

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

A For the **2021** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FAMILY SERVICES, INC.		D Employer identification number 14-1338399
	Doing business as		E Telephone number 845-452-1110
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 23,159,530.
	29 NORTH HAMILTON STREET		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code POUGHKEEPSIE, NY 12601		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: BRIAN DOYLE SAME AS C ABOVE			If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.FAMILYSERVICESNY.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1921 M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: FAMILY SERVICES, INC. ("FAMILY SERVICES") IS A WELL-RESPECTED HUMAN SERVICE AGENCY WITH A PROVEN		
	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	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	317
	6 Total number of volunteers (estimate if necessary)	6	77
	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	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 9,782,695.	Current Year 14,737,267.
	9 Program service revenue (Part VIII, line 2g)	8,312,317.	7,679,610.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	302.	947.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	224,772.	233,488.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,320,086.	22,651,312.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	23,961.
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)		12,821,874.	12,418,431.
16a Professional fundraising fees (Part IX, column (A), line 11e)		6,890.	117,241.
b Total fundraising expenses (Part IX, column (D), line 25) 415,851.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,029,411.	6,037,318.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		17,882,136.	18,699,861.
19 Revenue less expenses. Subtract line 18 from line 12	437,950.	3,951,451.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 9,244,787.	End of Year 11,302,603.
	21 Total liabilities (Part X, line 26)	4,520,520.	2,607,957.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,724,267.	8,694,646.

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	
	NATALIE BORQUIST, CFO Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name EVA MRUK	Preparer's signature EVA MRUK	Date 11/10/22	Check if self-employed <input type="checkbox"/> PTIN P00543254
	Firm's name PKF O'CONNOR DAVIES, LLP	Firm's EIN 27-1728945	Phone no. 914-381-8900	
Firm's address 500 MAMARONECK AVENUE, SUITE 301 HARRISON, NY 10528-1633				

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 [X]

1 Briefly describe the organization's mission: FAMILY SERVICES BRINGS PEOPLE TOGETHER TO FIND THE SUPPORT THEY NEED, IMPROVING THEIR LIVES AND COMMUNITIES, AND BUILDING A STRONGER, SAFER HUDSON VALLEY. OUR PROGRAM AREAS INCLUDE BEHAVIORAL HEALTH, VICTIM SERVICES, FAMILY PROGRAMS, YOUTH SERVICES, COMMUNITY SAFETY,

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

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 \$ 11,569,163. including grants of \$ 126,871.) (Revenue \$ 4,362,809.) BEHAVIORAL HEALTH CENTERS (OUTPATIENT CLINICS) IN 2021, BEHAVIORAL HEALTH STAFF PROVIDED COMPREHENSIVE AND INTEGRATED SERVICES TO MEET THE NEEDS OF NEARLY 6,000 ADULTS IN OUR EIGHT CENTERS ACROSS DUTCHESS AND ULSTER COUNTIES. THROUGHOUT THE PANDEMIC, ESSENTIAL STAFF REMAINED ON-SITE IN OUR CENTERS TO PROVIDE MEDICATION MANAGEMENT FOR CLIENTS NEEDING IN-PERSON SERVICES. MANY STAFF TRANSITIONED TO PROVIDING TELEHEALTH SERVICES, ENSURING THAT OUR CLIENTS HAD NO GAP IN ACCESS TO THE SUPPORT THEY NEED. A SURVEY OF OVER 900 CLIENTS SHOWED OVERWHELMING SUPPORT FOR CONTINUED USE OF TELEHEALTH SERVICES POST PANDEMIC.

4b (Code:) (Expenses \$ 3,218,951. including grants of \$ 0.) (Revenue \$ 3,256,384.) THE CENTER FOR VICTIM SAFETY AND SUPPORT (CVSS) PROVIDES 24-HOUR NON-RESIDENTIAL, COMPREHENSIVE SUPPORT TO VICTIMS OF DOMESTIC VIOLENCE, SEXUAL ASSAULT AND OTHER CRIMES THROUGH A PERSON-CENTERED APPROACH THAT SUPPORTS SURVIVORS' RIGHTS, DIGNITY, HEALING, AND SELF-DETERMINATION. IN 2021, 2368 VICTIMS OF CRIME FOUND SUPPORT THROUGH OUR SERVICES. OF THOSE SEEKING SERVICES, 262 WERE ADULT OR CHILD VICTIMS OF SEXUAL VIOLENCE AND 1995 WERE ADULT OR CHILD VICTIMS OF DOMESTIC VIOLENCE. ADDITIONALLY, CVSS STAFF RESPONDED TO 5040 CALLS ON OUR 24-HOUR HOTLINES, HELPING COMMUNITY MEMBERS AND/OR COMMUNITY PARTNERS IN NEED.

