JAMES MOORE & CO.,P.L. 121 EXECUTIVE CIRCLE DAYTONA BEACH, FL 32114-1180

> FAMILY RENEW COMMUNITY, INC. 810 RIDGEWOOD AVE HOLLY HILL, FL 32117-3518

Form 9	90
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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.

Department of the Treasury Internal Revenue Service

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



Amended return Applica- tion Pending Pending Applica- tion Pending F Name and address of principal officer: HEIDI GRUNBERG-DANIELS for subordinates?	8 , 427 . s X No s No ctions
Change FAMILY RENEW COMMONITY, INC. Name Doing business as Doing business as 59-2971766 Initial Initial Initial Number and street (or P.O. box if mail is not delivered to street address) Final 810 RIDGEWOOD AVE City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 1,15 HOLLY HILL, FL 32117-3518 H(a) Is this a group return Amended return F Name and address of principal officer: HEIDI GRUNBERG-DANIELS For subordinates?	s X No s No ctions
Name change Initial Ireturn Doing business as 59-2971766 Initial Ireturn Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 386-239-0861 Final return/ termin- ated S10 RIDGEWOOD AVE City or town, state or province, country, and ZIP or foreign postal code HOLLY HILL, FL 32117-3518 G Gross receipts \$ 1,15 Amended return F Name and address of principal officer: HEIDI GRUNBERG-DANIELS H(a) Is this a group return for subordinates?	s X No s No ctions
Initial return Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number Imital return/ termin- ated 810 RIDGEWOOD AVE 386-239-0861 City or town, state or province, country, and ZIP or foreign postal code G G cross receipts \$ 1,15 Amended return HOLLY HILL, FL 32117-3518 H(a) Is this a group return Application F Name and address of principal officer: HEIDI GRUNBERG-DANIELS For subordinates? Yet	s X No s No ctions
Final return/ terminated 810 RIDGEWOOD AVE 386-239-0861 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 1,15 Amended return HOLLY HILL, FL 32117-3518 H(a) Is this a group return Prediation prediation F Name and address of principal officer: HEIDI GRUNBERG-DANIELS for subordinates?	s X No s No ctions
termin- ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 1,15 Amended return HOLLY HILL, FL 32117-3518 H(a) Is this a group return Applica- tion F Name and address of principal officer: HEIDI GRUNBERG-DANIELS for subordinates?	s X No s No ctions
Image: Instance of the second seco	s No Inctions
pending	s No Inctions
	ctions
SAME AS C ABOVE H(b) Are all subordinates included?	
I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instru	
J Website: HTTPS://WWW.FAMILYRENEW.ORG/ H(c) Group exemption number	In market I Let I
K Form of organization: X Corporation Trust Association Other L Year of formation: 1989 M State of legal	иписие: т Ц
Part I Summary	
1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O	
2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b)	27
3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 4	27
4 Number of independent voting members of the governing body (Part VI, line 1b) 4 so 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5	16
5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 6	50
5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	0.
Prior Year Current	
Contributions and grants (Part VIII, line 1h) 758,697. 79	1,256.
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 41 Other service (A) (III service 5, 0) (A	0.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 6, 962.	8,753.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) $-422, 309 \cdot 100$	5,355.
	4,654.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 44,929. 3	6,022.
14 Benefits paid to or for members (Part IX, column (A), line 4) 0 •	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 423, 322. 51	2,927.
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.
16 Salaries, other compensation, employee benefits (Part IX, column (A), line 11e) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 96, 246. 17 Other expenses (Part IX, column (A), line 112:11d, 115:24e) 2.33, 879.	
	5,423.
	4,372.
	9,718.
Beginning of Current Year End of	
	1,412.
	<u>6,800.</u>
Part II Signature Block	4,612.

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

Sign	Signature of officer	Date
Here	HEIDI GRUNBERG-DANIELS, EXECUTIVE DIRECTOR	
	Type or print name and title	
	Print/Type preparer's name Preparer's signature	Date Check PTIN
Paid	JAMES A. HALLERAN JAMES A. HALLERAN	02/05/24 self-employed P00005496
Preparer	Firm's name JAMES MOORE & CO., P.L.	Firm's EIN 59-3204548
Use Only	Firm's address 121 EXECUTIVE CIRCLE	
	DAYTONA BEACH, FL 32114-1180	Phone no. 386 – 257 – 4100
May the II	RS discuss this return with the preparer shown above? See instructions	X Yes No
232001 12-1	LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2022)

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO FOSTER THE WELL-BEING OF AT-RISK FAMILIES WITH CHILDREN IN THE LOCAL COMMUNITY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 536,179 • including grants of \$ 36,022 •) (Revenue \$ 70,544 •
	FRC OPERATES 3 RESIDENTIAL RESTORATION PROGRAM CAMPUSES FOR HOMELESS FAMILIES WITH CHILDREN. THE HOLLY HILL CAMPUS HAS 14 ONE-BEDROOM
	COTTAGES, THE DAYTONA BEACH CAMPUS HAS A TWO-STORY APARTMENT BUILDING
	WITH 10 ONE-BEDROOM APARTMENTS AND 1 TWO-BEDROOM APARTMENT, AND THE
	DELAND CAMPUS HAS A TWO-STORY APARTMENT BUILDING WITH 4 ONE-BEDROOM
	APARTMENTS AND 3 TWO-BEDROOM APARTMENTS. ALL 32 APARTMENTS ARE
	FURNISHED THROUGHOUT BY THE THRIFT STORE, AND FAMILIES ARE PERMITTED TO
	TAKE MOST OF THEIR FURNITURE WITH THEM AT NO COST WHEN THEY EXIT THE
	PROGRAM. CLOTHING IS PROVIDED TO ALL MEMBERS OF OUR FAMILIES WHEN THEY
	ARRIVE AND BASED ON THEIR NEED WHILE IN THE PROGRAM. FAMILIES MUST ALSO APPLY FOR FOOD STAMPS AND SUPPLEMENTAL FOOD PANTRIES ARE MAINTAINED ON
	ALL THREE CAMPUSES. FAMILIES ARE PERMITTED TO STAY IN THE PROGRAM UP TO
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	
4c	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	<pre></pre>
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	<pre></pre>
4c 4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)

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 Form 990 (2022)
 FAMILY RENEW COMMUNITY, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
-	Schedule D, Part III	8		<u>x</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	If "Yes," complete Schedule D, Part IV	9		<u>x</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
-	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	х	
h	Part VI	<u>11a</u>	-11	<u> </u>
b		11b		x
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			<u> </u>
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	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			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		└──
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	0000	X
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232003 12-13-22

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 FAMILY RENEW COMMUNITY, INC.
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 Part IV
 Checklist of Required Schedules (continued)
 France
 France

			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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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			v
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
ا م	any tax-exempt bonds?	24c 24d		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		<u> </u>
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		- 23
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		- 23
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <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		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
_	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	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			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 18			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
232004	¥ 12-13-22	Form	990	(2022)

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Form	990 (2022) FAMILY RENEW COMMUNITY, INC. 59-2971	766	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 16			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
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		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
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			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			<u>-</u> -
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			1
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
232005	12-13-22	Form	990	(2022)

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⁵ 2022.05040 FAMILY RENEW COMMUNITY, I 203838.1

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FUIII	990	(2022)

FAMILY RENEW COMMUNITY, INC.

