

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

Department of the Treasury
Internal Revenue Service

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

A For the 2020 calendar year, or tax year beginning , and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **CHERISH FAMILIES**
 Doing business as: _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **38-3924073**
13504 S 7530 W
 City or town, state or province, country, and ZIP or foreign postal code: **HERRIMAN UT 84096**

D Employer identification number: **38-3924073**
E Telephone number: **435-277-0969**
G Gross receipts \$: **1,602,599**

F Name and address of principal officer:
ALINA DARGER
13504 S 7530 W
HERRIMAN UT 84096

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () **t** (insert no.) 4947(a)(1) or 527

J Website: **u** **CHERISHFAMILIES.ORG** **H(c)** Group exemption number **u**

K Form of organization: Corporation Trust Association Other **u** **L** Year of formation: **2014** **M** State of legal domicile: **UT**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE CHERISH FAMILIES ORGANIZATION IS COMMITTED TO CONNECT INDIVIDUALS AND FAMILIES, PRIMARILY THOSE FROM POLYGAMIST CULTURES, WITH TOOLS AND RESOURCES FOR GENERATIONAL SUCCESS.		
	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	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	20
	6 Total number of volunteers (estimate if necessary)	6	140
	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)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,007,428	1,595,771
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	80	118
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,570	2,424
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,005,938	1,602,599
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	915,301	538,930
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	436,227	693,820
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) u 9,125		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	229,005	198,965
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,580,533	1,431,715	
19 Revenue less expenses. Subtract line 18 from line 12	425,405	170,884	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	657,195	946,581
	22 Net assets or fund balances. Subtract line 21 from line 20	106,907	225,409
		550,288	721,172

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: **ALINA DARGER** Date: _____
 Type or print name and title: **EXECUTIVE DIRECTOR**

Paid Preparer Use Only

Print/Type preparer's name: **RICHARD SCORESBY, CPA** Preparer's signature: **RICHARD SCORESBY, CPA** Date: _____
 Check if self-employed PTIN: **P00573067**

Firm's name: **LARSON & COMPANY, PC** Firm's EIN: **87-0516083**
 Firm's address: **11240 S RIVER HEIGHTS DR SUITE 300 SOUTH JORDAN, UT 84095-5123** Phone no.: **801-313-1900**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE CHERISH FAMILIES ORGANIZATION IS COMMITTED TO CONNECT INDIVIDUALS AND FAMILIES, PRIMARILY THOSE FROM POLYGAMIST CULTURES, WITH TOOLS AND RESOURCES FOR GENERATIONAL SUCCESS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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

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

4a (Code:) (Expenses \$ **1,128,078** including grants of \$ **538,930**) (Revenue \$)

IN 2020, CHERISH FAMILIES SERVED 1126 CLIENTS WITH 861 HOUSING SERVICES, INCLUDING RENT, RELOCATION, UTILITIES, EMERGENCY HOUSING, AND 18,345 DIFFERENT ADVOCACY AND SUPPORT SERVICES, INCLUDING BASIC NEEDS, COURT ACCOMPANIMENT, AND PEER MENTORING FOR SURVIVORS OF DOMESTIC VIOLENCE, SEXUAL ASSAULT, AND OTHER CRIMES.

4b (Code:) (Expenses \$ **87,739** including grants of \$) (Revenue \$)

HELD 6 COMMUNITY EDUCATION CLASSES, INCLUDING HEALTHY RELATIONSHIPS, PARENTING, DENTAL HYGIENE, PERSONAL SAFETY, AND FINANCIAL LITERACY. SOME OF THESE CLASSES WERE CUT SHORT DUE TO COVID. HELD A CHRISTMAS CRAFT DRIVE THROUGH EVENT FOR FAMILIES TO ENCOURAGE FAMILY TIME AND INTERACTION. THIS EVENT WAS ATTENDED BY OVER 400 PEOPLE. PROVIDED CHRISTMAS GIFTS TO 631 PEOPLE. WE HAD OVER 1500 HOURS OF VOLUNTEER SERVICE.

4c (Code:) (Expenses \$ **37,603** including grants of \$) (Revenue \$)

TRAINED 17 GOVERNMENT AND NON-GOVERNMENT AGENCIES IN PROVIDING SERVICES TO SPECIFIC UNDERSERVED POPULATIONS. CULTURAL COMPETENCE TRAINED AND CONTRACTED WITH LICENSED MENTAL HEALTH PROVIDERS TO PROVIDE OVER 1186 THERAPY SERVICE HOURS TO CLIENTS.

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

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

4e Total program service expenses **u 1,253,420**

Part IV Checklist of Required Schedules

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