4c (Code:) (Expenses \$ 925,712. including grants of \$ 0.) (Revenue \$ 60,417.) THE FAMILY PARTNERSHIP CENTER (FPC) IS THE HEART OF THE CITY OF POUGHKEEPSIE. SINCE ITS OPENING IN 1997, THE FPC HAS BEEN HOME TO MANY ORGANIZATIONS WORKING TOGETHER TO MEET OUR COMMUNITY'S NEEDS. TODAY, 18 NONPROFIT AND RELATED ORGANIZATIONS ARE CURRENTLY UNDER ONE ROOF, COLLABORATING TO OFFER ENHANCED SERVICES THAT CREATE REAL ACCESS. THE FPC PARTNERS PROVIDE OPPORTUNITIES IN PRIMARY HEALTH CARE, EDUCATION, YOUTH SERVICES, RECREATION AND CULTURAL ACTIVITIES, EMERGENCY SERVICES, BEHAVIORAL HEALTH, AND OTHER SERVICES TO OUR COMMUNITY. WITH EVER-EXPANDING YOUTH AND FAMILY PROGRAMMING, THE FAMILY PARTNERSHIP CENTER WORKS TO BECOME THE PREMIER ALL-INCLUSIVE FAMILY CENTER.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 15,713,826.

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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with 3 main columns: Question/Description, Yes, No. Rows include 2a (employees: 317), 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7 (Organizations that may receive deductible contributions under section 170(c)), 7a-7h, 8, 9, 10, 11, 12a, 12b, 13, 13a, 13b, 13c, 14a, 14b, 15, 16, 17.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 22		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 22		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	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?		X
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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
NATALIE BORQUIST - 845-452-1110
29 NORTH HAMILTON STREET, POUGHKEEPSIE, NY 12601