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

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

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

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 27	-		
	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 27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
	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		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	Ν
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
		12a		Х
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			- 23
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only	availal	he
	for public inspection. Indicate how you made these available. Check all that apply.	, orny)	avandi	510
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records HEIDI GRUNBERG-DANIELS - 386-239-0861			
	810 RIDGEWOOD AVE, HOLLY HILL, FL 32117-3518			
20000	12-13-22	Form	990	(20)

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

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

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

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

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

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

	of any related t	<u>, gu</u>	mzu		0011	ipen	Jour	d any canon chicon, a		
(A)	(B)	(C) Position						(D)	(E)	(F)
Name and title	Average	(do	not cl				one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	dad	irecto	r/trus [.]	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from the
	related	itee o	ustee			ensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	1 trus	nal tr		oyee	duo		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Cer	Key employee	loyee	ner			organizations
	line)	Indi	Inst	Officer	Key	Highest compensated employee	Former			
(1) ANTHONY DEOBIL	40.00									
EXECUTIVE DIRECTOR - UNTIL 5/6/23				Х				69,287.	0.	23,545.
(2) CARLY GHIGLIOTTY	40.00									
ACCOUNTANT				Х				48,452.	0.	0.
(3) LIGHTHOUSE CHRIST PRESBYTERIAN	1.00									
RELIGIOUS TRUSTEES			X					0.	0.	0.
(4) OUR LADY OF LOURDES CATHOLIC CH	1.00									
RELIGIOUS TRUSTEES			X					0.	0.	0.
(5) TOMOKA UNITED METHODIST CHURCH	1.00									
RELIGIOUS TRUSTEES			X					0.	0.	0.
(6) COMMUNITY UNITED METHODIST CHUR	1.00									
RELIGIOUS TRUSTEES			X					0.	0.	0.
(7) SEABREEZE UNITED CHURCH OF CHRI	1.00									
RELIGIOUS TRUSTEES			X					0.	0.	0.
(8) BASILICA OF ST. PAUL	1.00									
RELIGIOUS TRUSTEES			X					0.	0.	0.
(9) ST. JAMES EPISCOPAL CHURCH	1.00									
RELIGIOUS TRUSTEES			X					0.	0.	0.
(10) ST. BRENDAN CATHOLIC CHURCH	1.00									
RELIGIOUS TRUSTEES			X					0.	0.	0.
(11) PRINCE OF PEACE CATHOLIC CHURCH	1.00									
RELIGIOUS TRUSTEES			X					0.	0.	0.
(12) FIRST UNITED METHODIST CHURCH O	1.00									
RELIGIOUS TRUSTEES			X					0.	0.	0.
(13) UNITARIAN UNIVERSALIST CONGREG.	1.00									
RELIGIOUS TRUSTEES			X					0.	0.	0.
(14) UNION CONGREGATIONAL CHURCH OF	1.00									
RELIGIOUS TRUSTEES			X					0.	0.	0.
(15) ORMOND BEACH PRESBYTERIAN CHURC	1.00									
RELIGIOUS TRUSTEES			X					0.	0.	0.
(16) ST. BARNABAS EPISCOPAL CHURCH	1.00									
RELIGIOUS TRUSTEES			X					0.	0.	0.
(17) ST. PETER CATHOLIC CHURCH	1.00									
RELIGIOUS TRUSTEES			X					0.	0.	0.
										Earm 990 (2022)

232007 12-13-22

Form **990** (2022)

12440205 789407 203838.1

2022.05040 FAMILY RENEW COMMUNITY, I 203838.1

Form 990 (2022) FAMILY RE	ENEW COM	IMU	ΜI	ΤY	·,	IN	Ċ.		59-2971	766	Page 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	anc	l Hig	ghes	st C	ompensated Employee	s (continued)		
(A)	(B)				C)			(D)	(E)	0	F)
Name and title	Average			Pos	ition			Reportable	Reportable		nated
	hours per		not ch , unles					compensation	compensation		unt of
	week		cer an					from	from related		her
	(list any	tor						the	organizations		nsation
	hours for	direc				D.		organization	(W-2/1099-MISC/	from	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organi	ization
	organizations	trust	al tr		yee	be		1099-NEC)		and re	elated
	below	ndividual trustee or director	Institutional trustee	er	mplc	est co	er			organiz	zations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			1	
(18) TEMPLE BETH-EL	1.00										
RELIGIOUS TRUSTEES			X					0.	0.	1	Ο.
(19) FIRST PRESBYTERIAN CHURCH DELAD	1.00										
RELIGIOUS TRUSTEES			x					0.	0.	1	0.
(20) CATHOLIC CHURCH OF EPIPHANY	1.00					-		0.			
RELIGIOUS TRUSTEES	1.00							0	0	1	0
	1 0 0		х					0.	0.	 	0.
(21) COVENANT UNITED METHODIST CHURC	1.00									1	-
RELIGIOUS TRUSTEES			X					0.	0.		0.
(22) NEW ST. JAMES MUN. BAPTIST CHUR	1.00									1	
RELIGIOUS TRUSTEES			X					0.	0.	1	Ο.
(23) OUR LADY OF HOPE CATHOLIC CHURC	1.00										
RELIGIOUS TRUSTEES			x					0.	0.	1	0.
(24) JIM RADEMACHER	1.00								• •		
PRESIDENT, UNTIL 11/17/2022		х		х				0.	0.	1	0.
(25) DIANA JANZEN	1.00	Δ		Δ				0.	0.		
	1.00	37		37				0	0	1	0
PRESIDENT, AS OF 11/17/2022	1 0 0	Х		Х				0.	0.	 	0.
(26) COLIN GRAY	1.00								-	1	
TREASURER, UNTIL 11/17/2022		Х		Х				0.	0.		0.
1b Subtotal								117,739.	0.	23,	,545.
c Total from continuation sheets to Part VI								0.	0.	1	Ο.
d Total (add lines 1b and 1c)								117,739.	0.	23,	,545.
2 Total number of individuals (including but no								ceived more than \$100.	000 of reportable		
compensation from the organization						,		, ,			0
										Y	es No
3 Did the organization list any former officer,	diractor truct			mnl	~~~~	0 0r	hia	haat componented ompl	0,000 00		
· · · ·	-			•	-		Ŭ	• •			x
line 1a? If "Yes," complete Schedule J for su										3	
4 For any individual listed on line 1a, is the su											
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	or such individual		4	<u> </u>
5 Did any person listed on line 1a receive or a	ccrue compen	Isati	on fr	om	any	unre	elate	ed organization or individ	lual for services		
rendered to the organization? If "Yes, " com	plete Schedule	e J fo	or su	ch į	oers	on .				5	X
Section B. Independent Contractors	-										
1 Complete this table for your five highest cor	mpensated ind	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of compensa	tion from	
the organization. Report compensation for t	he calendar ye	ear e	endin	g w	ith c	or wi	thin	the organization's tax ye	ear.		
(A)				0				(B)		(C)	
Name and business	address	NC	ONE					Description of s	ervices C	Compensa	ation
							_				
							_				
2 Total number of independent contractors (ir	cluding but of	nt lin	nitad	l to i	thor		ted	above) who recoived me	ore than		
\$100,000 of compensation from the organiz	•	. III	inteu	10	، ۱))	ιcu				
SEE PART VII, SECTION		TN	יגדד	пт		, 	ㅁㅁ	ፑጥር		F 00	0 (2022)
SEE FARI VII, SECTION	A CONT	ти	UA	тт		ъ.	116	Q10		Form 33	• (2022)

