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** PUBLIC DISCLOSURE COPY **

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

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

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

and ending

OMB No. 1545-0047 2020 Open to Public Inspection

Department of the Treasury Internal Revenue Service Go to www.irrs A For the 2020 calendar year, or tax year beginning

B	Check if applicabl	C Name of organization		D Employer identifi	cation number			
X	Addre	STRONGER FAMILIES						
	Name			01-20902	0.5			
	Initial		Room/suite	94-3080305				
	Final	1E117 NATH CODDOM	noom/suite	E Telephone number 425-679-5671				
	termin ated			G Gross receipts \$	1,502,618.			
Amended MILL CREEK, WA 98012 H(a) Is this a group return								
Applica- tion F Name and address of principal officer: NOEL MEADOR for subordinates?								
	pendir	12015 115TH AVE NE., SUITE 195, KIRKLAN	JD WA	H(b) Are all subordinates in				
11	ax-exe	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) o		1	list. See instructions			
JI	Vebsit	e: WWW.STRONGERFAMILIES.ORG	JZ1	H(c) Group exemptio				
KF	orm of	organization: X Corporation Trust Association Other	I Vear		A State of legal domicile: WA			
	art I	Summary			or oute of logal domicile. W21			
	1	Briefly describe the organization's mission or most significant activities: TO BF	TNG L	TFE-CHANGIN	G SKILLS TO			
Activities & Governance		MARRIAGES AND FAMILIES SO THEY CAN BE STR	RONGA	ND THRIVE.	0 011220 10			
гла	2	Check this box	ed of more	than 25% of its net as	sets			
ove	1000			3	17			
ğ		Number of independent voting members of the governing body (Part VI, line 1b)			17			
S B	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	12			
itie	6	Total number of volunteers (estimate if necessary)		6	5			
ctiv	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	•••••		0.			
۲		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
				Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		2,028,354.	972,099.			
nu		Program service revenue (Part VIII, line 2g)		531,322.	529,103.			
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,370.	1,416.			
Å		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		57,490.	1,410.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,622,536.	1,502,618.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	1,502,010.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
60		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		996,971.	1,039,756.			
ISe		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses		Total fundraising expenses (Part IX, column (D), line 25)						
щ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,075,484.	506,400.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,072,455.	1,546,156.			
		Revenue less expenses. Subtract line 18 from line 12		550,081.	-43,538.			
es	10			ginning of Current Year	End of Year			
Assets or Balances	20	Total assets (Part X, line 16)		1,899,732.				
Ass Ba	21	Total liabilities (Part X, line 26)		90,777.				
Net		Net assets or fund balances. Subtract line 21 from line 20		1,808,955.	1,928,854.			
Pa		Signature Block		1,000,000.	I, J20, 0J4.			
_		Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of m	v knowledge and belief it is			
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			, and though and bollon, it is			
		Noll Mend-	ion propuloi	11/22	121			
Sig		Signature of officer		Date				
Her		NOEL MEADOR, CHIEF EXECUTIVE OFFICER						
	•	Type or print name and title						
		Print/Type preparer's name Preparer's signature	[Date Check	PTIN			
Pair	1	ROB E. KLEE MY 9 Allel		11/11/2(if self-employ	red P00176472			
	parer	Firm's name SMITH BUNDAY BERMAN BRITTON, P.S			91-1275259			
	Only	Firm's address 11808 NORTHUP WAY, SUITE 240						
		BELLEVUE, WA 98005-1959		Phone no. (4	25)827-8255			
Ma	y the I	RS discuss this return with the preparer shown above? See instructions			X Yes No			

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2020) STRONGER FAMI					94	-3080	305	Pag
Pa	rt III Statement of Program Service Acco	-							_
	Check if Schedule O contains a response or no	e to any	line in this Part III				<u></u>		L
1	Briefly describe the organization's mission: TO BRING LIFE-CHANGING SKII	T.C T(NARRIACES		FAMTI.TFG	٩O	THEV	CAN	ឝ
	STRONG AND THRIVE.			mu	IMILID	00		Criti	
2	Did the organization undertake any significant progra	n service:	s during the year whic	h were n	ot listed on the				
	prior Form 990 or 990-EZ?						L	Yes	X
	If "Yes," describe these new services on Schedule O.						F		
3	Did the organization cease conducting, or make signi	cant cha	nges in how it conduc	cts, any p	program services?	,	L	Yes	X
	If "Yes," describe these changes on Schedule O.		f f 't th						
4	Describe the organization's program service accompl Section 501(c)(3) and 501(c)(4) organizations are requ				-		-	-	
	revenue, if any, for each program service reported.		port the amount of gra	ants and		ers, tri	e total exp	Jen 363, 2	anu
4a		 includ 	ing grants of \$) (Rever	nue \$		529,	103
	COMMUNITY STRATEGIES - TRAN	SFOR	M MILITARY						
	TRAINED FACILITATORS AND CO								IL
	RELATIONSHIP EDUCATION USIN	G TH	E "OXYGEN"	PROD	JCTS AND	SER	VICES	•	
1b	(Code:) (Expenses \$ 70,562	 includ 	ing grants of \$) (Reve	nue \$			
	COMMUNICATIONS - THROUGH D	GITA	L AND NON-D	IGIT			- INC	LUDII	NG
	MAINTAINING THE ORGANIZATIO								ON
	& NEWSLETTERS ON REGIONAL A	ND NA	ATIONAL ISS	UES :	IMPACTING	FA	MILIE	ន	
	(CIRCULATION 13,000).								
1c	(Code:) (Expenses \$	includ	ing grants of \$			\$ 0.00			
10) (never	iue			
4d	Other program services (Describe on Schedule O.)								
	(Expenses \$ including grants Total program service expenses ► 1, 7	of \$	0 /) (Reve	nue \$)	
łe	Total program service expenses	49,0	74.					F . O	00
								Form 9	9U (2
200	2 12-23-20		3						
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Form 990 (2020) STRONGER FAM
Part IV Checklist of Required Schedules STRONGER FAMILIES