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) YUGANDHAR MUNNANGI MEDICAL DIRECTOR	40.00 0.00					X	296,671.	0.	58,649.	
(2) BRIAN DOYLE CHIEF EXECUTIVE OFFICER	40.00 0.00			X			194,911.	0.	11,699.	
(3) JOAN CRAWFORD CHIEF PGRM OFFICER - THRU 8/31/21	40.00 0.00			X			174,621.	0.	15,099.	
(4) CHRISTINE SLOCUM NURSE PRACTITIONER	40.00 0.00					X	146,793.	0.	40,957.	
(5) YOUNG SHIN PSYCHIATRIST	16.00 0.00					X	158,979.	0.	3,307.	
(6) NATALIE BORQUIST CHIEF FINANCIAL OFFICER	40.00 0.05			X			130,002.	0.	17,547.	
(7) LEAH FELDMAN CHIEF PGRM OFFICER - BEG. 10/31/21	40.00 0.00			X			97,911.	0.	49,110.	
(8) TEASIA WILLIAMS NURSE PRACTITIONER	40.00 0.00					X	126,003.	0.	14,091.	
(9) ROBERT FIGMAN PSYCHIATRIST - THRU 7/22/21	35.00 0.00					X	121,871.	0.	4,352.	
(10) FREDDIMIR GARCIA CHAIR	1.50 0.00	X		X			0.	0.	0.	
(11) DAVID PING VICE CHAIR	1.50 0.00	X		X			0.	0.	0.	
(12) SANDRA LUDLUM 2ND VICE CHAIR	1.50 0.00	X		X			0.	0.	0.	
(13) JONATHAN CILLEY SECRETARY	1.50 0.00	X		X			0.	0.	0.	
(14) JAMIE VANDODICK TREASURER	1.00 0.00	X		X			0.	0.	0.	
(15) JORDON BELL DIRECTOR - BEG. 9/13/21	1.00 0.00	X					0.	0.	0.	
(16) MICHAEL BURDIS DIRECTOR	1.00 0.00	X					0.	0.	0.	
(17) MARGARET CALISTA DIRECTOR	1.00 0.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JEFF FELDMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) MARIA DEWALD IMMEDIATE PAST CHAIR	1.00 0.00	X						0.	0.	0.
(20) DEBRA GAUSE DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) DENISE GEORGE DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) PAUL HAERING DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) SAMUEL LAGANARO DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) PETER LEONARD DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) PETER LUMB DIRECTOR	1.00 0.00	X						0.	0.	0.
(26) DR. MARISA MOORE DIRECTOR - BEG. 4/12/21	1.00 0.00	X						0.	0.	0.
1b Subtotal								1,447,762.	0.	214,811.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,447,762.	0.	214,811.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **11**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
VANGUARD ORGANIZATION INC PO BOX 277638, ATLANTA, GA 30384	CONSTRUCTION SERVICES	696,163.
CONSILIUM STAFFING, LLC 6225 NORTH STATE HWY 161, IRVING, TX 75038	STAFFING AGENCY	542,453.
MVP NETWORK CONSULTING, LLC 1297 HERTEL AVE, BUFFALO, NY 14216	IT CONSULTING	395,643.
JACKSON & COKER LOCUMTENENS, LLC PO BOX 277638, ATLANTA, GA 30384	STAFFING AGENCY	384,781.
DRWANTED.COM, LLC, 115 PERIMETER CENTER PLACE, SUITE 900, ATLANTA, GA 30384	STAFFING AGENCY	342,370.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **11**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	14,040.				
	1 b	Membership dues					
	1 c	Fundraising events	227,049.				
	1 d	Related organizations					
	1 e	Government grants (contributions)	11,417,354.				
	1 f	All other contributions, gifts, grants, and similar amounts not included above	3,078,824.				
	1 g	Noncash contributions included in lines 1a-1f	\$ 21,025.				
	1 h	Total. Add lines 1a-1f	14,737,267.				
	Program Service Revenue	2 a	CLIENT SERVICE FEES	900099	7,619,193.	7,619,193.	
2 b		FAMILY PARTNERSHIP CENTER	900099	60,417.	60,417.		
2 c							
2 d							
2 e							
2 f		All other program service revenue					
2 g		Total. Add lines 2a-2f		7,679,610.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		947.		947.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	683,275.			
			(ii) Personal				
	6 b	Less: rental expenses		437,513.			
	6 c	Rental income or (loss)		245,762.			
	6 d	Net rental income or (loss)		245,762.		245,762.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	21,025.			
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses		21,025.			
	7 c	Gain or (loss)		0.			
7 d	Net gain or (loss)						
8 a	Gross income from fundraising events (not including \$ 227,049. of contributions reported on line 1c). See Part IV, line 18		26,869.				
			49,680.				
8 b	Less: direct expenses						
8 c	Net income or (loss) from fundraising events		-22,811.		-22,811.		
9 a	Gross income from gaming activities. See Part IV, line 19						
9 b	Less: direct expenses						
9 c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
10 b	Less: cost of goods sold						
10 c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	MISCELLANEOUS	900099	5,316.		5,316.	
	11 b	INSURANCE PROCEEDS	900099	3,121.		3,121.	
	11 c	MANAGEMENT FEE	900099	2,100.		2,100.	
	11 d	All other revenue					
	11 e	Total. Add lines 11a-11d		10,537.			
12	Total revenue. See instructions		22,651,312.	7,679,610.	0.	234,435.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	4,795.	4,795.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	122,076.	122,076.		
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	690,900.	277,041.	372,537.	41,322.
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	9,466,670.	8,180,025.	1,158,116.	128,529.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	270,976.	235,257.	33,302.	2,417.
9 Other employee benefits	1,169,754.	981,370.	170,824.	17,560.
10 Payroll taxes	820,131.	675,651.	132,550.	11,930.
11 Fees for services (nonemployees):				
a Management				
b Legal	52,008.	52,008.		
c Accounting	31,500.		31,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	117,241.			117,241.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,841,322.	2,369,707.	398,666.	72,949.
12 Advertising and promotion	107,074.	93,738.	11,523.	1,813.
13 Office expenses	368,663.	291,362.	72,812.	4,489.
14 Information technology	419,204.	419,204.		
15 Royalties				
16 Occupancy	390,063.	281,873.	101,943.	6,247.
17 Travel	42,991.	41,240.	1,033.	718.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	97,541.	65,799.	31,408.	334.
20 Interest	5,916.	5,743.	173.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	292,800.	291,625.	1,175.	
23 Insurance	264,520.	229,705.	33,317.	1,498.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a CONTINGENCY RESERVE	500,001.	500,001.		
b BAD DEBT EXPENSE	416,659.	416,659.		
c PROGRAM SUPPLIES	75,453.	69,037.	3,036.	3,380.
d REPAIRS & MAINTENANCE	60,153.	54,020.	6,133.	
e All other expenses	71,450.	55,890.	10,136.	5,424.
25 Total functional expenses. Add lines 1 through 24e	18,699,861.	15,713,826.	2,570,184.	415,851.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	882,011.	1	1,172,456.
	2 Savings and temporary cash investments	6,248.	2	0.
	3 Pledges and grants receivable, net	3,277,858.	3	3,996,905.
	4 Accounts receivable, net	1,538,697.	4	1,469,948.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	172,874.	9	209,089.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,902,037.		
	b Less: accumulated depreciation	10b 3,601,895.	10c	4,300,142.
	11 Investments - publicly traded securities	12,596.	11	25,512.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	73,790.	13	52,369.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	54,462.	15	76,182.
16 Total assets. Add lines 1 through 15 (must equal line 33)	9,244,787.	16	11,302,603.	
Liabilities	17 Accounts payable and accrued expenses	1,766,026.	17	2,334,694.
	18 Grants payable		18	
	19 Deferred revenue	323,586.	19	22,563.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	275,971.	23	250,700.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,154,937.	25	0.
	26 Total liabilities. Add lines 17 through 25	4,520,520.	26	2,607,957.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,961,282.	27	6,659,984.
	28 Net assets with donor restrictions	762,985.	28	2,034,662.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	4,724,267.	32	8,694,646.
	33 Total liabilities and net assets/fund balances	9,244,787.	33	11,302,603.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	22,651,312.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,699,861.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,951,451.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,724,267.
5	Net unrealized gains (losses) on investments	5	1,850.
6	Donated services and use of facilities	6	38,499.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-21,421.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	8,694,646.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2021)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4974407.	6588171.	8768836.	9782695.	14737267.	44851376.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge				99,021.	99,021.	198,042.
4 Total. Add lines 1 through 3	4974407.	6588171.	8768836.	9881716.	14836288.	45049418.
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)						2898972.
6 Public support. Subtract line 5 from line 4.						42150446.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	4974407.	6588171.	8768836.	9881716.	14836288.	45049418.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	615,273.	651,247.	641,872.	656,536.	684,222.	3249150.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		92,674.				92,674.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	27,322.	41,162.	408,759.	9,892.	10,537.	497,672.
11 Total support. Add lines 7 through 10						48888914.
12 Gross receipts from related activities, etc. (see instructions)					12	23,153,139.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	86.22 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	86.16 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	Yes	No
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? <i>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.</i>		
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? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