232008 12-13-22

Form 990 FAMILY R	ENEW COM	IMU	NI	ΤY	,	IN	c.		59-297	1766
Part VII Section A. Officers, Directors, Tru		nplo	yee			ligh	est (, ,	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(Cl	(check all that apply)					compensation	compensation from related	amount of other
	per week					ee ee		from the	organizations	compensation
	(list any	ctor				nploy		organization	(W-2/1099-MISC)	from the
	hours for	ır dire				ted er		(W-2/1099-MISC)		organization
	related	stee c	truste		æ	pensa				and related
	organizations	ual tru	ional 1		ploye	tcom				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
(27) SHERRI RUMMEL-HAWK	1.00	-	-	0	×	=	Ē			
SECRETARY		x		x				0.	0.	0.
(28) KENDALL HAMLIN	1.00									
TREASURER, AS OF 11/17/2022		x		x				0.	0.	0.
(29) AMANDA CRAIG	1.00									
AT-LARGE MEMBER		x						0.	0.	0.
(30) MATT MILLER	1.00									
AT-LARGE MEMBER		х						0.	0.	0.
(31) JARRETT KWIATEK	1.00									
AT-LARGE MEMBER		Х						0.	0.	0.
						-				
						-				
					-					
		•								
Total to Part VII, Section A, line 1c										

232201 04-01-22

Pa	rt VII	Statement of Rev	venue						
		Check if Schedule O co	ontains a resp	onse	or note to any line			(-)	
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ស ស	1 a	Federated campaigns	1a		70,881.				
ran	b		1b						
۵. ۵.	с				99,499.				
ar A	d		1d						
s, s	е	Government grants (contril	butions) 1e		51,599.				
rion Si Si	f	All other contributions, gifts, g	rants, and						
ibu		similar amounts not included a			569,277.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lin			254,696.				
<u>ų p</u>	h	Total. Add lines 1a-1f				791,256.			
					Business Code				
Program Service Revenue	2 a								
ue v	b								
2 en S	c d								
gra Re	u o								
Pro	f	All other program service re	evenue						
	g	Total. Add lines 2a-2f							
	3	Investment income (includi							
		other similar amounts)				8,753.			8,753.
	4	Income from investment of	tax-exempt b	ond p	roceeds				
	5	Royalties							
			(i) Rea	al	(ii) Personal				
	6 a		<u>6a</u>						
	b		6b		I				
	c	(, , , ,	6c						
	d	Net rental income or (loss) Gross amount from sales of	(i) Secur		(ii) Other				
	<i>i</i> a	assets other than inventory	7a	103					
	ь		<u>1a</u>						
ē			7b						
Revenue	с		7c						
Rev		Net gain or (loss)							
<u> </u>	8 a	Gross income from fundraising	g events (not						
Othe		including \$	99,499. of						
		contributions reported on I	ine 1c). See						
		Part IV, line 18		8a	34,038.				
	b			8b	8,848.				
	с				·····	25,190.			25,190.
	9 a	Gross income from gaming							
		Part IV, line 19							
			omina ootiviti	9b					
		Net income or (loss) from g Gross sales of inventory, le		,s					
	10 a	and allowances		10a	249,324.				
	ь	Less: cost of goods sold		10b					
		Net income or (loss) from s			· · · · · · · · · · · · · · · · · · ·	-235,601.			-235,601.
		,, ·· -··· •			Business Code	•			
sno	11 a	INSURANCE PROCEEDS			900099	70,544.	70,544.		
ane	b	MISCELLANEOUS INCOME			900099	4,512.			4,512.
scellaneo Revenue	с								
Miscellaneous Revenue	d	All other revenue							
		Total. Add lines 11a-11d				75,056.			
	12	Total revenue. See instruction	ns			664,654.	70,544.	0.	-197,146.
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FAMILY RENEW COMMUNITY, INC.

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Form 990 (2022)

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FAMILY RENEW COMMUNITY, Part IX Statement of Functional Expenses

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

INC.

Dor	Check if Schedule O contains a respons	(A) Total expenses	(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII.	I otal expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			-	·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	36,022.	36,022.		
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	113,834.	57,785.	36,677.	19,372
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	272,778.	133,638.	92,579.	46,561
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	3,481. 95,411.	2,056.	841.	584 16,012
9	Other employee benefits	95,411.	56,358.	23,041.	16,012
10	Payroll taxes	27,423.	14,210.	9,387.	3,826
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	23,600.	5,520.	15,780.	2,300
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	4	100		
12	Advertising and promotion	1,344.	100.	453.	791
13	Office expenses	34,974.	25,355.	6,398.	3,221
14	Information technology	567.	12.	50.	505
15	Royalties		80.005	E 280	1 410
16	Occupancy	76,985.	70,205.	5,370.	1,410
17	Travel	1,201.	323.	482.	396
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	700	015	220	264
19	Conferences, conventions, and meetings	799.	215.	320.	264
20					
21	Payments to affiliates	20 1E0	21 120	1 011	
22	Depreciation, depletion, and amortization	32,150. 24,612.	<u>31,139.</u> 19,604.	1,011.	1.6
23		24,012.	19,004.	4,992.	16
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	REPAIRS AND MAINTENANCE	85,693.	81,914.	3,779.	
b	MEMBERSHIP DUES	3,498.	1,723.	787.	988
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	834,372.	536,179.	201,947.	96,246
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

11

232010 12-13-22

Form 990 (2022)

12440205 789407 203838.1

Net 32

33

Form 990 (2022)

1

1,535,797.

1,578,140.

