	0
6	Desk	6/30/95	125	125	125	0	0	0
7	4 Drawer File Cabinet	6/30/95	50	50	50	0	0	0
8	Metal Storage Cabinet	6/30/95	100	100	100	0	0	0
9	Desk	6/30/95	125	125	125	0	0	0
10	2 Chairs	6/30/95	60	60	60	0	0	0
11	Credenza	6/30/95	100	100	100	0	0	0
18	Postage Scale	11/30/96	1,000	1,000	1,000	0	0	0
20	Computer system	12/12/97	2,565	2,565	2,565	0	0	0
21	Security system	12/19/97	820	820	820	0	0	0
32	Sign & installation	1/31/00	1,944	1,944	1,944	0	0	0
			<u>7,214</u>	<u>7,214</u>	<u>7,214</u>	<u>0</u>	<u>0</u>	<u>0</u>
Other Depreciation:								
22	Sign	8/31/97	2,820	2,820	2,820	0	0	0
23	Computer for Dept 3	12/30/98	798	798	798	0	0	0
24	Computer for Dept. 8	12/30/98	798	798	798	0	0	0
25	Printer for Dept 3	12/30/98	160	160	160	0	0	0
26	Printer for Dept 8	12/30/98	160	160	160	0	0	0
27	TV/VCR combo	12/30/98	450	450	450	0	0	0
28	Camcorder & Tripod	12/30/98	429	429	429	0	0	0
29	Gateway computer	6/18/99	1,119	1,119	1,119	0	0	0
30	Gateway computer	12/29/99	1,125	1,125	1,125	0	0	0
31	Computer	1/25/99	800	800	800	0	0	0
33	Konica 7030 copier	3/27/01	7,550	7,550	7,550	0	0	0
34	Samsung phone system	4/27/01	4,498	4,498	4,498	0	0	0
35	Gateway computer	7/01/02	1,400	1,400	1,400	0	0	0
36	Multi-Use projector	6/15/04	1,070	1,070	1,070	0	0	0
37	Dell Inspiron 1150 (Laptop)	5/20/04	1,937	1,937	1,937	0	0	0
38	Camera Equipment	3/03/04	2,221	2,221	2,221	0	0	0
39	Board Conference Table	7/15/03	1,150	1,150	1,150	0	0	0
40	Dell server	10/31/06	767	767	767	0	0	0
41	Dell laptop	10/31/06	1,352	1,352	1,352	0	0	0
42	Dell desktop	10/31/06	2,768	2,768	2,768	0	0	0
43	Dell flat screen monitors (9)	10/31/06	1,521	1,521	1,521	0	0	0
44	Cameras for Kerr St	12/04/06	1,880	1,880	1,880	0	0	0
45	Dell desktop	4/27/07	680	680	680	0	0	0
46	Dell desktop	4/27/07	680	680	680	0	0	0
47	Phones & line hookups	6/13/07	1,141	1,141	1,141	0	0	0
48	Data mgmt software and licenses (12)	6/28/07	3,058	3,058	3,058	0	0	0
49	Dell desktop computer	11/18/08	699	699	699	0	0	0
50	Dell desktop computer	11/18/08	699	699	699	0	0	0
51	15" Toshiba Laptop	7/01/10	660	660	660	0	0	0
52	17.3" Toshiba Laptop	7/01/10	665	665	665	0	0	0
53	17.3" Toshiba Laptop	7/01/10	665	665	665	0	0	0
54	Laptop L675D	1/21/11	530	530	530	0	0	0
55	HP Proliant ML330 Server	4/26/11	2,719	2,719	2,719	0	0	0
56	Memory Module for Dell Servers	9/02/10	518	518	518	0	0	0
57	4 Laptops 17.3" GRV	5/26/11	2,072	2,072	2,072	0	0	0
58	HP Laser Jet Printer	8/30/11	521	521	521	0	0	0
59	3 Laptop computers	3/28/12	1,499	1,499	1,499	0	0	0
60	2 Laptop computers 15.6"	3/28/12	992	992	992	0	0	0
61	Educational & training DVDs	7/13/11	3,245	3,245	3,245	0	0	0
62	Meal time table w/ chairs & trays	8/14/13	1,247	1,247	1,247	0	0	0
63	Copier 3050ci with finisher	4/28/17	2,950	2,950	2,599	351	351	0
64	Phone lines installation	8/05/16	567	567	392	57	57	0
65	Phone system installation	3/30/17	884	884	553	88	88	0
66	Property renovation	3/09/17	1,245	1,245	789	124	124	0
67	Desks	4/05/17	1,449	1,449	1,294	155	155	0
68	6 HP Pavilion Laptop Computers	5/02/18	3,600	3,600	3,600	0	0	0
69	Laptop	6/07/18	650	650	650	0	0	0
70	HP Desktop PC	6/15/18	1,129	1,129	1,129	0	0	0
71	HP Scanjet scanner	9/28/18	1,149	1,149	1,092	57	57	0
72	2 Laptops	9/29/18	1,060	1,060	1,007	53	53	0
73	Computer	3/13/19	520	520	451	69	69	0
74	3 HP Laptops	6/17/20	1,137	1,137	682	228	228	0