SETTLEMENT INCOME

2019 AMOUNT: \$ 11,594.

INSURANCE PROCEEDS

2018 AMOUNT: \$ 3,195.

2019 AMOUNT: \$ 2,114.

2020 AMOUNT: \$ 5,331.

2021 AMOUNT: \$ 3,121.

MANAGEMENT FEE

2019 AMOUNT: \$ 324,587.

2020 AMOUNT: \$ 2,108.

2021 AMOUNT: \$ 2,100.

MISCELLANEOUS

2017 AMOUNT: \$ 27,322.

2018 AMOUNT: \$ 37,967.

2019 AMOUNT: \$ 70,464.

2020 AMOUNT: \$ 2,453.

2021 AMOUNT: \$ 5,316.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

FAMILY SERVICES, INC.

Employer identification number

14-1338399

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

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

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

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

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

Name of organization FAMILY SERVICES, INC.	Employer identification number 14-1338399
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>2,215,778.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>2,154,937.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>2,075,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>1,431,534.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>1,073,760.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>755,157.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FAMILY SERVICES, INC.	Employer identification number 14-1338399
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>539,511.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>464,943.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>435,522.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>418,666.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FAMILY SERVICES, INC.	Employer identification number 14-1338399
--	---

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization FAMILY SERVICES, INC.	Employer identification number 14-1338399
--	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		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
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		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
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		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
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization FAMILY SERVICES, INC. **Employer identification number** 14-1338399

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) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2021

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		50,824.		50,824.
b Buildings		6,015,924.	2,883,133.	3,132,791.
c Leasehold improvements		27,592.	14,676.	12,916.
d Equipment		1,431,167.	704,086.	727,081.
e Other		376,530.		376,530.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,300,142.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	23,341,367.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	688,772.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	439,363.
e	Add lines 2a through 2d	2e	1,128,135.
3	Subtract line 2e from line 1	3	22,213,232.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	438,080.
c	Add lines 4a and 4b	4c	438,080.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	22,651,312.

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

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

1	Total expenses and losses per audited financial statements	1	19,370,988.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	650,273.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	437,513.
e	Add lines 2a through 2d	2e	1,087,786.
3	Subtract line 2e from line 1	3	18,283,202.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	416,659.
c	Add lines 4a and 4b	4c	416,659.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	18,699,861.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY WHEN THEY ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION AND/OR DISCLOSURE. THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATION BY APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO DECEMBER 31, 2018.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSE REPORTED ON PART VIII, LINE 6B 437,513.
 CHANGE IN VALUE OF BENEFICIAL INTEREST IN FUNDS HELD BY OTHERS 1,850.

Part XIII Supplemental Information (continued)

TOTAL TO SCHEDULE D, PART XI, LINE 2D 439,363.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

BAD DEBT EXPENSES REPORTED ON PART IX, LINE 24 416,659.