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Δ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
0	Schedule D, Part III	8		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		- 23
11	as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			- v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		- 22
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</i> " <i>Yes</i> ," <i>complete Schedule G, Part I</i>	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	''		
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		l	<u> </u>
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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4 2020.05000 STRONGER FAMILIES

Form 990 (2020)	STRONGER FAMILIES
Part IV Check	list of Required Schedules (continued)

STRONGER FAMILIES

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
4	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	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	25b		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%	1		
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
28	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
50	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
82	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		x	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38		
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 14		res	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	_		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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- 4		0 F	76	
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Yes No

Х

Х

X X

Х

Х

X X

Х

Form	990 (2020) STRONGER FAMILIES 94-3080	305
Par		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	
	filed for the calendar year ending with or within the year covered by this return 2a 12	2
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a
b	If "Yes," enter the name of the foreign country	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	
	any contributions that were not tax deductible as charitable contributions?	6a
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	
	were not tax deductible?	6b
7	Organizations that may receive deductible contributions under section 170(c).	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	
	to file Form 8282?	7c
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	
	sponsoring organization have excess business holdings at any time during the year?	8
9	Sponsoring organizations maintaining donor advised funds.	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b
10	Section 501(c)(7) organizations. Enter:	
-	Indiction from and any list contributions included on Dart //III. Res 40	

а	a Did the sponsoring organization make any taxable distributions under section 4966?					
b	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?					
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?		13a			
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
	Did the experimentian vession and neurosets for independencing services during the terrors		14a		Х	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	eration or				
	excess parachute payment(s) during the year?		15		Х	
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmer	it income?	16		Х	
	If "Yes," complete Form 4720, Schedule O.					

Form **990** (2020)

032005 12-23-20

Form 990 (2020)

STRONGER FAMILIES

X

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

	Check if Schedule O contains a response or note to any line in this Part VI				
Sec	tion A. Governing Body and Management				_
		1 1	4 🗆	Yes	1
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	hip with any other			
	officer, director, trustee, or key employee?		2	X	
3	Did the organization delegate control over management duties customarily performed by or under the	the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?		3		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets?	5		
6	Did the organization have members or stockholders?		6		
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?		7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	persons other than the governing body?		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y				Τ
а	The governing body?		8a	X	Γ
b	Each committee with authority to act on behalf of the governing body?			X	T
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re				T
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal				
				Yes	Γ
0a	Did the organization have local chapters, branches, or affiliates?		10a		T
	If "Yes," did the organization have written policies and procedures governing the activities of such				t
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		L
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo			X	t
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	, 3			t
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	L
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		12b	X	t
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If				t
-	in Schedule O how this was done		12c	x	
3	Did the organization have a written whistleblower policy?			X	┢
4	Did the organization have a written document retention and destruction policy?			X	$^{+}$
4 5	Did the process for determining compensation of the following persons include a review and appro				\dagger
5	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	, ,			
~			15a	x	l
a h	The organization's CEO, Executive Director, or top management official			X	╀
a	Other officers or key employees of the organization		15b		+
6-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	omont with a			
oa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang		40-		
Ŀ	taxable entity during the year?		<u>16a</u>		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org		10		
0.7	exempt status with respect to such arrangements?		16 b	I	1
	tion C. Disclosure				
7	List the states with which a copy of this Form 990 is required to be filed \bigcirc OR , WA		(-)(0)	A	
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 990-1 (Section 501)	c)(3)s only	y) avai	a
	for public inspection. Indicate how you made these available. Check all that apply.				
_		in on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	conflict of interest policy	, and fina	ncial	
_	statements available to the public during the tax year.				
0	State the name, address, and telephone number of the person who possesses the organization's b	books and records 🕨 _			
	JAN BOWE - $(425)679-5671$	٨			
	12015 115TH AVE NE, SUITE 195, KIRKLAND, WA 9803	4			
2000	5 12-23-20		Forn	n 990	(2
			~ - ·	76	
51	122 759182 2576 2020.05000 STRONGER FAMII	TES	25	/6_	

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

See 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)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week					1	(00)	from	from related	other
	(list any hours for	directo				-		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or (stee			nsated		(W-2/1099-MISC)	(112/1000 11100)	organization
	organizations	trust	ial tru		oyee	ompe		, , ,		and related
	below	Individual trustee or director	In stitutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Inst	Officer	Key	High	Former			
(1) NOEL MEADOR	40.00							164 210		
CEO/BOARD MEMBER		X		Х				164,317.	0.	30,696.
(2) KRIS PETERSON	1.00									
BOARD MEMBER		X						0.	0.	0.
(3) DON NELSON	1.00									
BOARD MEMBER		X						0.	0.	0.
(4) WILLIAM GEVERS	1.00									•
TREASURER		Х		Х				0.	0.	0.
(5) DOUG SACKVILLE	1.00									•
BOARD MEMBER		X						0.	0.	0.
(6) CAREY EARLY	1.00									0
BOARD MEMBER		Х						0.	0.	0.
(7) JIM DUBOIS	1.00									0
CHAIRMAN	1 00	X		X				0.	0.	0.
(8) SHANNON DUBOIS	1.00									0
BOARD MEMBER	1 00	X						0.	0.	0.
(9) ROSEMARY PETERSON	1.00							0		0
BOARD MEMBER	1 00	X						0.	0.	0.
(10) VIVIENNE GEVERS	1.00							0		0
VICE CHAIR	1 00	Х		Х				0.	0.	0.
(11) MELINDA NELSON	1.00	v						0.	0.	0
BOARD MEMBER	1.00	Х						0.	0.	0.
(12) KENI THOMAS	1.00	x						0.	0.	0.
BOARD MEMBER (13) KELLY DILLON	1.00	^						0.	0.	0.
	1.00	x						0.	0.	0.
BOARD MEMBER (14) JULIE DILLON	1.00	^						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(15) KARISSA MEADOR	1.00	Δ						0.	0.	0.
	1.00	x						0.	0.	0.
BOARD MEMBER (16) ERIC JOHNSON	1.00	~						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(17) RANDI JOHNSON	1.00	^						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
		17				I		0.	0.	Form 990 (2020)
032007 12-23-20						~				rom 330 (2020)