NC Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	NC Prior	NC Current	Federal Current	Difference Fed - NC
75	3 HP Laptops	6/17/20	1,128	1,128	677	225	225	0
76	Kyocera 3551 Copier	9/25/19	2,996	2,996	1,605	428	428	0
77	2 HP Laptops	9/27/19	1,200	1,200	900	240	240	0
78	iPhone 8 Plus	9/27/19	540	540	405	108	108	0
79	Plaything Stove, Sink, Frig, Table	11/08/19	1,370	1,370	717	196	196	0
80	Update laptops, install Database & hotspots	9/25/19	7,200	7,200	5,400	1,440	1,440	0
81	10 Samsung Laptops	6/27/21	2,790	2,790	1,116	558	558	0
82	Desk	8/26/20	925	925	374	133	133	0
83	Cell phone	8/24/20	825	825	467	165	165	0
84	2 HP Laptops	6/27/21	1,600	1,600	640	320	320	0
85	HP 17 Laptop	3/18/22	600	600	150	120	120	0
86	Kyocera 5021 printer / copier	1/14/22	3,562	3,562	763	509	509	0
87	HP 14 HD Laptop	4/11/22	389	389	97	78	78	0
88	Dell Optiplex 3080 Desktop	5/26/23	874	874	15	174	174	0
Total Other Depreciation			<u>101,402</u>	<u>101,402</u>	<u>86,627</u>	<u>5,876</u>	<u>5,876</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>101,402</u>	<u>101,402</u>	<u>86,627</u>	<u>5,876</u>	<u>5,876</u>	<u>0</u>
Grand Totals			108,616	108,616	93,841	5,876	5,876	0
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>108,616</u>	<u>108,616</u>	<u>93,841</u>	<u>5,876</u>	<u>5,876</u>	<u>0</u>

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Depreciation Adjustment Report

All Business Activities

01/14/2025 12:28 PM

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<u>MACRS Adjustments:</u>						
Page 1	1	32	Sign & installation	<u>0</u>	<u>253</u>	<u>-253</u>
				<u>0</u>	<u>253</u>	<u>-253</u>

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Future Depreciation Report **FYE: 6/30/25**

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
3	4 drawer File Cabinets 3	9/01/95	300	0	0
5	Metal Storage Cabinet	9/01/95	25	0	0
6	Desk	6/30/95	125	0	0
7	4 Drawer File Cabinet	6/30/95	50	0	0
8	Metal Storage Cabinet	6/30/95	100	0	0
9	Desk	6/30/95	125	0	0
10	2 Chairs	6/30/95	60	0	0
11	Credenza	6/30/95	100	0	0
18	Postage Scale	11/30/96	1,000	0	0
20	Computer system	12/12/97	2,565	0	0
21	Security system	12/19/97	820	0	0
32	Sign & installation	1/31/00	1,944	0	757
			7,214	0	757