CHANGE IN VALUE OF CBHS 21,421.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 438,080.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSE REPORTED ON PART VIII, LINE 6B 437,513.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

BAD DEBT EXPENSES REPORTED ON PART IX, LINE 24 416,659.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		FAMILY OF THE YEAR (event type)	WALK A MILE (event type)	1 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	161,495.	70,685.	21,738.	253,918.
	2	Less: Contributions	141,137.	70,685.	15,227.	227,049.
	3	Gross income (line 1 minus line 2)	20,358.		6,511.	26,869.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs			1,500.	1,500.
	7	Food and beverages	24,651.			24,651.
	8	Entertainment				
	9	Other direct expenses	22,774.	273.	482.	23,529.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				49,680.
11	Net income summary. Subtract line 10 from line 3, column (d)				-22,811.	

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

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

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

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

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: HELLER FUNDRAISING GROUP, LLC

(I) ADDRESS OF FUNDRAISER: 150 WEST END AVENUE, #19F, NEW YORK, NY 10023

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **FAMILY SERVICES, INC.** Employer identification number **14-1338399**

Part I General Information on Grants and 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 criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(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

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) 2021

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
EMERGENCY ASSISTANCE TO AT-RISK INDIVIDUALS	185	122,076.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

AT-RISK INDIVIDUALS RECEIVING EMERGENCY ASSISTANCE FROM THE ORGANIZATION
 HAVE HAD THEIR ELIGIBILITY DETERMINED BY-WAY-OF BEING ENROLLED IN ONE OF
 THE ORGANIZATIONS OTHER PROGRAMS, SUCH AS THE CENTER OF VICTIM OF VICTIM
 SAFETY AND SUPPORT (CVSS), AND THE POLICIES AND PROTOCOLS SPECIFIC TO THOSE
 PROGRAMS. WHENEVER POSSIBLE THE ORGANIZATION MAKES PAYMENTS DIRECTLY TO
 VENDORS ON BEHALF OF THE INDIVIDUAL RECEIVING THE EMERGENCY ASSISTANCE.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: **FAMILY SERVICES, INC.** Employer identification number: **14-1338399**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) YUGANDHAR MUNNANGI MEDICAL DIRECTOR	(i)	296,401.	0.	270.	15,786.	42,863.	355,320.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BRIAN DOYLE CHIEF EXECUTIVE OFFICER	(i)	192,537.	0.	2,374.	9,670.	2,029.	206,610.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JOAN CRAWFORD CHIEF PGRM OFFICER - THRU 8/31/21	(i)	94,039.	0.	80,582.	7,378.	7,721.	189,720.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CHRISTINE SLOCUM NURSE PRACTITIONER	(i)	146,513.	0.	280.	7,885.	33,072.	187,750.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) YOUNG SHIN PSYCHIATRIST	(i)	154,986.	0.	3,993.	3,100.	207.	162,286.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4A:

DURING THE YEAR, JOAN CRAWFORD RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$79,540, WHICH IS REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III).

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

FAMILY SERVICES, INC.

Employer identification number

14-1338399

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TRACK RECORD OF SERVING THE CITIZENS OF THE HUDSON VALLEY FOR OVER 140

YEARS. FAMILY SERVICES HAS SOUGHT TO MEET THE CHANGING NEEDS OF

INDIVIDUALS AND FAMILIES IN THE COMMUNITY. FAMILY SERVICES BRINGS

PEOPLE TOGETHER TO FIND THE SUPPORT THEY NEED, IMPROVING THEIR LIVES

AND COMMUNITIES, AND BUILDING A STRONGER, SAFER HUDSON VALLEY, WITH THE

CLEAR UNDERSTANDING THAT THE WELL-BEING OF FAMILIES IS THE FOUNDATION

OF THE COMMUNITY'S WELL-BEING AND THE WELL-BEING OF THE INDIVIDUAL AND

THE HEALTHY, WHOLE FAMILY, IS FAR GREATER THAN THE SUM OF ITS PARTS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PREVENTION, AND THE FAMILY PARTNERSHIP CENTER. LAST YEAR, OVER 14,000

CHILDREN, ADULTS, AND FAMILIES BENEFITED FROM FAMILY SERVICES PROGRAMS

IN DUTCHESS, ULSTER, AND ORANGE COUNTIES.