Form 990 (2020) STRONGER FAMILIES 94-30803											305	Pa	age 8	
Par	t VII Section A. Officers, Directors, Trus (A)	tees, Key Em (B)	ploy		(0))		st C	Compensated Employe (D)	es (continued) (E)			(F)	
	Name and title	Average hours per week (list any	box, offic	not cl unle	ss pe	more rson i	than o is both pr/trust	n an	Reportable compensation from the	Reportable compensatio from related organizations	n I	an	timate nount other pensa	of
		hours for related organizations below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	jt	organization (W-2/1099-MISC)	(W-2/1099-MIS		fr org and	om the anizat d relat anizatie	e ion ed
		line)	Indivi	Institu	Officer	Key er	Highe emplo	Former						
с	Subtotal Total from continuation sheets to Part VI	I, Section A					I		164,317. 0. 164,317.		0.0.0.	• 0.		
2	Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization),000 of reportabl	-	5	0,0	1
3	Did the organization list any former officer,	director, truste	ee, k	key e	empl	loye	e, or	hig	ghest compensated emp	bloyee on	[Yes	No
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su	m of reportab	le cc	mpe	ensa	ation	n anc	l otl		the organization		3	X	X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i>	iccrue comper	nsati	ion f	rom	any	unr	elat	ted organization or indiv		. [4 5	Λ	x
Sec 1	tion B. Independent Contractors Complete this table for your five highest con											ation f	rom	
	the organization. Report compensation for t										·	(0		
	Name and business	address	NC	ONE	2			_	Description of s	ervices	C	ompei		n
								-						
2	Total number of independent contractors (ir	ncluding but n	ot lir	nite	d to	tho	se lis	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organiz	zation 🕨				()					Form	990 (2	2020)

from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts **1** a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 972,099. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g \$ 972,099. h Total. Add lines 1a-1f **Business Code** 900099 440,197. 440,197. 2 a CONFERENCE FEES Program Service Revenue INDEPENDENT CONTRACTS 900099 83,706. 83,706. b ASSESSMENT FEES 900099 5,200. 5,200. с d е f All other program service revenue 529,103. g Total. Add lines 2a-2f ► Investment income (including dividends, interest, and 3 1,416. 1,416. other similar amounts) ► 4 Income from investment of tax-exempt bond proceeds ► 5 Royalties ► (i) Real (ii) Personal 6 a Gross rents 6a **b** Less: rental expenses ... 6b c Rental income or (loss) 6c d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 7a b Less: cost or other basis Other Revenue 7b and sales expenses **c** Gain or (loss) 7c d Net gain or (loss) ► 8 a Gross income from fundraising events (not of including \$ contributions reported on line 1c). See Part IV, line 18 8a b Less: direct expenses 8b c Net income or (loss) from fundraising events ► 9 a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities ► 10 a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory ► **Business Code** Miscellaneous Revenue 11 a b С d All other revenue ► e Total. Add lines 11a-11d 0. ,502,618. 529,103. 1,416. Total revenue. See instructions 12 Form 990 (2020) 032009 12-23-20 10

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2020.05000 STRONGER FAMILIES

(D) Revenue excluded

(C)

Unrelated

(B)

Related or exempt

(A)

Total revenue

STRONGER FAMILIES

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

Form 990 (2020)
Part VIII State

Statement of Revenue

STRONGER FAMILIES

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ecu	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All oth	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 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	195,011.	167,710.	5,850.	21,451
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	664,451.	571,427.	19,934.	73,090
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	14,785.	12,715.	444.	1,626
9	Other employee benefits	101,612.	87,387.	3,048.	11,177
0	Payroll taxes	63,897.	54,951.	1,917.	7,029
1	Fees for services (nonemployees):	,			•
	Management				
b	Legal	6,216.	5,346.	186.	684
	Accounting	23,119.	19,882.	694.	2,543
		23,113.	1370021		2,515
	Lobbying Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	81,769.	70,321.	2,453.	8,995
_	column (A) amount, list line 11g expenses on Sch 0.)	2,205.	1,896.	66.	243
2	Advertising and promotion	72,303.		2,169.	7,953
3	Office expenses		62,181.		
4	Information technology	75,890.	65,265.	2,277.	8,348
5	Royalties				6 260
6	Occupancy	57,892.	49,787.	1,737.	6,368
7	Travel	117,101.	100,707.	3,513.	12,881
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
21	Payments to affiliates				
2	Depreciation, depletion, and amortization	19,030.	16,366.	571.	2,093
3	Insurance				
4	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	MATERIALS	38,854.	33,414.	1,166.	4,274
b	FACILITY RENTAL AND CAT	11,593.	9,970.	348.	1,275
с	MISCELLANEOUS	428.	369.	12.	47
d					
	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	1,546,156.	1,329,694.	46,385.	170,077
. <u>5</u> 6	Joint costs. Complete this line only if the organization	, ,	, , • • - •		
5	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	ouuoanonai oampaign anu iunuraising sononanon.				