32

33

	2	Savings and temporary cash investments			469,827.	2	215,868.
	3	Pledges and grants receivable, net			12,877.	3	18,692.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or	former c	officer, director,			
		trustee, key employee, creator or founder, subst	antial co	ntributor, or 35%			
		controlled entity or family member of any of thes	e persor	าร		5	
	6	Loans and other receivables from other disgualit	ied perso	ons (as defined			
		under section 4958(f)(1)), and persons described	l in sectio	on 4958(c)(3)(B)		6	
Assets	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use			15,148.	8	20,520.
As	9	_			6,538.	9	39,089.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,486,860.			
	b	Less: accumulated depreciation	10b	1,060,680.	460,357.	10c	426,180.
	11	Investments - publicly traded securities		292,714.	11	468,781.	
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	150,658.
	15	Other assets. See Part IV, line 11			3,278.	15	3,278.
	16	Total assets. Add lines 1 through 15 (must equa			1,578,140.	16	1,531,412.
	17	Accounts payable and accrued expenses			42,343.	17	44,743.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete I	Schedule D		21		
ŝ	22	Loans and other payables to any current or form	er office	r, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial co	ntributor, or 35%			
iabi		controlled entity or family member of any of thes	e persor	ns		22	
	23	Secured mortgages and notes payable to unrela	ted third	parties		23	
	24	Unsecured notes and loans payable to unrelated	d third pa	urties		24	
	25	Other liabilities (including federal income tax, pa	yables to	related third			
		parties, and other liabilities not included on lines	17-24). (Complete Part X			
		of Schedule D			0.	25	152,057.
	26	Total liabilities. Add lines 17 through 25			42,343.	26	196,800.
6		Organizations that follow FASB ASC 958, che	ck here	X			
ICe		and complete lines 27, 28, 32, and 33.			1 515 050		1 21 5 401
alan	27	Net assets without donor restrictions			1,515,250.	27	1,315,401.
B	28	Net assets with donor restrictions			20,547.	28	19,211.
Assets or Fund Balances		Organizations that do not follow FASB ASC 9	58, chec	k here			
г		and complete lines 29 through 33.					
tso	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ec				30	
Ä	31	Retained earnings, endowment, accumulated in		31			

FAMILY RENEW COMMUNITY, INC. Part X Balance Sheet

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

Cash - non-interest-bearing

Total net assets or fund balances

Total liabilities and net assets/fund balances

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(B) End of year

188,346.

1,334,612.

1,531,412.

Form 990 (2022)

(A) Beginning of year

317,401.

1

Form	990 (2022) FAMILY RENEW COMMUNITY, INC.	59	-2971766	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	664		
2	Total expenses (must equal Part IX, column (A), line 25)	2	834	1,3	72.
3	Revenue less expenses. Subtract line 2 from line 1	3	-169) ,7	18.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,535	5,7	<u>97.</u>
5	Net unrealized gains (losses) on investments	5	-31	L,4	<u>67.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,334	1,6	12.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	,			
	review, or compilation of its financial statements and selection of an independent accountant?			Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C).		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	L

Form **990** (2022)

232012 12-13-22

Department of the Treasury Internal Revenue Service

(Form 990)

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.

l	OMB No. 1545-0047
	2022
	Open to Public Inspection

Nan	ame of the organization Employer identification number											
		FAMI	LY RENEW CO	OMMUNITY, INC	2.				9-2971766			
Pa	rt I	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) Se	ee instruction	S.				
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	neck only o	one box.)						
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).					
2		A school described in section	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	ı 990).)							
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(iii).					
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in section	n 170(b)(1)(A)	(iii). Enter	the hospital's name,			
		city, and state:										
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a gov	vernmental u	nit describe	ed in			
		section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)(v).					
7	X	An organization that norma	Ily receives a substa	ntial part of its support fr	om a gove	ernmental u	unit or from th	ie general p	oublic 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 Part	: II.)							
9		An agricultural research org	-			-		-	-			
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city,	and state of	the college	or			
		university:										
10		An organization that norma										
		activities related to its exem		•					•			
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acquir	ed by the org	anization a	ifter June 30, 1975.			
		See section 509(a)(2). (Con	• •				0(-)(4)					
11	H	An organization organized a	-	•	•							
12		An organization organized a	-	•	-			•				
		more publicly supported org lines 12a through 12d that	-									
а		Type I. A supporting orga	• •		-			-	aivina			
a		the supported organization	-	-	• • • •	-						
		organization. You must c			majority o				pporting			
b		Type II. A supporting org	-		ion with its	s supporte	d organizatio	n(s) by hay	vina			
		control or management o	-				•		•			
		organization(s). You mus						,				
с		Type III functionally inte			n connect	tion with, a	nd functional	ly integrate	d with,			
		its supported organization	• • • •					, ,	,			
d		Type III non-functionally					-	ted organiz	zation(s)			
		that is not functionally int						-				
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part \	Ι.					
е		Check this box if the orga	anization received a v	written determination from	n the IRS	that it is a	Type I, Type	II, Type III				
		functionally integrated, or	r Type III non-function	nally integrated supportir	ng organiza	ation.						
f	Ente	er the number of supported o	organizations									
g		vide the following information		d organization(s).		ainsting listed I						
	((i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of		(vi) Amount of other			
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)			

FAMILY RENEW COMMUNITY, INC.

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	713,399.	611,377.	1162643.	758,697.	791,256.	4037372.
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	712 200	(11) 777	1100040			4028280
	Total. Add lines 1 through 3	713,399.	611,377.	1162643.	758,697.	791,256.	4037372.
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)						200 1/0
~							<u>399,149.</u> 3638223.
	Public support. Subtract line 5 from line 4. ction B. Total Support						JUJUZZJ.
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	713,399.	611,377.		758,697.	791,256.	4037372.
	Gross income from interest,	120,0000	011,0770		10070071	///////////////////////////////////////	100/0/20
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	10,981.	7,227.	6,861.	6,962.	8,753.	40,784.
9	Net income from unrelated business		,				
•	activities, whether or not the						
	business is regularly carried on					25,190.	25,190.
10	Other income. Do not include gain					-	
	or loss from the sale of capital						
	assets (Explain in Part VI.)	72,395.	349,122.	319,384.	2,981.		743,882.
11	Total support. Add lines 7 through 10						4847228.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	324,380.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, ⁻	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	ohere					
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2022 (I		•			14	75.06 %
	Public support percentage from 2021					15	75.20 %
1 6a	33 1/3% support test - 2022. If the o	organization did no	t check the box o	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	-			-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets th						
	organization meets the facts-and-circu						
18	Private foundation. If the organization	on ala not check a	box on line 13, 16	a, 160, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2022

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1	7	Investment income
-	0	Investment income

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
10	3 received from disgualified persons						
h	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					+	
	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(b) 2019	(0) 2020	(u) 2021	(e) 2022	
	Gross income from interest,						
102	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
	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 on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organi	zation,
_	check this box and stop here						
	ction C. Computation of Publi						
	Public support percentage for 2022 (I	, (),	,	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from						<u>%</u>
19a	33 1/3% support tests - 2022. If the						ne 1 / is not
	more than 33 1/3%, check this box ar						L
b	33 1/3% support tests - 2021. If the						
•••	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in		
23202	23 12-09-22					Schedi	ule A (Form 990) 2022

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^{2022.05040} FAMILY RENEW COMMUNITY, I 203838.1

FAMILY RENEW COMMUNITY, INC.