FAMILY SERVICES ALSO MANAGES THE FAMILY PARTNERSHIP CENTER ("FPC"), A

LOCATION WHERE THE COMMUNITY CAN COME TOGETHER FOR CONVERSE AND

EXCHANGE IDEAS, PARTICIPATE IN ATHLETIC AND ART PROGRAMMING. THE FPC

ALSO SERVES AS A SPACE WHERE A VARIETY OF NONPROFITS AND RELATED

ORGANIZATIONS CAN CO-LOCATE AND COLLABORATE TO OFFER ENHANCED SERVICES

WHICH CREATES REAL ACCESS TO THE COMMUNITY. THE FPC IS ESTIMATED TO

RECEIVE OVER 70,000 VISITS PER YEAR FROM PEOPLE TAKING ADVANTAGE OF

SERVICES OR ACTIVITIES ON THIS 100,000+ SQUARE FOOT CAMPUS.

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

THERAPY AND MEDICATION SERVICES

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization FAMILY SERVICES, INC.	Employer identification number 14-1338399
--	---

INDIVIDUAL, COUPLE, FAMILY AND GROUP THERAPY IS PROVIDED BY LICENSED THERAPISTS TRAINED IN A VARIETY OF EVIDENCE-BASED PRACTICE APPROACHES SUCH AS COGNITIVE BEHAVIORAL THERAPY AND DIALECTICAL BEHAVIORAL THERAPY. PSYCHIATRISTS AND PSYCHIATRIC NURSE PRACTITIONERS PROVIDE PSYCHIATRIC EVALUATIONS AND MEDICATION MANAGEMENT. OUR REGISTERED NURSES SUPPORT CLIENTS WITH MEDICAL CARE COORDINATION, WELLNESS CARE AND SMOKING CESSATION SUPPORT.

RESTART PROGRAM

THE RE-ENTRY STABILIZATION TRANSITION (RESTART) PROGRAM PROVIDED SERVICES TO 156 CLIENTS IN THE DUTCHESS COUNTY JAIL IN COLLABORATION WITH PROJECT MORE. RESTART STAFF IDENTIFY AND ENGAGE OFFENDERS AT HIGH RISK FOR RECIDIVISM THROUGH EVIDENCE-BASED SCREENING AND TREATMENT SUCH AS MORAL RECONATION THERAPY (MRT) AND SEEKING SAFETY GROUPS IN ADDITION TO PROVIDING INDIVIDUAL COUNSELING DURING INCARCERATION AND UPON RELEASE TO THE COMMUNITY. RESTART CREATES RELEASE/DISCHARGE PLANS TO MAXIMIZE SUCCESSFUL RE-ENTRY TO THE COMMUNITY.

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

IN 2021, THROUGH FUNDING FROM OFFICE OF PREVENTION OF DOMESTIC VIOLENCE AND THE OFFICE OF CHILDREN AND FAMILY SERVICES, CVSS ASSISTED 24 FAMILIES WITH STAYING SAFE IN THEIR HOME BY ASSISTING WITH RENT, UTILITIES OR SAFETY MEASURES SUCH AS CAMERAS OR LOCKS. IN ADDITION, CVSS ASSISTED 5 CLIENTS AND THEIR CHILDREN WITH RELOCATING TO A NEW, SAFE HOME WITH THE SUPPORT OF THIS FUNDING.

DOMESTIC VIOLENCE AWARENESS MONTH WAS PACKED WITH SOCIALLY DISTANCED EVENTS TO INCLUDE THE PURPLE LIGHT PROJECT, WHERE OVER 1,200 PURPLE

Name of the organization FAMILY SERVICES, INC.	Employer identification number 14-1338399
--	---

LIGHTBULBS WERE DISTRIBUTED ACROSS DUTCHESS COUNTY TO SHOW SUPPORT AND SOLIDARITY WITH VICTIMS OF DOMESTIC VIOLENCE. CVSS ALSO PROVIDED COMMUNITY TRAINING ON HOW DOMESTIC VIOLENCE IMPACTS CHILDREN. IN ADDITION, OUR PROGRAM COLLABORATED WITH GRACE SMITH HOUSE TO SHOWCASE THE CLOTHESLINE PROJECT AT THE FAMILY PARTNERSHIP CENTER. CVSS CONTINUED TO PARTNER WITH THE DUTCHESS COUNTY DISTRICT ATTORNEY'S OFFICE TO PROVIDE THEIR FACILITY DOG, BOSCH, WHO TIRELESSLY SUPPORTS VICTIMS DURING COUNSELING AND COURT APPOINTMENTS. ADDITIONALLY, CVSS PARTNERED WITH ARLINGTON PROFESSIONAL FIRE FIGHTERS LOCAL 2393 TO COORDINATE ADOPTION OF 81 FAMILIES TO INCLUDE 138 CHILDREN.