Other Depreciation:

22	Sign	8/31/97	2,820	0	0
23	Computer for Dept 3	12/30/98	798	0	0
24	Computer for Dept. 8	12/30/98	798	0	0
25	Printer for Dept 3	12/30/98	160	0	0
26	Printer for Dept 8	12/30/98	160	0	0
27	TV/VCR combo	12/30/98	450	0	0
28	Camcorder & Tripod	12/30/98	429	0	0
29	Gateway computer	6/18/99	1,119	0	0
30	Gateway computer	12/29/99	1,125	0	0
31	Computer	1/25/99	800	0	0
33	Konica 7030 copier	3/27/01	7,550	0	0
34	Samsung phone system	4/27/01	4,498	0	0
35	Gateway computer	7/01/02	1,400	0	0
36	Multi-Use projector	6/15/04	1,070	0	0
37	Dell Inspiron 1150 (Laptop)	5/20/04	1,937	0	0
38	Camera Equipment	3/03/04	2,221	0	0
39	Board Conference Table	7/15/03	1,150	0	0
40	Dell server	10/31/06	767	0	0
41	Dell laptop	10/31/06	1,352	0	0
42	Dell desktop	10/31/06	2,768	0	0
43	Dell flat screen monitors (9)	10/31/06	1,521	0	0
44	Cameras for Kerr St	12/04/06	1,880	0	0
45	Dell desktop	4/27/07	680	0	0
46	Dell desktop	4/27/07	680	0	0
47	Phones & line hookups	6/13/07	1,141	0	0
48	Data mgmt software and licenses (12)	6/28/07	3,058	0	0
49	Dell desktop computer	11/18/08	699	0	0
50	Dell desktop computer	11/18/08	699	0	0
51	15" Toshiba Laptop	7/01/10	660	0	0
52	17.3" Toshiba Laptop	7/01/10	665	0	0
53	17.3" Toshiba Laptop	7/01/10	665	0	0
54	Laptop L675D	1/21/11	530	0	0
55	HP Proliant ML330 Server	4/26/11	2,719	0	0
56	Memory Module for Dell Servers	9/02/10	518	0	0
57	4 Laptops 17.3" GRY	5/26/11	2,072	0	0
58	HP Laser Jet Printer	8/30/11	521	0	0
59	3 Laptop computers	3/28/12	1,499	0	0
60	2 Laptop computers 15.6"	3/28/12	992	0	0
61	Educational & training DVDs	7/13/11	3,245	0	0
62	Meal time table w/ chairs & trays	8/14/13	1,247	0	0
63	Copier 3050ci with finisher	4/28/17	2,950	0	0
64	Phone lines installation	8/05/16	567	57	0
65	Phone system installation	3/30/17	884	88	0
66	Property renovation	3/09/17	1,245	125	0
67	Desks	4/05/17	1,449	0	0
68	6 HP Pavilion Laptop Computers	5/02/18	3,600	0	0
69	Laptop	6/07/18	650	0	0
70	HP Desktop PC	6/15/18	1,129	0	0
71	HP Scanjet scanner	9/28/18	1,149	0	0

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Future Depreciation Report FYE: 6/30/25
Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
72	2 Laptops	9/29/18	1,060	0	0
73	Computer	3/13/19	520	0	0
74	3 HP Laptops	6/17/20	1,137	227	0
75	3 HP Laptops	6/17/20	1,128	226	0
76	Kyocera 3551 Copier	9/25/19	2,996	428	0
77	2 HP Laptops	9/27/19	1,200	60	0
78	iPhone 8 Plus	9/27/19	540	27	0
79	Plaything Stove, Sink, Frig, Table	11/08/19	1,370	196	0
80	Update laptops, install Database & hotspots	9/25/19	7,200	360	0
81	10 Samsung Laptops	6/27/21	2,790	558	0
82	Desk	8/26/20	925	132	0
83	Cell phone	8/24/20	825	165	0
84	2 HP Laptops	6/27/21	1,600	320	0
85	HP 17 Laptop	3/18/22	600	120	0
86	Kyocera 5021 printer / copier	1/14/22	3,562	509	0
87	HP 14 HD Laptop	4/11/22	389	78	0
88	Dell Optiplex 3080 Desktop	5/26/23	874	175	0
	Total Other Depreciation		<u>101,402</u>	<u>3,851</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>101,402</u>	<u>3,851</u>	<u>0</u>
	Grand Totals		<u>108,616</u>	<u>3,851</u>	<u>757</u>