1

2

3a

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2022

edule A	(Form 990) 2022	FAMILY	RENEW	COMMUNITY,	INC.	
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2

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
с	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		<i>in</i> Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1	more direct effect organ	The governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, sors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	•••	e 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	l. or controlled	the supporting (organization.	
Section C. T	vpe II Supp	orting Organ	nižations	

 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
 Image: Control organization 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 managed
 Image: Control organization or trustees during the tax year also a majority of the directors or trustees of each of the supported organization was vested in the same persons that controlled or managed
 Image: Control organization or trustees during the tax year also a majority of the directors or trustees of each of the supported organization was vested in the same persons that controlled or managed
 Image: Control organization organi

	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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

I Check the box next to the method that the organization used to satisfy the integral Part Lest during the year 1500 IIISU UC	I Part Test during the year (see instructions).	Check the box next to the method that the organization used to satisfy the Integral P
---	---	---

- 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.*

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instruction <u>s).</u>
---	--	---	--

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

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

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

 Yes
 No

 2a

 2a

 2b

 2b

 3a

 3b

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1	Check here if the organization satisfied the Integral Part Test as a qualify	ng trust on N	lov. 20, 1970 (<i>explain in</i> l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	1
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	nization (see

 Schedule A (Form 990) 2022
 FAMILY RENEW COMMUNITY, INC.

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

Schedule A (Form 990) 2022

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instructions).

a Applied to underdistributions of prior years b Applied to 2022 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2023. Add lines 3j

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Schedule A (Form 990) 2022

Section D - Distributions

2

3

7

8

9

1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 10 **10** Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2022 Pre-2022 1 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 a From 2017 **b** From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: \$

FAMILY RENEW COMMUNITY, INC.

59-2971766 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Current Year

(iii)

Schedule A (Form 990) 2022

<u>Schedule A</u>	(Form 990) 2022	FAMILY	RENEW	COMMUNI	ΤΥ,	INC.		59-2971766	Page 8
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sect	Information. Provide 1, 2, 3b, 3c, 4b,	vide the expl 4c, 5a, 6, 9a Part IV, Secti	anations requir , 9b, 9c, 11a, 1 on E, lines 1c, 2	red by F 11b, an 2a, 2b,	Part II, line 10; d 11c; Part IV, 3a, and 3b; Pa	Section B, lines art V, line 1; Part	r 17b; Part III, line 12; 1 and 2; Part IV, Sectio V, Section B, line 1e; P	n C,
	(See Instructions.)								
22028 10.00 0	0							Schedule A (Form	990) 202
232028 12-09-2	۷			21				Schedule A (FORM	JJJJ 202

Schedule A

223171 04-01-22

Identification of Excess Contributions Included on Part II, Line 5

59-2971766

2022

** Do Not File **
*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
TONY HERMANS TRUST	397,339.	300,394
PAUL B. HUNTER AND CONSTANCE D. HUNTER CHARITABLE	195,700.	98,755
otal Excess Contributions to Schedule A, Part II, Line 5		399,149

223451 11-15-22

Schedule of Contributors

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

INC.

OMB No. 1545-0047

2022

Employer identification number

59-2971766

•		
Departm	nent of the Treasury	y
Internal	Revenue Service	

Schedule B

(Form 990)

Name of the organization

Organization type (check o	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

FAMILY RENEW COMMUNITY,

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2022)

** PUBLIC DISCLOSURE COPY *

Name of organization

Employer identification number

59-2971766

FAMILY RENEW COMMUNITY, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.				
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
<u> 1 </u>		\$70,881.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
2		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
3		\$18,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
4		\$51,599.	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		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$30,000.	Type of contribution Person X Payroll			

Schedule B (Form 990) (2022)

223452 11-15-22

2022.05040 FAMILY RENEW COMMUNITY, I 203838.1

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Schedule E	3 (Form	990)	(2022
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Name of organization

Page 3

Employer identification number

59-2971766

FAMILY RENEW COMMUNITY, INC.

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

Fartin	Noncash Property (see instructions). Use duplicate copies of Part I	i il 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	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
3453 11-15-;		\$	Schedule B (Form 990) (202

25

Schedule	B (Form 990) (2022)		Page 4				
Name of o	rganization		Employer identification number				
FAMIL	Y RENEW COMMUNITY, INC.		59-2971766				
Part III	Exclusively religious, charitable, etc., contribution		ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
	 from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or 	through (e) and the following line entri- charitable, etc., contributions of \$1,000 or le	ry. For organizations ess for the year. (Enter this info. once.)				
(-) N-	Use duplicate copies of Part III if additional	space is needed.					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
			<u> </u>				
		(e) Transfer of gift	t				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
		(e) Transfer of gift	t				
	Transferee's name, address, a	Relationship of transferor to transferee					
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(a) Tuanafau of aith					
	(e) Transfer of gift						
	Transferee's name, address, a	Relationship of transferor to transferee					
		[
(a) No. from							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
			<u> </u>				
		(e) Transfer of gift					
		(,, , , , , , , , , , , , , , , , , , ,					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
		[
		[
		[
		4					

223454 11-15-22

Schedule B (Form 990) (2022)

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26 2022.05040 FAMILY RENEW COMMUNITY, I 203838.1

SCHEDULE D	Supple
(Form 990)	Complete i

mental 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.



Employer identification number

59-2971766

Department of the Treasury Internal Revenue Service Name of the organization

|--|

Part I	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.	Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	

		(a) Donor advised funds	(b) Fund	s 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	riting that the assets held in donor advised	funde	
Ŭ	are the organization's property, subject to the organization's e	-		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
U	for charitable purposes and not for the benefit of the donor or			
			•	Yes No
Pa		anization answered "Yes" on Form 990 Par		
1	Purpose(s) of conservation easements held by the organization			
•	Preservation of land for public use (for example, recreati		vistorically ir	moortant land area
	Protection of natural habitat	Preservation of a c		
	Preservation of open space			
0		d concernation contribution in the form of a	oonoonuotii	an accoment on the last
2	Complete lines 2a through 2d if the organization held a qualified day of the tax year.	ed conservation contribution in the form of a		Held at the End of the Tax Year
_				
a	Total number of conservation easements			
b				
С	Number of conservation easements on a certified historic struct		2c	
d	Number of conservation easements included in (c) acquired af			
-				
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the org	ganization d	uring the tax
	year			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the period			
	violations, and enforcement of the conservation easements it I			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing conserv	ation easem	nents during the year
7	Amount of ownerses incurred in monitoring, increating, handli	ng of violations, and enforcing concernation	aaamanta	during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and emorcing conservation	easements	during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170/h)//)(B)(i)	
0				Yes No
9	In Part XIII, describe how the organization reports conservation			
Ũ	balance sheet, and include, if applicable, the text of the footnot	-		hes the
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Othe	r Similar	Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement and	balance she	eet works
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research in furth	erance of pu	ıblic
	service, provide in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement and bala	ince sheet v	vorks of
	art, historical treasures, or other similar assets held for public			
	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 treat			
-	the following amounts required to be reported under FASB AS	· •	, 51.00	
а	Revenue included on Form 990, Part VIII, line 1	C C	\$	
	For Paperwork Reduction Act Notice, see the Instructions		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	chedule D (Form 990) 2022
	09-01-22		-	· · · · · · · · · · · · · · · · · · ·