THE YOUTH WITNESS TO VIOLENCE PROGRAM, WHICH USES EVIDENCE-BASED MODALITIES TO IDENTIFY AND SERVE YOUTH WHO ARE WITNESSES TO DOMESTIC AND COMMUNITY VIOLENCE, CONTINUES TO GROW. IN 2021, CVSS RECEIVED 84 REFERRALS FOR YOUTH AND THEIR NON-OFFENDING CAREGIVERS TO PARTICIPATE IN GROUP THERAPY. CVSS HELD 22 GROUP SESSIONS WHERE PARTICIPANTS LEARNED ABOUT BOUNDARIES, SELF-CARE, SELF-EXPRESSION, THE IMPACT OF VIOLENCE AND HEALTHY COPING STRATEGIES.

IN SEPTEMBER, CVSS HOSTED A NATIONAL DAY OF REMEMBRANCE FOR HOMICIDE VICTIMS. WITH MASKS AND SOCIALLY DISTANCING CVSS WAS ABLE TO HOST THE EVENT IN PERSON AND THE COMMUNITY CAME TOGETHER TO SHOW SUPPORT OF THOSE WHO HAVE LOST THEIR LOVED ONES TO VIOLENCE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
IN THE FACE OF CONTINUED PANDEMIC-RELATED CHALLENGES DURING 2021, THE FAMILY PARTNERSHIP CENTER AND ITS PARTNER AGENCIES WORKED DILIGENTLY TO ENSURE THE CRITICAL NEEDS OF THE COMMUNITY WERE MET. NEARLY ALL PARTNER

Name of the organization FAMILY SERVICES, INC.	Employer identification number 14-1338399
--	---

AGENCIES RE-OPENED ON-SITE, AND OTHERS IMPLEMENTED INNOVATIVE WAYS TO CONTINUE TO CONNECT WITH INDIVIDUALS AND FAMILIES TO PROVIDE SUPPORT DURING SUCH DIFFICULT TIMES. THE FPC PROUDLY ASSISTED IN THE FIGHT AGAINST COVID-19 BY HOSTING MULTIPLE VACCINE CLINICS THROUGHOUT THE YEAR, ADMINISTERED BY ONE OF THE PARTNER AGENCIES. THE FPC SUPPORTED LOCAL FAMILIES IN NEED OF CHILDCARE WITH AFTER-SCHOOL AND SUMMER YOUTH PROGRAMMING WHILE COVID-19 RESTRICTIONS PREVENTED SCHOOL DISTRICTS FROM OFFERING THE SERVICE. ALSO, DURING 2021, THE POUGHKEEPSIE CITY LIBRARY BOARD APPROVED THE OPENING OF A SATELLITE LOCATION WITHIN THE FPC. RENOVATIONS OF THE CURRENT SADIE PETERSON DELANEY LIBRARY AT THE FPC ARE UNDERWAY AND THE NEW BEAUTIFUL BRANCH IS SET TO OPEN IN EARLY 2022.

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

DURING THE ENGAGEMENT AND CONTRACTING PROCESS WITH AN AUDITING FIRM, FAMILY SERVICES INCLUDES THE STIPULATION THAT THE FORM 990 BE ELECTRONICALLY SUBMITTED BY THE AUDITORS TO THE ORGANIZATION PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICES. ONCE FAMILY SERVICES RECEIVES THE FORM 990, THE ORGANIZATION'S CEO, CFO, AND AUDIT COMMITTEE OF THE BOARD OF DIRECTORS CONVENE TO REVIEW AND APPROVE THE FORM 990. THE REVIEW CONSISTS OF COMPREHENSIVE, LINE-BY-LINE EVALUATION AND ANALYSIS OF BOTH FINANCIAL AND NARRATIVE INFORMATION. AFTER THIS REVIEW, FAMILY SERVICES DISTRIBUTES THE FORM 990 TO THE ENTIRE GOVERNING BODY AND FILES WITH THE INTERNAL REVENUE SERVICE.

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

ANNUALLY, DIRECTORS, OFFICERS, AND KEY EMPLOYEES ARE ASKED TO REVIEW AND SIGN A NEW STATEMENT REGARDING CONFLICTS OF INTEREST. THE POLICIES ARE DISTRIBUTED TO THE BOARD AND STAFF THROUGH MANUALS AND EMPLOYEE HANDBOOKS.

Name of the organization FAMILY SERVICES, INC.	Employer identification number 14-1338399
--	---

IF AT ANY TIME DURING A TERM OF SERVICE, A DIRECTOR, OFFICER, OR KEY EMPLOYEE ACQUIRES ANY INTEREST WHICH MAY POSE AS A CONFLICT, THE INTEREST OR CONFLICT MUST BE PROMPTLY DISCLOSED TO THE BOARD OF DIRECTORS.

