

Form **990**

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

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FAMILY ADVOCACY AND COMMUNITY TRAINING		D Employer identification number 43-1473335
	Doing business as		E Telephone number 636-949-2425
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2240 BLUESTONE DRIVE	G Gross receipts \$ 2,879,633.	
	City or town, state or province, country, and ZIP or foreign postal code ST. CHARLES, MO 63303		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
	F Name and address of principal officer: HEATHER LYTLE 2240 BLUESTONE DRIVE, ST CHARLES, MO 63303		H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527
J Website: ▶ **WWW.FACTMO.ORG**
K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1987** **M** State of legal domicile: **MO**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ENHANCE THE OPPORTUNITIES AND QUALITY OF LIFE FOR CHILDREN AND YOUTH WITH DISABILITIES. THE
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 10
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 10
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 48
	6 Total number of volunteers (estimate if necessary) 6 18
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 2,645,617. Prior Year 2,813,936. Current Year
	9 Program service revenue (Part VIII, line 2g) 2,662. 1,088.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 9,178. 8,913.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 23,268. 42,524.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,680,725. 2,866,461.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 500. 1,000.
	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) 1,960,076. 2,071,460.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,675.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 624,996. 688,829.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,585,572. 2,761,289.	
19 Revenue less expenses. Subtract line 18 from line 12 95,153. 105,172.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 1,050,286. Beginning of Current Year 1,207,182. End of Year
	21 Total liabilities (Part X, line 26) 155,638. 176,034.
	22 Net assets or fund balances. Subtract line 21 from line 20 894,648. 1,031,148.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	HEATHER LYTLE, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name BRADLEY BEKEBREDE	Preparer's signature	Date 02/11/22	Check <input type="checkbox"/> if self-employed	PTIN P01549570
	Firm's name ▶ HOLT & PATTERSON, LLC	Firm's EIN ▶ 84-1684254	Phone no. (636) 530-1040		
Firm's address ▶ 260 CHESTERFIELD INDUSTRIAL BLVD. CHESTERFIELD, MO 63005					

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