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11 2020.05000 STRONGER FAMILIES Form 990 (2020) STRONGER FAMILIES
Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			538,063.	1	324,747.
	2	Savings and temporary cash investments			1,207,272.	2	1,483,460.
	3	Pledges and grants receivable, net		450.	3		
	4	Accounts receivable, net		88,412.	4	70,544.	
	5	Loans and other receivables from any current o			-		
		trustee, key employee, creator or founder, subs		, ,			
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons describe		6			
s	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
Ä	9	Duran side som som som som skale formande skonstande			57,337.	9	82,434.
	10a	Land, buildings, and equipment: cost or other	1				
		basis. Complete Part VI of Schedule D	10a	92,748.			
	b	Less: accumulated depreciation	10b	92,748.	0.	10c	0.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line -		12			
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets				14	18,751.
	15	Other assets. See Part IV, line 11			8,198.	15	8,198.
	16	Total assets. Add lines 1 through 15 (must equ			1,899,732.	16	1,988,134.
	17	Accounts payable and accrued expenses			68,640.	17	47,698.
	18	Grants payable	- 100	18			
	19	Deferred revenue		7,128.	19	4,454.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
ies	22	Loans and other payables to any current or form	ner offi	cer, director,			
Liabilities		trustee, key employee, creator or founder, subs					
.iat		controlled entity or family member of any of the				22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines		· · ·	15,009.		7 1 2 0
		of Schedule D		·····	90,777.	25	7,128.
	26	Total liabilities. Add lines 17 through 25			90,111.	26	J9,200.
es		Organizations that follow FASB ASC 958, che	eck nei				
anc	07	and complete lines 27, 28, 32, and 33.			1,528,955.	27	1,778,854.
Balá	27 28	Net assets without donor restrictions	280,000.	27	150,000.		
Π	20	Organizations that do not follow FASB ASC 9	200,000.	20	130,000.		
μ		and complete lines 29 through 33.	56, CH				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
iets	30	Paid-in or capital surplus, or land, building, or ec				29 30	
Ass	31	Retained earnings, endowment, accumulated in				31	
let ,	32	Total net assets or fund balances			1,808,955.	32	1,928,854.
2	33	Total liabilities and net assets/fund balances			1,899,732.	33	1,988,134.
	. 55				_,,	00	1,500,154

Form **990** (2020)

Form	990 (2020) STRONGER FAMILIES	94-	-3080305	Page 12
Pa	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,618.
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,156.
3	Revenue less expenses. Subtract line 2 from line 1	3		3,538.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,808	3,955.
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	163	3,437.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10	1,928	3,854.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			X
				Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,	
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		·	
	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 Sch			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-		
	Act and OMB Circular A-133?		3a	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			

Form **990** (2020)

032012 12-23-20

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form	990	or	990-EZ)
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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047							
2020							
Open to Public Inspection							
 , identification numbe							

Name of the organization

Nan	ne of t	the organization							identification number
			NGER FAMIL						4-3080305
Pa	rt I	Reason for Public	Charity Status.	(All organizations must o	complete th	his part.) S	See instruction	ıs.	
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	check only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches describe	d in sectio	on 170(b)(*	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forr	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170)(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental (unit descrik	oed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	Χ	An organization that norma	Ily receives a substa	intial part of its support	from a gov	ernmental	unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)	(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions)	. Enter the	name, city	, and state o	f the colleg	je or
		university:							
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, members	hip fees, a	nd gross receipts from
		activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more that	n 33 1/3% of	its support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)						
11		An organization organized a	and operated exclus	ively to test for public sa	afety. See s	section 50)9(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, t	o perform	the function	ons of, or to c	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) c	or section	509(a)(2).	See section	509(a)(3). 🤇	Check the box in
		lines 12a through 12d that	describes the type o	of supporting organization	on and com	nplete lines	s 12e, 12f, an	d 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s),	typically by	/ giving
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority (of the dire	ctors or truste	ees of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	l or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	aving
		control or management o	of the supporting org	anization vested in the s	same perso	ons that co	ontrol or mana	age the sup	ported
	_	organization(s). You mus							
С		☐ Type III functionally inte						Illy integrate	ed with,
	_	its supported organizatio	.,.						
d		☐ Type III non-functionally						•	
		that is not functionally int	•	e ,	•		•	d an attent	iveness
	_	requirement (see instruct							
е		☐ Check this box if the orga					а Туре I, Туре	II, Type III	
	_	functionally integrated, or		, , ,					
f		er the number of supported of							
<u> </u>		vide the following information i) Name of supported	i about the supporte	d organization(s).	(iv) Is the orga	inization listed	(v) Amount of	fmonetary	(vi) Amount of other
	,	organization	(1) 2.14	(described on lines 1-10	in your governi Yes	inization listed ing document? No	support (see ir		support (see instructions)
		-		above (see instructions))	163				
Tota	al								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 14