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Sche		RENEW COMMU						<u>59-29</u>	71760	5 Pa	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histor	ical Tre	easures, or	[·] Other	r Similaı	r Assets	(contir	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check a	ny of the f	following that	make si	gnificant u	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	I 🗌 Lo	an or exc	hange progra	ım					
b	Scholarly research	e	Ot Ot	her							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how they	further th	ne organizatio	n's exer	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of					r similar	assets		_		-
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the o	rganizatio	n answered "	Yes" on	Form 990	, Part IV,	ine 9, or		
	reported an amount on Form 990, Pa										
1 a	Is the organization an agent, trustee, custod							_	٦.,		٦
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing tab	le:					Amoun		
	De sie sie scheden se								Amoun		
	Additions during the year										
	Additions during the year										
e f	Distributions during the year										
י 2a	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.							∟			
Par							10.				_
		(a) Current year	(b) Pric		(c) Two year		(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance									-	
b	Contributions										
с	c 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 curr	rent year end balance	e (line 1g, d	column (a))) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	<u>%</u>									
	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse	ession of the organiza	ition that a	ire held ar	nd administer	ed for th	е		r		
	organization by: Yes						Yes	No			
						3a(i)					
	(ii) Related organizationsb If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?						3a(ii)				
b									3b		
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment fun	ds.							
1 41	Complete if the organization answere		Part IV li	ine 11a S	ee Form 990	Part X	line 10				
	Description of property	(a) Cost or o			or other		ccumulate	a l	(d) Boo	CVOLU	
	Description of property	basis (investr		.,	(other)	• • •	preciation		(4) 800	value	0
19	Land	`	,		1,635.				2.4	L,63	35.
	Buildings				3,278.	(981,63	11.		L,60	
	Leasehold improvements				1,906.		21,5				53.
	Equipment				9,137.		28,63		1),49	
	Other				0,904.		28,8			2,02	
	. Add lines 1a through 1e. (Column (d) must e		X. column							5,18	
-					.,						

Schedule D (Form 990) 2022

Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(G) (H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.	<u> </u>		
Complete if the organization answered "Yes"	on Form 000 Part IV line	11c Soc Form 000 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l of yoor market yolyo
	(D) DOOK VAIUE	(c) Method of Valuation. Cost of end	i-oi-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
(-) Description of lightlife			(b) Book value
(1) Federal income taxes (2) LEASE LIABILITY			152,057.
			132,037.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u>; 25.)</u>		152,057.
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	the organization's financial statements the	nat 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

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59-2971766 Page 3

Part VII Investments - Other Securities.

5	, , ,	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financial derivatives		
2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Schedule D (Form 990) 2022

X

Sche	dule D (Form 990) 2022 FAMILY RENEW COMMUNITY,	INC.		59-	2971766	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	itements Wi	th Revenue per R	eturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	1,126,	960.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-31,467	•		
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d	493,773	•		
е	Add lines 2a through 2d			2e	462	,306.
3	Subtract line 2e from line 1			3	664	654.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	.)		5		654.
Ра	t XII Reconciliation of Expenses per Audited Financial St		ith Expenses per	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li				1 2 2 2	4.4.5
1	Total expenses and losses per audited financial statements			1	1,328,	,145.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	1			
а	Donated services and use of facilities	2a		_		
b	Prior year adjustments			_		
С	Other losses					
	Other (Describe in Part XIII.)		493,773	-		
е	Add lines 2a through 2d			2e		773.
3	Subtract line 2e from line 1			3	834	,372.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	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 1	<u>18.)</u>		5	834	,372.
	t 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 X, LINE 2:

UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND FLORIDA STATUTES,
THE ORGANIZATION IS EXEMPT FROM TAXES ON INCOME OTHER THAN UNRELATED
BUSINESS INCOME. THE ORGANIZATION HAD NO UNRELATED BUSINESS INCOME DURING
THE YEAR ENDED DECEMBER 31, 2022. THEREFORE, NO PROVISION FOR INCOME TAXES
HAS BEEN MADE IN THESE FINANCIAL STATEMENTS.
THE ORGANIZATION FILES INCOME TAX RETURNS IN THE U.S. FEDERAL
JURISDICTION. TAX RETURNS FOR THE ORGANIZATION FOR THE PAST THREE YEARS
ARE SUBJECT TO EXAMINATION BY TAX AUTHORITIES. THE ORGANIZATION HAS
REVIEWED AND EVALUATED THE RELEVANT TECHNICAL MERITS OF EACH OF ITS TAX
POSITIONS IN ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN
THE UNITED STATES OF AMERICA, AND DETERMINED THAT THERE ARE NO UNCERTAIN
232054 09-01-22 Schedule D (Form 990) 2022 30

2022.05040 FAMILY RENEW COMMUNITY, I 203838.1

PART XI, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD REPORTED ON 990 PART VIII	484,925.
DIRECT FUNDRAISING EXPENSES REPORTED ON 990 PART VIII	8,848.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	493,773.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD REPORTED ON 990 PART VIII	484,925.
DIRECT FUNDRAISING EXPENSES REPORTED ON 990 PART VIII	8,848.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	493,773.

FAMILY RENEW COMMUNITY, INC.

TAX POSITIONS THAT WOULD HAVE A MATERIAL IMPACT ON THE FINANCIAL

Schedule D (Form 990) 2022

232055 09-01-22

12440205 789407 203838.1

Schedule D (Form 990) 2022

Part XIII Supplemental Information (continued)

STATEMENTS OF THE ORGANIZATION.

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctivities	C	DMB No. 1545-0047			
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19, or if the		2022			
Department of the Treasury		Attach to Form 990 of						Open to Public			
Internal Revenue Service		o www.irs.gov/Form990 for instru	ctions	and t	ne latest information			Inspection			
Name of the organizatior		RENEW COMMUNITY, I	NC.			Employ		ntification number 766			
	ing Activities.	Complete if the organization answe		es" or	n Form 990, Part IV, li						
· · · ·	required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply.										
 a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No 											
	highest paid indiv	viduals or entities (fundraisers) pursu			•	ne fundraiser is					
			1			())					
(i) Name and addres or entity (func		(ii) Activity	have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount to (or retaine fundraise listed in col	d by) er	(vi) Amount paid to (or retained by) organization			
			Yes	No							
Total											
	ch the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt fr	om re	gistration			

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

Schedule G (Form 990) 2022

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FAMILY RENEW COMMUNITY, INC.