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NC Future Depreciation Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	NC
Prior MACRS:				
3	4 drawer File Cabinets 3	9/01/95	300	0
5	Metal Storage Cabinet	9/01/95	25	0
6	Desk	6/30/95	125	0
7	4 Drawer File Cabinet	6/30/95	50	0
8	Metal Storage Cabinet	6/30/95	100	0
9	Desk	6/30/95	125	0
10	2 Chairs	6/30/95	60	0
11	Credenza	6/30/95	100	0
18	Postage Scale	11/30/96	1,000	0
20	Computer system	12/12/97	2,565	0
21	Security system	12/19/97	820	0
32	Sign & installation	1/31/00	1,944	0
			7,214	0

Other Depreciation:

22	Sign	8/31/97	2,820	0
23	Computer for Dept 3	12/30/98	798	0
24	Computer for Dept. 8	12/30/98	798	0
25	Printer for Dept 3	12/30/98	160	0
26	Printer for Dept 8	12/30/98	160	0
27	TV/VCR combo	12/30/98	450	0
28	Camcorder & Tripod	12/30/98	429	0
29	Gateway computer	6/18/99	1,119	0
30	Gateway computer	12/29/99	1,125	0
31	Computer	1/25/99	800	0
33	Konica 7030 copier	3/27/01	7,550	0
34	Samsung phone system	4/27/01	4,498	0
35	Gateway computer	7/01/02	1,400	0
36	Multi-Use projector	6/15/04	1,070	0
37	Dell Inspiron 1150 (Laptop)	5/20/04	1,937	0
38	Camera Equipment	3/03/04	2,221	0
39	Board Conference Table	7/15/03	1,150	0
40	Dell server	10/31/06	767	0
41	Dell laptop	10/31/06	1,352	0
42	Dell desktop	10/31/06	2,768	0
43	Dell flat screen monitors (9)	10/31/06	1,521	0
44	Cameras for Kerr St	12/04/06	1,880	0
45	Dell desktop	4/27/07	680	0
46	Dell desktop	4/27/07	680	0
47	Phones & line hookups	6/13/07	1,141	0
48	Data mgmt software and licenses (12)	6/28/07	3,058	0
49	Dell desktop computer	11/18/08	699	0
50	Dell desktop computer	11/18/08	699	0
51	15" Toshiba Laptop	7/01/10	660	0
52	17.3" Toshiba Laptop	7/01/10	665	0
53	17.3" Toshiba Laptop	7/01/10	665	0
54	Laptop L675D	1/21/11	530	0
55	HP Proliant ML330 Server	4/26/11	2,719	0
56	Memory Module for Dell Servers	9/02/10	518	0
57	4 Laptops 17.3" GRY	5/26/11	2,072	0
58	HP Laser Jet Printer	8/30/11	521	0
59	3 Laptop computers	3/28/12	1,499	0
60	2 Laptop computers 15.6"	3/28/12	992	0
61	Educational & training DVDs	7/13/11	3,245	0
62	Meal time table w/ chairs & trays	8/14/13	1,247	0
63	Copier 3050ci with finisher	4/28/17	2,950	0
64	Phone lines installation	8/05/16	567	57
65	Phone system installation	3/30/17	884	88
66	Property renovation	3/09/17	1,245	125
67	Desks	4/05/17	1,449	0
68	6 HP Pavilion Laptop Computers	5/02/18	3,600	0
69	Laptop	6/07/18	650	0
70	HP Desktop PC	6/15/18	1,129	0
71	HP Scanjet scanner	9/28/18	1,149	0