2020.05000 STRONGER FAMILIES

Schedule A (Form 990 or 990 EZ) 2020 STRONGER FAMILIES

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2477892.	2171288.	1710134.	2028354.	980,666.	9368334.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2477892.	2171288.	1710134.	2028354.	980,666.	9368334.
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)						1132679.
6	Public support. Subtract line 5 from line 4.						8235655.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	2477892.	2171288.	1710134.	2028354.	980,666.	9368334.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	406.	739.	1,864.	5,270.	1,417.	9,696.
9	Net income from unrelated business			-			•
·	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						9378030.
12		etc. (see instruction	ns)			12	
	First 5 years. If the Form 990 is for th	-		fourth or fifth tax	vear as a section !		
	organization, check this box and stor				-		
Sec	ction C. Computation of Publ						
	Public support percentage for 2020 (column (f))		14	87.82 %
	Public support percentage from 2019					15	44.97 %
	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies						►X
b	33 1/3% support test - 2019. If the c		-				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						or more.
	and if the organization meets the fact						
	meets the facts-and-circumstances te		-	•		withow the organiz	
h	10% -facts-and-circumstances tes	•			•		
N.	more, and if the organization meets the						
	organization meets the facts-and-circ						
10	-		•				
IÖ	Private foundation. If the organization	IT UIU HOL CHECK A		a, 100, 17a, or 17t	J, CHECK (HIS DOX 2	ind see instruction	ა ▶∟

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990 EZ) 2020 STRONGER FAMILIES

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

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(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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10 <i>a</i>	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						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third	, fourth, or fifth tax	x year as a section	501(c)(3) orga	nization,
	check this box and stop here	<u></u>					
See	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2020 (line 8, column (f), d	divided by line 13,	, column (f))		15	%
	Public support percentage from 2019					16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage)			
17	Investment income percentage for 20)20 (line 10c, colur	mn (f), divided by	line 13, column (f)))	17	%
	Investment income percentage from		18	%			
19a	a 33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and lin	ne 15 is more than	33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qua	lifies as a publicly	supported organiz	ation	▶∟
b	33 1/3% support tests - 2019. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/	/3% , and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check			
0320	23 01-25-21			16	Sch	edule A (Forr	n 990 or 990-EZ) 2020

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Part IV Supporting Organizations (continued)

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			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.	1
2	Did the organization operate for the benefit of any supported organization other than the supported	

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organization	S
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			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		

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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	yeat	see instruction	ns).

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

c		The organization supported a	governmental entity.	Describe in Part VI how	you supported a gove	ernmental 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 in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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Schedule A (Form 990 or 990-EZ) 2020

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Yes

2a

2b

За

3b

Schedule A (Form 990 or 990 EZ) 2020 STRONGER FAMILIES

 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 Reco	overies of prior-year distributions	2		
3 Othe	er gross income (see instructions)	3		
4 Add	lines 1 through 3.	4		
5 Dep	reciation and depletion	5		
6 Port	ion of operating expenses paid or incurred for production or			
colle	ection of gross income or for management, conservation, or			
mair	ntenance of property held for production of income (see instructions)	6		
7 Othe	er expenses (see instructions)	7		
8 Adju	usted 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 Agg	regate fair market value of all non-exempt-use assets (see			
instr	uctions for short tax year or assets held for part of year):			
a Aver	rage monthly value of securities	1a		
b Aver	age monthly cash balances	1 b		
c Fair	market value of other non-exempt-use assets	1c		
d Tota	al (add lines 1a, 1b, and 1c)	1d		
e Disc	count claimed for blockage or other factors			
(exp	lain in detail in Part VI):			
2 Acqu	uisition indebtedness applicable to non-exempt-use assets	2		
3 Sub	tract line 2 from line 1d.	3		
4 Casl	h 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 Mult	iply line 5 by 0.035.	6		
7 Reco	overies of prior-year distributions	7		
8 Mini	imum Asset Amount (add line 7 to line 6)	8		
Section C	- Distributable Amount			Current Year
1 Adju	sted net income for prior year (from Section A, line 8, column A)	1		
2 Ente	er 0.85 of line 1.	2		
3 Mini	mum asset amount for prior year (from Section B, line 8, column A)	3		
4 Ente	er greater of line 2 or line 3.	4		
5 Inco	me tax imposed in prior year	5		
6 Dist	ributable Amount. Subtract line 5 from line 4, unless subject to			
eme	rgency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functior	ally integrate	d Type III supporting or	anization (soo

instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990 EZ) 2020 STRONGER FAMILIES

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

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 STRONGER FAMILIES

line 1; Part IV, Section D, lines Section D, lines 5, 6, and 8; ar (See instructions.)	3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Secti s 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; F nd Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.	Part V,
32028 01-25-21	Schedule A (Form 990 or 990 21)-EZ)
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Schedule B

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

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

94-3080305

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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

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

Name of organization

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STRONGER FAMILIES

94-3080305

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$39,220.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
023452 11-2		\$	Person Payroll Occupient Payroll Payroll Occupient Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

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Name of organization

Employer identification number

STRONGER FAMILIES

94-3080305

art II	Noncash Property (see instructions). Use duplicate copies of P	art II If additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a)			
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—			
		\$	990, 990-EZ, or 990-PF) (2

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2020.05000 STRONGER FAMILIES