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

			(a) Event #1	(b) Event #2 FAMILY FUN FEST	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
	1	Gross receipts	27,657.	6,381.		34,038
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	27,657.	6,381.		34,038
	4	Cash prizes				
	5	Noncash prizes				
		Rent/facility costs				1,007
		Food and beverages				1,000
1						1 005
		Entertainment		775.		1,025 3,349
		Other direct expenses		371.		3,349
		Direct expense summary. Add lines 4 through				6,381
	11 7t II	Net income summary. Subtract line 10 from				27,657
		 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. 	answered "Yes" on Form	1 990, Part IV, line 19, or r	eported more than	
Ţ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
				bingo/progressive bingo	(c) Other garning	col. (a) through col. (a
-	1	Gross revenue				
2	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
51						
	5	Other direct expenses				
	5	Other direct expenses	Yes %	Yes %	Yes %	
		Other direct expenses Volunteer labor	└── Yes %	└── Yes %	Yes %	
	6		No		No	
	6 7	Volunteer labor Direct expense summary. Add lines 2 throug	gh 5 in column (d)	No	No	
	6 7	Volunteer labor	gh 5 in column (d)	No	No	
	6 7 8	Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line	gh 5 in column (d)	No	No	
	6 7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line er the state(s) in which the organization cond	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: _	No	No	
a	6 7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line	b 5 in column (d) 7 from line 1, column (d) ducts gaming activities: _ activities in each of these	No No states?	No	
ab	6 7 Ent Is th	Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line er the state(s) in which the organization cond he organization licensed to conduct gaming No," explain:	No No from line 1, column (d) ducts gaming activities: _ activities in each of these	No No	□ No	Yes N
ab	6 7 Ent Is th If "N	Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line er the state(s) in which the organization cond he organization licensed to conduct gaming	No No No T from line 1, column (d) ducts gaming activities: _ activities in each of these revoked, suspended, or te	states?	□ No	Yes N
	6 7 Ent Is th If "N	Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line er the state(s) in which the organization cond he organization licensed to conduct gaming No," explain: re any of the organization's gaming licenses	No No No T from line 1, column (d) ducts gaming activities: _ activities in each of these revoked, suspended, or te	states?	□ No	Yes N

33 2022.05040 FAMILY RENEW COMMUNITY, I 203838.1

Schedule G	i (Form 990) 2022	FAMILY	RENEW	COMMUNITY,	INC.	59-2	2971766	Page 3
11 Does t	he organization conduct ga	ming activities	with nonme	embers?			Yes	No
	organization a grantor, bene							
	ninister charitable gaming?						Yes	No No
	te the percentage of gaming							
	ganization's facility						13a	%
	side facility						13b	%
14 Enter t	he name and address of the	e person who p	prepares the	e organization's gamin	ng/special events bo	oks and records:		
Name								
Addres	SS							
15a Does t	he organization have a cont	tract with a thir	d party fron	n whom the organizat	ion receives gaming	revenue?	🗌 Yes	🗌 No
	," enter the amount of gami					_ and the amount		
-	ning revenue retained by the							
c If "Yes	," enter name and address	of the third par	ty:					
Name								
Addre	SS							
16 Gamin	g manager information:							
Name								
Gamin	g manager compensation	\$						
Garmin	g manager compensation	Ψ						
Descri	ption of services provided							
	Director/officer	Employe	•	Independent	aantraatar			
	Director/officer		e	Independent	contractor			
17 Manda	atory distributions:							
	organization required under	state law to m	ake charital	ole distributions from	the gaming proceed	s to		
retain	the state gaming license?						Yes	No No
b Enter t	the amount of distributions i	required under	state law to	be distributed to oth	er exempt organizat	ions or spent in the		
	zation's own exempt activiti			\$				
Part IV	Supplemental Inform						rt III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Als	so provide a	ny additional morma	tion. See instruction	5.		
232083 10-27-	22			34		Sched	ule G (Form	990) 2022

Schedule G	
Dort IV	Cumple

Part IV	Supplemental Information	on (continued)		
232084 04-01-2	22			Schedule G (Form 990)

232064 04-01-22

SCHEDULE I		G	irants and Oth	ner Assistan	ce to Organ	izations.		OMB No. 1545-0047	7	
(Form 990)		Go	vernments, an ete if the organizatio	nd Individua	ls in the Ŭni	ted States		2022		
Department of the Treasury		Compr	ete il the organizatio	Attach to Forn				Open to Public	c	
Internal Revenue Service			Go to www.irs	s.gov/Form990 for		ation.		Inspection		
Name of the organizat	ion			-				Employer identification num	ıber	
	FAMILY RE	NEW COMMUI	NITY, INC.					59-297176	56	
Part I General Ir	nformation on Grants a	nd Assistance								
-	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection									
	award the grants or assis							X Yes	No	
	IV the organization's pro						(N/ line Of fearman		
	d Other Assistance to I hat received more than S					anization answered "Y	es" on Form 990, Par	t IV, line 21, for any		
1 (a) Name and ac	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
						other)				
		1	L	1	I	•	1	1		

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

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Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
LIENT SERVICES - RENT ASSISTANCE	19	13,628.	0.		
LIENT SERVICES - ALL OTHERS (TRANSPORTATION,					
TILITIES, MEDICAL, APARTMENT STOCKING, ETC.)	219	22,394.	0.		
Part IV Supplemental Information. Provide the information req	uired in Part I, line	e 2; Part III, column	(b); and any other ac	ditional information.	
PART I, LINE 2:					
THE ORGANIZATION VERIFIES THAT REC	IPIENTS H	AVE MET TH	IE CHALLENG	E GRANT	
LIGIBILITY CRITERIA SET OUT BY TH	E VOLUSIA	-FLAGLER C	OUNTY COAL	ITION FOR	
THE HOMELESS (VFCCH), ANOTHER CHAR	ITABLE NO	NPROFIT OR	GANIZATION	IN VOLUSIA	
COUNTY (I.E. THE FAMILY RESIDES IN	FLORIDA;	HAS AT LE	AST ONE HO	USEHOLD	

MINOR CHILD LIVING IN THE HOUSEHOLD FULL TIME; HAS A HOUSEHOLD INCOME NO

MORE THAN 50 PERCENT OF THE AREA MEDIAN INCOME (AMI) AS ANNUALLY PUBLISHED

BY THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)). DONATIONS ARE

Schedule I (Form 990) FAMILY RENEW C	COMMUNITY,	INC.	59-2971766 Page 2
ONLY PROVIDED TO INDIVIDUALS RECO	RDED IN THE	E HOMELESS MANAGE	MENT
INFORMATION SYSTEM MAINTAINED BY	THE VFCCH.	THE ORGANIZATION	RETAINS THE
COMPLETED CHECKLIST IN THE CASE F	ILE OF ANY	FAMILY RECEIVING	CASE
MANAGEMENT SERVICES FOR WHICH THE	ORGANIZATI	ION WILL BE REIMB	URSED UNDER THE
GRANT.			
232291			Schedule I (Form 990)
04-01-22	38		

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

D.	2022
	Open to Public Inspection

Employer identification number

59-2971766

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

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

Name	of the	organization

FAMILY RENEW COMMUNITY, INC.