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NC Future Depreciation Report

FYE: 6/30/25
Form 990, Page 1

Asset	Description	Date In Service	Cost	NC
72	2 Laptops	9/29/18	1,060	0
73	Computer	3/13/19	520	0
74	3 HP Laptops	6/17/20	1,137	227
75	3 HP Laptops	6/17/20	1,128	226
76	Kyocera 3551 Copier	9/25/19	2,996	428
77	2 HP Laptops	9/27/19	1,200	60
78	iPhone 8 Plus	9/27/19	540	27
79	Plaything Stove, Sink, Frig, Table	11/08/19	1,370	196
80	Update laptops, install Database & hotspots	9/25/19	7,200	360
81	10 Samsung Laptops	6/27/21	2,790	558
82	Desk	8/26/20	925	132
83	Cell phone	8/24/20	825	165
84	2 HP Laptops	6/27/21	1,600	320
85	HP 17 Laptop	3/18/22	600	120
86	Kyocera 5021 printer / copier	1/14/22	3,562	509
87	HP 14 HD Laptop	4/11/22	389	78
88	Dell Optiplex 3080 Desktop	5/26/23	874	175
Total Other Depreciation			<u>101,402</u>	<u>3,851</u>
Total ACRS and Other Depreciation			<u>101,402</u>	<u>3,851</u>
Grand Totals			<u>108,616</u>	<u>3,851</u>

Form 990	Event Income and Deduction Worksheet	2023
Description Fundraiser		Taxpayer Identification Number **-***4408
Name Families First-NC, Inc.		

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	16,694
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	111,000
7. Total revenue. Add lines 1 through 6	7.	127,694
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	7,925
15. Total expenses. Add lines 8 through 14 15.		7,925
16. Net Income/Loss. Line 7 minus Line 15 16.		119,769

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	_____
Total Exempt Activity Expense	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	7,925
Total Fundraising Expense	7,925

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code	_____	Seq #	_____
<input type="checkbox"/>	Part V, Debt Financing		
<input type="checkbox"/>	Part VI, Controlled Org Income		
<input type="checkbox"/>	Part VII, Investments for C(7)(9)(17)		
<input type="checkbox"/>	Part VIII, Exploited Activities		
<input type="checkbox"/>	Part IX, Advertising Income		

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form 990	Two Year Comparison Report	2022 & 2023
For calendar year 2023, or tax year beginning 07/01/23 , ending 06/30/24		

Name **Families First-NC, Inc.** Taxpayer Identification Number ****-***4408**

		2022	2023	Differences
Revenue	1. Contributions, gifts, grants	652,127	424,029	-228,098
	2. Membership dues and assessments			
	3. Government contributions and grants	107,859	248,738	140,879
	4. Program service revenue			
	5. Investment income			
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events	28,312	8,769	-19,543
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	12. Total revenue. Add lines 1 through 11	788,298	681,536	-106,762
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	56,238	56,236	-2
	16. Salaries, other compensation, and employee benefits	489,523	560,000	70,477
	17. Professional fundraising fees			
	18. Other professional fees	62,293	54,753	-7,540
	19. Occupancy, rent, utilities, and maintenance	59,487	58,595	-892
	20. Depreciation and Depletion	7,131	5,877	-1,254
	21. Other expenses	82,341	76,723	-5,618
	22. Total expenses. Add lines 13 through 21	757,013	812,184	55,171
	23. Excess or (Deficit). Subtract line 22 from line 12	31,285	-130,648	-161,933
Other Information	24. Total exempt revenue	788,298	681,536	-106,762
	25. Total unrelated revenue			
	26. Total excludable revenue	28,312	8,769	-19,543
	27. Total assets	456,564	336,132	-120,432
	28. Total liabilities	35,769	45,985	10,216
	29. Retained earnings	420,795	290,147	-130,648
	30. Number of voting members of governing body	11	13	
31. Number of independent voting members of governing body	11	13		
32. Number of employees	37	41		
33. Number of volunteers	25	25		