Page 4

art III	GER FAMILIES Exclusively religious, charitable, etc., contributio	ons to organizations descr	ibed in section F	94 – 3080305 01(c)(7), (8), or (10) that total more than \$1,000 fo							
	from any one contributor. Complete columns (a) t	brough (e) and the followin	a line entry For a	raanizations							
	completing Part III, enter the total of exclusively religious, ch Use duplicate copies of Part III if additional s	aritable, etc., contributions of \$	1,000 or less for t	he year. (Enter this info. once.) 🚩 🍳							
) No.		•									
rom Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held							
F		(e) Transfe	er of aift								
		(0) 1101101	. er gitt								
	Transferee's name, address, and	d ZI P + 4	R	elationship of transferor to transferee							
) No.	(1) 5										
rom Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held							
		(e) Transfe	er of gift								
_	Transferee's name, address, and	d ZIP + 4	R	elationship of transferor to transferee							
-											
) No. rom	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held							
Part I		., .									
_											
	(e) Transfer of gift										
	Transferee's name, address, and	17IP + 4	B	elationship of transferor to transferee							
-											
i) No.											
i) No. rom Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held							
-											
—											
		(e) Transfe	r of aift								
F											
-			R	elationship of transferor to transferee							
	Transferee's name, address, and										
	Transferee's name, address, and										
-	Transferee's name, address, and										
-	Transferee's name, address, and										

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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



Name of the organization

S	Т	'R	0	N	GI	ΞR	FAMII	Γ	ES	
	-									_

Employer identification number 94-3080305

Pa			Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advised funds	(b) Funds and other accounts
	Tabel sumban at an disformer	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	-	
e	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor and		
	for charitable purposes and not for the benefit of the donor o		
Pa	t II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization		IV, III e 7.
•	Preservation of land for public use (for example, recreation)	· · · · · · · · · · · · · · · · · · ·	stariaally important land area
	Protection of natural habitat		storically important land area ertified historic structure
	Preservation of open space		
2		ind concernation contribution in the form of a	concernation accoment on the last
2	Complete lines 2a through 2d if the organization held a qualif	led conservation contribution in the form of a	Held at the End of the Tax Year
	day of the tax year.		
a b	Total number of conservation easements		
b C	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		. 20
u			2d
3	listed in the National Register Number of conservation easements modified, transferred, rel		•
5	year	eased, extinguished, or terminated by the org	Janization during the tax
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	►	5 , 5	5,
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easements during the year
	►\$		0, 2
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4	l)(B)(i)
	and section 170(h)(4)(B)(ii)?	•	Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statements	that describes the
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and I	balance sheet works
	of art, historical treasures, or other similar assets held for pub	blic exhibition, education, or research in furthe	erance of public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and bala	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthera	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial gai	in, provide
	the following amounts required to be reported under FASB A	-	
а	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2020

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Sche	dule D (Form 990) 2020 STRONGE	R FAMILIES						94-30	8030	5 Pa	age 2
Pa	rt III Organizations Maintaining C	Collections of A	rt, Hist	torical Tr	easures, o	or Othe	er Simila	ar Asse	ts(contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check	k any of the	following that	t make s	ignificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c			hange progra						
b	Scholarly research	e	•	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co							ose in Par	t XIII.		
5	During the year, did the organization solicit of							_	٦		٦
De	to be sold to raise funds rather than to be ma								Yes		No
Pa	reported an amount on Form 990, Pa		ete if the	organizatio	n answered "	Yes" on	Form 990), Part IV,	line 9, o	r	
10	•		diam (for	contribution	o or other or	anto not	included				
Ia	Is the organization an agent, trustee, custod		•						Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							∟			
D	in res, explain the analigement in Part XIII	and complete the it	nowing t	able.					Amoun	+	
~	Beginning balance						1c		Amoun	ι <u></u>	
	Additions during the year										
	Distributions during the year										
	Ending balance										
	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.						• • • • • • • • • • • • • • • • • • • •]
	rt V Endowment Funds. Complete i										
		(a) Current year	(b) P	rior year	(c) Two years	s back	(d) Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		%									
	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	it are held a	nd administer	red for tl	he organiz	zation	1		
	by:									Yes	No
	(i) Unrelated organizations										
h	(ii) Related organizations										
ь 4	If "Yes" on line 3a(ii), are the related organiza								3b		
	t VI Land, Buildings, and Equipm		Swment	lunas.							
1 u	Complete if the organization answere		0 Part IV	/line11a S	See Form 990	Part X	line 10				
	Description of property	(a) Cost or c			or other		ccumulate	d l	(d) Boo	k valu	
	Description of property	basis (investr		basis		. ,	preciation		(u) 500	ix value	-
19	Land		,	24010							
	Buildings				_						
	Leasehold improvements										
	Equipment										
	Other			9	2,748.		92,7	48.			0.
	. Add lines 1a through 1e. (Column (d) must e		X, colun				· · ·				0.
			,	. ,,	,			<u> </u>	- /-		

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, lin	e 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 en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.		•	
Complete if the organization answered "Yes" o	n Form 990, Part IV, lin	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			

 (2)
 (3)

 (3)
 (4)

 (4)
 (5)

 (5)
 (6)

 (7)
 (8)

 (9)
 (9)

 Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)
 (5)

 Part X
 Other Liabilities.

Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value (a) Description of liability 1. Federal income taxes (1) 7,128. DEFERRED RENT (2) (3) (4) (5) (6) (7) (8) (9) 7,128. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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...

Schedule D (Form 990) 2020

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Sche	edule D (Form 990) 2020 STRONGER FAMILIES			94-	3080305 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ements With	n Revenue per R		
	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	1,687,055.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	21,000.		
с	Recoveries of prior year grants				
d			163,437.		
е				2e	184,437.
3	Subtract line 2e from line 1			3	1,502,618.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)				1,502,618.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements Wit	h Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	1,567,156.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	21,000.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	21,000.
3	Subtract line 2e from line 1			3	1,546,156.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,546,156.
Pa	rt 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.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PPP LOAN FORGIVENESS NOT FEDERALLY TAXABLE

163,437.