ADDITIONALLY, THE DIRECTOR, OFFICER, OR KEY EMPLOYEE IN QUESTION SHALL REVISE THEIR CONFLICT OF INTEREST STATEMENT. THE AFFILIATED PARTNERS AUDIT COMMITTEE SHALL REVIEW ANY REAL, OR POTENTIAL RELATED PARTY TRANSACTION, OR ANY OTHER MATTER WHICH MIGHT BE CONSIDERED TO CONSTITUTE A CONFLICT OF INTEREST. NO RELATED PARTY SHALL BE PRESENT AT OR PARTICIPATE IN ANY DELIBERATIONS, ATTEMPT TO INFLUENCE DELIBERATIONS, AND/ OR CAST A VOTE ON THE MATTER.

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

ANNUALLY THE BOARD OF DIRECTORS ENGAGE IN AN ANALYSIS AND REVIEW OF THE CEO'S COMPENSATION AS PART OF THE CEO'S PERFORMANCE EVALUATION. THE BOARD OF DIRECTORS USE COMPARABLE DATA AND MARKET-BASED SALARY INFORMATION AS PART OF THE COMPENSATION REVIEW PROCESS. THE BOARD OF DIRECTORS, AFTER DUE DELIBERATION AND DISCUSSION REGARDING TOTAL COMPENSATION, RENDER A DETERMINATION, WHICH IS DOCUMENTED IN THE BOARD MINUTES. THIS PROCESS WAS LAST PERFORMED IN 2021.

ANNUALLY, THE EXECUTIVE COMMITTEE AND CEO PERFORM A REVIEW AND ANALYSIS OF THE COMPENSATION OF THE ORGANIZATIONS OFFICERS AND OTHER KEY EMPLOYEES. THE EXECUTIVE COMMITTEE AND CEO USE COMPARABLE DATA AND MARKET-BASED SALARY INFORMATION AS PART OF THE COMPENSATION REVIEW PROCESS. THE EXECUTIVE COMMITTEE AND CEO, AFTER DUE DELIBERATION AND DISCUSSION REGARDING TOTAL COMPENSATION PACKAGES, RENDER A DETERMINATION, WHICH IS DOCUMENTED IN THE COMMITTEE MEETING MINUTES. THIS PROCESS WAS LAST PERFORMED IN 2021.

Name of the organization FAMILY SERVICES, INC.	Employer identification number 14-1338399
--	---

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

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE RETURN IS POSTED ON GUIDESTAR.ORG, CHARITIESNYS.COM AND OTHER SIMILAR TYPES OF WEBSITES. THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE ON ITS WEBSITE. IN ADDITION, THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, ARTICLES OF INCORPORATION, AND GOVERNING DOCUMENTS ARE ALSO AVAILABLE UPON WRITTEN REQUEST OR BY CALLING THE ORGANIZATION DIRECTLY.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING:

PROGRAM SERVICE EXPENSES	276,887.
MANAGEMENT AND GENERAL EXPENSES	303,213.
FUNDRAISING EXPENSES	72,949.
TOTAL EXPENSES	653,049.

STAFFING SERVICES:

PROGRAM SERVICE EXPENSES	1,899,580.
MANAGEMENT AND GENERAL EXPENSES	95,453.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,995,033.

PAYROLL SERVICES:

PROGRAM SERVICE EXPENSES	31,734.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	31,734.

Name of the organization FAMILY SERVICES, INC.	Employer identification number 14-1338399
--	---

SANITATION & CLEANING SERVICES:

PROGRAM SERVICE EXPENSES	161,506.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	161,506.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,841,322.

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

CHANGE IN VALUE OF CBHS IPA, LLC	-21,421.
----------------------------------	----------

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT IS RESPONSIBLE FOR THE OVERSIGHT
OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN
INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM THE PRIOR
YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **FAMILY SERVICES, INC.** Employer identification number **14-1338399**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
BIG BROTHERS BIG SISTERS OF ULSTER - 51-0222946, 29 NORTH HAMILTON STREET, POUGHKEEPSIE, NY 12601	SUPPORT MENTORING RELATIONSHIPS	NEW YORK	501(C)(3)	LINE 10	FAMILY SERVICES, INC	X	

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for providing supplemental information.

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.

Type or print	Name of exempt organization or other filer, see instructions. FAMILY SERVICES, INC.	Taxpayer identification number (TIN) 14-1338399
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 29 NORTH HAMILTON STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. POUGHKEEPSIE, NY 12601	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

NATALIE BORQUIST

- The books are in the care of ▶ **29 NORTH HAMILTON STREET - POUGHKEEPSIE, NY 12601**

Telephone No. ▶ **845-452-1110** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2021** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.