Pa	rti Ty	pes of Property									
			(a)	(b)	(c)			(d)			
			Check if				Method of determin noncash contribution a			•	-
			applicable	items contributed			noncasi	Contribut	lon an	nounts	ذ
1	Art - Works	s of art									
2		ical treasures									
3	Art - Fracti	onal interests									
4		publications									
5		nd household goods	X		254	.,696.	THRIFT	SHOP	VAJ	LUE	
6		other vehicles				1					
7		planes									
8		l property									
9		- Publicly traded									
10		- Closely held stock									
11		- Partnership, LLC, or									
	trust intere										
12		- Miscellaneous									
13		onservation contribution -									
	Historic str										
14	Qualified c	onservation contribution - Other \dots									
15		e - Residential									
16		e - Commercial									
17	Real estate	e - Other									
18	Collectible	s									
19	Food inver	ntory									
20	Drugs and	medical supplies									
21	Taxidermy										
22	Historical a	artifacts									
23		specimens									
24		cal artifacts									
25	Other (()									
26	Other ()									
27	Other ()									
28	Other ()									
29	Number of	Forms 8283 received by the organized	zation during	the tax year for co	ontributions						
	for which t	he organization completed Form 82	83, Part V, D	onee Acknowledg	ement	29				0	
		č	, ,	0						Yes	No
30a	Durina the	year, did the organization receive by	y contributio	n any property rep	orted in Part I. line	es 1 throug	h 28, that it]			
		for at least 3 years from the date of									
		rposes for the entire holding period?	`		·				30a		Х
h		escribe the arrangement in Part II.	• • • • • • • • • • • • • • • • • • • •					·····	000		
31								31	х		
		• • • •	-	-	-			·····			
JZd	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a								х		
L		ns? escribe in Part II.						·····	32a		
			olumn (a) fa	rotupo of propert	for which column	(a) is she	akad				
33		nization didn't report an amount in c		a type of property	rior which column	i (a) is cheo	JKeu,				
	describe in		Ale e luc - tru				~	h a dud - Pf	/=	- 0001	0000
LHA	For Pap	erwork Reduction Act Notice, see	the instruct	uons for Form 990	J.		SC	hedule M	(Forn	n 990)	2022

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
232142 09-09-2	Schedule M (Form 990) 202
	40

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Page 2

Schedule M (Form 990) 2022 FAMILY RENEW COMMUNITY, INC.

OMB No. 1545-0047 Supplemental Information to Form 990 or 990-EZ SCHEDULE O (Form 990) Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Open to Public Attach to Form 990 or Form 990-EZ. Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service Employer identification number Name of the organization FAMILY RENEW COMMUNITY, INC. 59-2971766 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FAMILY RENEW COMMUNITY (FRC) OPERATES A RESIDENTIAL RESTORATION PROGRAM FOR HOMELESS FAMILIES WITH CHILDREN WHO ARE EMPLOYED OR EMPLOYABLE AND HELP THEM OVERCOME THE BARRIERS AND CHALLENGES THEY FACE FOR SELF-SUFFICIENCY. WE NETWORK WITH OTHER LOCAL AGENCIES AND GROUPS TO ADDRESS WHATEVER ISSUES ARE IDENTIFIED. OUR PROGRAM IS DRUG AND ALCOHOL FREE AND FAMILIES ARE REQUIRED TO WORK AND SAVE TOWARDS THEIR OWN HOUSING. FAMILIES EXITING OUR PROGRAM ARE PROVIDED ACCESS TO AFTERCARE CASE MANAGEMENT SERVICES TO HELP THEM MAINTAIN STABLE HOUSING. FRC'S PROGRAM HAS ALSO BEEN EXPANDED TO INCLUDE THE AVAILABILITY OF HOMELESS PREVENTION SERVICES ENCOMPASSING CASE MANAGEMENT SUPPORT AND LIMITED RENTAL MORTGAGE AND UTILITY FINANCIAL ASSISTANCE. THE PURPOSE OF THESE ADDITIONAL SERVICES, IS TO TRY AND ASSIST, FAMILIES WITH CHILDREN WHO ARE AT RISK OF HOMELESSNESS TO REMAIN IN THEIR EXISTING HOUSING.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

18 MONTHS

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE WILL CONSIST OF THE CORPORATE OFFICERS; THE

PRESIDENT WILL PRESIDE. THE EXECUTIVE COMMITTEE SHALL EXERCISE, IN THE

INTERVALS BETWEEN MEETINGS OF THE BOARD, ALL OF THE POWERS OF THE BOARD;

THE COMMITTEE SHALL REPORT ANY AND ALL ACTIONS TAKEN TO THE FULL BOARD AT

THE NEXT REGULARLY SCHEDULED MEETING AND THESE ACTIONS WILL BE INCLUDED IN

THE REGULAR BOARD MEETING MINUTES. ACTION OF THE EXECUTIVE COMMITTEE

REQUIRES 2/3 APPROVAL OF THE COMMITTEE MEMBERS.

FAMILY RENEW COMMUNITY, INC.

59-2971766

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

THE DRAFT FORM 990 IS EMAILED TO THE ENTIRE BOARD PRIOR TO FILING.

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

ALTHOUGH THE ORGANIZATION DOES NOT HAVE A POLICY IN PLACE, DURING FISCAL

YEAR ENDING 6/30/2024, THE ORGANIZATION AIMS TO DEVELOP AND IMPLEMENT A

FORMAL CONFLICT OF INTEREST POLICY. THAT POLICY WILL BE MONITORED AT LEAST

ANNUALLY AND COMPLIANCE ENFORCED.

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

THE PROCESS FOR DETERMINING COMPENSATION FOR THE EXECUTIVE DIRECTOR

INCLUDES REVIEW AND APPROVAL BY THE BOARD USING COMPARABILITY DATA.

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

ALL DOCUMENTS ARE AVAILABLE AT THE ORGANIZATION'S OFFICES DURING NORMAL

BUSINESS HOURS FOR REVIEW.

232212 10-28-22

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	Name of exempt organization or other filer, see instructions.			Taxpayer identification number (TIN)					
print	FAMILY RENEW COMMUNITY, INC.					59-2971766			
File by the due date filing your	Number, street, and room or suite no. If a P.O. box, s	Number, street, and room or suite no. If a P.O. box, see instructions.							
return. Se instructio	e	City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
Enter t	ne Return Code for the return that this application is for (fil	e a separa	te application for each return)			01			
Application			Application	Return					
Is For			Is For	Code					
Form 9	90 or Form 990-EZ	01	Form 1041-A	08					
Form 4	720 (individual)	03	Form 4720 (other than individual)			09			
Form 9	90-PF	04	Form 5227	Form 5227					
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 9	90-T (trust other than above)	06	Form 8870			12			
Form 9	90-T (corporation) HEIDI GRUNBERG	07							
 If th If th box 1 1 t t 2 H 	request an automatic 6-month extension of time until he organization named above. The extension is for the org ▶ I calendar year 2022 or ▶ 1 tax year beginning the tax year entered in line 1 is for less than 12 months, c Change in accounting period	Group Exe and atta NOVE1 anization's , an check rease	mption Number (GEN), I ach a list with the names and TINs of MBER 15, 2023 , to file return for: ad ending on: Initial return	f this is fo all memb	r the whole g ers the exten npt organizati	roup, check this			
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.					0.			
	b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.					0.			
c Balance due. Subtract line 3b from line 3a. Include your pay			rith this form, if required, by						
L	sing EFTPS (Electronic Federal Tax Payment System). See	e instructio	tions. 3c \$			0.			
Cautio instruc	n: If you are going to make an electronic funds withdrawal tions.	l (direct det	bit) with this Form 8868, see Form 84	153-TE and	d Form 8879	TE for payment			
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form 8	868 (Rev. 1-2022)			

223841 04-01-22