032054 12-01-20

(Form 990) Por certain Officers. Directors, Trustees, Key Employees, and Highest Complete if the organization answered "Yais" on Form 980, Part IV, line 23. Complete if the organization answered "Yais" on Form 980, Part IV, line 23. Complete if the organization answered "Yais" on Form 980, Part IV, line 23. Complete if the organization answered "Yais" on Form 980, Part IV, line 23. Complete Part III Councempt and the latest information. STROMCER FAMILIES STROMCER FAMILIES Yes Yes Answer and the organization provided any of the following to or for a parson listed on Form 980, Part II Outestions Regarding Compensation Strokets the appropriate box(es) if the organization provided any of the following to or for a parson listed on Form 980, Part III to provide any relevant Information regarding these items. Places of chart travel Parsonal services (such as maid, chauffour, cher) B dray of the boxes on line ta are checked, did the organization follow a withen policy regarding payment or reindursement or provision of all of the expense described aboves for methods used by a relisted organization to substantiation prior to reindursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on the ragnization is ECO/Executive Director, regarding the items checked on the largenization is ECO/Executive Director, regarding the items of theored by all directors, trustees, and officers, including the organization used to establish the compensation committee Approval by the board or compensation committee Compensation ansurey or study Receive as every and payment from a supplemental nonqualified relifement plan? Approval by the board or compensation contingent on receive payment from a supplemental nonqualified relifemen	SCHEDULE J	Compensation Information	L	OMB No. 1	1545-00	47
Complete if the organization answerd "Vis" on Form 990, Part IV, line 23. Dent to Public Inspection STRONGER FAMILIES STRONGER STRONGER	(Form 990)			20	20	
Department Attach to Form 990. Open to Public Impediation Open to Public Impediation Name of the organization STRONCER_FAMILIES Employer identification number 94 - 308 0305 Part I Questions Regarding Compensation Yes No 1a Check the appropriate box(e) if the organization provided any of the following to or for a person listed on Form 990. Part VII, Section A, Ino 1a. Complete Part III to provide any other of Information regarding these tores. Yes No 1a Check the appropriate box(e) if the organization provided any of the following to or for a person listed on Form 990. Part VII, Section A, Ino 1a. Complete Part III to application regarding these tores. Yes No 1a Travel for companions Personal services (such as maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a writhen policy regarding payment or remotursement or provision of all of the expenses described abox? If 'No,' complete Part III to application 's CECO/Secutive Director, regarding the items checked on line 1a? 2 2 2 Indicate which, if any, of the following the organization used to establish the compensation committee Written employment contract 2 2 3 Indicate which, if any, of the following the organization is CECO/Secutive Director, but explain in Part III. 2 2 2 2				LU	LU	,
Name of the organization P to OWNMARGON on the OVEN in a Quito the state that in the theorem in the state in the instantial state of the organization of the organization provided any of the following to or for a person listed on Form 990. Employer identification number 94 – 3080 305 Part I Questions Regarding Compensation Yes No Part VI, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No Part VI, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Part effect on provide any payments Health or social club dues or initiation fees Decretoriany spending account Personal services (such as maid, chauffeur, choft) Ib Iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	Department of the Treasury					
STRONGER FAMILIES 94-3080305 Part I Questions Regarding Compensation Image: Comparison of the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, Ine 1a, Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Part VII, Section A, Ine 1a, Complete Part III to complete Part III to provide any relevant information regarding these items. Image: Complete Part III to Provide any relevant information regarding the resonal residence for personal use Decretoriany spending account Payments for business use of personal residence for personal use Decretoriany spending account Image: Complete Part III to Payments for business use of personal residence for personal and complete Part III to Payment or reinducement or provision of all of the expenses desorbed above? If ViA: Complete Part III to Payment or reinducement or provision of all of the expenses desorbed above? If ViA: Complete Part III to Payment or reinducement or provision of all of the expenses desorbed above? If ViA: Complete Part III to Payment or reside organization regures substantiation prior to rainbursing or allowing expenses incurred by all directors, trustuse, and officers, including the CEO/Executive Director, but explain in Part III. Image: Compensation committee Image: Compensation complete Part III to Payment or real-payment or relation areagement to many supplement contract. Image: Compensation complete Part III to Payment or relations to establish charmapement? 2 During the year, dd any person listed on Form 990, Part VII, Section A, line 1a, did the organization re				•		
Part 1 Questions Regarding Compensation Ia Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Pert VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Complete Part III to provide any relevant information regarding these items. Image: Companions Personal services (such as maid, chauffeur, cheft) Image: Companions Personal services (such as maid, chauffeur, cheft) Is if any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described abov? If "No," complete Part III to explain. 1b Is discussed which, if any, of the following the organization used to establish the compensation or the explain compensation route to theribursing or allowing exponents in relevant. 2 Indicate which, if any, of the following the organization used to establish the compensation or the CEO/Executive Director, to equitation and using exponent contract. 2 Image: Compensation committee Image: Compensation and the CEO/Executive Director, but explain in Part III. 2 Orgeneration or a netted organization: Image: Compensation and Compensation committee Image: Compensation and compensation committee Image: Compensation consultant Image: Compensation and compensitin a su	Name of the organiz					mper
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. 1b Tax indemnification and gross up payments Personal services (such as maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described baovo? If 'No,' complete Part III to explain. 1b 1b 2 Indicate which, if any, of the following the organization used to establish the complemation to restate organization to establish compensation organization to establish compensation committee 1b 2 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 2 2 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 2 2 5 For	Part I Quast		94-3	08030	2	
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First class or charter travel Housiness use of personal use First class or charter travel Housiness use of personal residence Tavel for companions Payments for business use of personal residence Tavel for companions Payments for business use of personal residence Discretionary spending account Personal services (such as maid, chauffeur, chef) Di the organization require substantiation prior to reluburging or allowing openses incurred by all directors, 1b Di the opensation require substantiation prior to reluburging or allowing openses incurred by all directors, 1b Di the opensation committee Written employment contract 2 Compensation committee Written employment contract 2 La class or all of the organization Compensation committee 4 La class or all of the organization Compensation or the CEO/Executive Director, but explain in Part III. Compensation committee	Part Quest				V	
Part VII. Section A, line 1a. Complete Part III to provide any relevant information regaring these items. Image: Comparison of Comparison	to Chask the app	envists hav/as) if the avaphization provided any of the following to av far a parson listed on Form	~ 000		Yes	NO
Image: Second			1990,			
Travel for companions Payments for business use of personal residence Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part II to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, Regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee 2 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 2 a Receive a severance payment from a supplemental nonqualified retirement plan? 4a X Compressible on ornecive payment from a supplemental nonqualified retirement plan? 4b X b Participate in or receive payment from an equity-based compensation arrangement? 4a X c Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c <						
Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain 1b 2 Dot the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director, Dut explain in Part III. 2 Compensation committee Written employment contract 2 Indicate which, if any of the following the organization Written employment contract 2 Indicate which, if any of the following the organization Written employment contract 2 Indigendent compensation consultant IX Compensation survey or study X Participate in or receive payment from an supplemental nonqualified retirement plan? 4a X Participate in or receive payment from an equity-based control payment? 4a X During the save; list the persons and provide the applicable amounts for each item in Part III. 5b X		, , , , , , , , , , , , , , , , , , ,				
Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 10 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the lems checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation consultant 2 0 CO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant 2 0 Compensation committee Written employment contract 3 0 0 Marcing the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X Dearticipate in or receive payment from a supplemental nonqualified retirement plan? 4a X Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X Drives'to any of lines 4a.c, list the persons and provide the applicable amounts for each item in Part III. 5a X Only section 5						
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 Compensation committee Written employment contract Written employment contract Imdependent compensation onsoultant X Compensation survey or study X Form 990 of other organization: X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X B Participate in or receive payment from an equity-based compensation arrangement? 4b X During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization on a related organization: 4a X 4b X 5b X 5b X 6r Paresions listed on Form 990, P						
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a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	-					
b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	•	0		63		x
If "Yes" on line 6a or 6b, describe in Part III. If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9						
 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 						
not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9			is			
 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 				7		Х
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9						
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9				8		Х
Regulations section 53.4958-6(c)? 9						
		· · · · ·		9		
					n 990)	2020

032111 12-07-20

94-3080305

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(b)(()-(U)	reported as deferred on prior Form 990
(1) NOEL MEADOR	(i)	164,317.	0.	0.	4,500.	26,196.	195,013.	0.
CEO/BOARD MEMBER	(ii)	0.	0.	0.		0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 3

Part III Supplemental Information

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

Schedule J (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ)

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

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

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

OMB No. 1545-0047

Employer identification number 94 - 3080305

FORM 990, PART VI, SECTION A, LINE 2:

MARRIED: JIM/SHANNON DUBOIS, KRIS/ROSEMARY PETERSON, WILLIAM/VIVIENNE

GEVERS, DON/MELINDA NELSON, KELLY/JULIE DILLON, DOUG SACKVILLE/CAREY EARLY,

ERIC/RANDI JOHNSON AND NOEL/KARISSA MEADOR.

STRONGER FAMILIES

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

REVIEWED BY ALL BOARD MEMBERS BEFORE FILED; REVIEWED ANNUALLY AT BOARD

MEETING.

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

ANNUALLY EACH DIRECTOR, OFFICER, EMPLOYEE AND VOLUNTEER COMPLETES A

DISCLOSURE FORM IDENTIFYING ANY RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES

IN WHICH HE OR SHE BELIEVES COULD CONTRIBUTE TO A CONFLICT OF INTEREST.

THE POLICY SHALL BE REVIEWED ANNUALLY BY EACH MEMBER OF THE BOARD OF

DIRECTORS.

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

THE BOARD ANNUALLY REVIEWS, APPROVES, AND CONTEMPORANEOUSLY RECORDS

COMPENSATION FOR THE EXECUTIVE DIRECTOR USING COMPARISON DATA.

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

ARE AVAILABLE UPON REQUEST AND ON STRONGER FAMILIES' WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PPP LOAN FORGIVENESS

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

163,437.

Schedule O (Form 990 or 990-EZ) 2020

33 2020.05000 STRONGER FAMILIES

Schedule O	(Form 990	or 990-EZ	2020

Name of the organization

STRONGER FAMILIES

PAGE 12, PART XII, LINE 2B

STRONGER FAMILIES HAS NOT CHANGED ITS PROCEDURES RELATED TO OVERSIGHT

OF THE AUDIT.

032212 11-20-20

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

	90 PAGE 10	-						990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	FURNITURE AND EQUIPMENT	VARIOUS	200DB	5.00	ну	17	92,748.				92,748.	92,748.		0.	92,748.
	SOFTWARE DEVELOPMENT -														
2	OXYGEN APP	10/01/16		36M	HY	43	176,576.				176,576.	176,576.		0.	176,576.
	* TOTAL 990 PAGE 10 DEPR & AMORT						269,324.				269,324.	269,324.		0.	269,324.
							, -				, -	, -			, .
						_									

028111 04-01-20

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone