

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2024**  
Open to Public Inspection

**A For the 2024 calendar year, or tax year beginning 01-01-2024, and ending 12-31-2024**

<b>B</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		<b>C</b> Name of organization FAMILY SERVICES INC  Doing business as		<b>D</b> Employer identification number 14-1338399	
<b>I</b> 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		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 29 NORTH HAMILTON STREET		<b>E</b> Telephone number (845) 452-1110	
<b>J</b> Website: WWW.FAMILYSERVICESNY.ORG		City or town, state or province, country, and ZIP or foreign postal code POUGHKEEPSIE, NY 12601		<b>G</b> Gross receipts \$ 25,145,893	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>F</b> Name and address of principal officer: BRIAN DOYLE 29 NORTH HAMILTON STREET POUGHKEEPSIE, NY 12601		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. <b>H(c)</b> Group exemption number	
<b>L</b> Year of formation: 1921		<b>M</b> State of legal domicile: NY			

**Part I Summary**

**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 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. FAMILY SERVICES EXISTS TO SUPPORT EVERYONE'S RIGHT TO THRIVE.

<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> 25
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> 25
<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b> 299
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b> 48
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> 0
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b> 0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	14,839,405	13,556,130
<b>9</b> Program service revenue (Part VIII, line 2g)	9,495,989	10,562,682
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	266,120	71,633
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	197,479	93,483
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,798,993	24,283,928
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	65,176	125,457
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	15,414,704	16,976,241
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	38,543	16,155
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) 384,560		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	6,001,761	5,405,302
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	21,520,184	22,523,155
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	3,278,809	1,760,773
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	21,326,149	24,413,274
<b>21</b> Total liabilities (Part X, line 26)	4,943,421	6,234,088
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	16,382,728	18,179,186

**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.

<b>Sign Here</b>	*****		2025-11-03		
	Signature of officer NATALIE BORQUIST CAO		Date		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date 2025-11-03	Check <input type="checkbox"/> if self-employed	PTIN P00543254
	Firm's name PKF O'CONNOR DAVIES ADVISORY LLC			Firm's EIN 33-1374517	
	Firm's address 500 MAMARONECK AVENUE SUITE 301 HARRISON, NY 105281633			Phone no. (914) 381-8900	

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

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, PREVENTION, AND THE FAMILY PARTNERSHIP CENTER. LAST YEAR, NEARLY 17,000 CHILDREN, ADULTS, AND FAMILIES BENEFITED FROM FAMILY SERVICES PROGRAMS IN DUTCHESS, ULSTER, AND ORANGE COUNTIES. FAMILY SERVICES ALSO MANAGES THE FAMILY PARTNERSHIP CENTER, A LOCATION WHERE THE COMMUNITY CAN COME TOGETHER FOR CONVERSATION AND THE EXCHANGE OF IDEAS, PARTICIPATE IN ATHLETIC AND ART PROGRAMMING. THE FAMILY PARTNERSHIP CENTER 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.

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

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

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

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

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

**4a** (Code: ) (Expenses \$ 13,824,854 including grants of \$ 106,810 ) (Revenue \$ 10,562,682 )  
Description: See Additional Data

**4b** (Code: ) (Expenses \$ 3,233,984 including grants of \$ 18,647 ) (Revenue \$ 0 )  
Description: See Additional Data

**4c** (Code: ) (Expenses \$ 1,868,572 including grants of \$ 0 ) (Revenue \$ 0 )  
Description: See Additional Data

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

**4e Total program service expenses** 18,927,410

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 12. Each row has a corresponding 'Yes' or 'No' in the rightmost column.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question/Description, Yes, No. Rows 22-38 covering various organizational requirements and tax-exempt status questions.

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/Description, 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 5 main columns: Question/Section, Sub-question, Answer field, Yes/No, and other. Rows include questions 2a through 17, covering topics like employee reporting, federal tax returns, unrelated business income, foreign accounts, prohibited tax shelter transactions, and charitable contributions.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a (25), 1b (25), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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 Form 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.
19 Describe in 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 29 NORTH HAMILTON STREET POUGHKEEPSIE, NY 12601 (845) 452-1110





**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	30,141				
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	391,360				
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	11,662,365				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	1,472,264				
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$ . . . . .	<b>1g</b>	44,709				
	<b>h Total.</b> Add lines 1a-1f . . . . .			13,556,130			
<b>Program Service Revenue</b>	<b>2a</b> CLIENT SERVICE FEES	Business Code					
		900099	10,562,682	10,562,682			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue . . . . .						
<b>g Total.</b> Add lines 2a-2f. . . . .		10,562,682					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		71,633			71,633	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		<b>6a</b>	828,018				
		<b>b</b> Less: rental expenses	<b>6b</b>	729,951			
		<b>c</b> Rental income or (loss)	<b>6c</b>	98,067			
	<b>d</b> Net rental income or (loss) . . . . .			98,067		98,067	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>7a</b>	33,864				
		<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	33,864			
		<b>c</b> Gain or (loss)	<b>7c</b>	0			
	<b>d</b> Net gain or (loss) . . . . .						
	<b>8a</b> Gross income from fundraising events (not including \$ 391,360 of contributions reported on line 1c). See Part IV, line 18 . . . . .						
		<b>8a</b>	76,457				
<b>b</b> Less: direct expenses . . . . .		<b>8b</b>	98,150				
<b>c</b> Net income or (loss) from fundraising events . . . . .			-21,693		-21,693		
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .							
	<b>9a</b>	2,250					
	<b>b</b> Less: direct expenses . . . . .	<b>9b</b>	0				
<b>c</b> Net income or (loss) from gaming activities . . . . .			2,250		2,250		
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .							
	<b>10a</b>						
	<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
<b>Miscellaneous Revenue</b>	<b>11a</b> MISCELLANEOUS	Business Code					
		900099	12,759			12,759	
	<b>b</b> MANAGEMENT FEE	900099	2,100			2,100	
	<b>c</b>						
	<b>d</b> All other revenue . . . . .						
	<b>e Total.</b> Add lines 11a-11d . . . . .			14,859			
<b>12 Total revenue.</b> See instructions . . . . .			24,283,928	10,562,682	0	165,116	

**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

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	8,000	8,000		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	117,457	117,457		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	1,025,515	544,796	431,338	49,381
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	13,249,256	11,460,718	1,565,498	223,040
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	376,075	323,525	47,116	5,434
<b>9</b> Other employee benefits . . . . .	1,120,675	970,581	134,147	15,947
<b>10</b> Payroll taxes . . . . .	1,204,720	1,013,363	171,011	20,346
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	34,829	34,829		
<b>c</b> Accounting . . . . .	57,710		57,710	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17	16,155			16,155
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,306,927	825,197	463,305	18,425
<b>12</b> Advertising and promotion . . . . .	241,137	224,939	13,991	2,207
<b>13</b> Office expenses . . . . .	427,413	349,269	72,728	5,416
<b>14</b> Information technology . . . . .	383,775	383,775		
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	642,094	527,029	113,106	1,959
<b>17</b> Travel . . . . .	74,920	70,582	3,892	446
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	125,043	80,309	42,499	2,235
<b>20</b> Interest . . . . .	22,354	22,270	84	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	516,421	512,344	4,077	
<b>23</b> Insurance . . . . .	346,652	289,752	55,317	1,583
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> BAD DEBT EXPENSE	607,539	607,539		
<b>b</b> CONTINGENCY RESERVE	325,055	325,055		
<b>c</b> PROGRAM SUPPLIES	187,462	170,785	10,381	6,296
<b>d</b> EVENTS AND FIELDTRIPS	105,178	65,040	24,860	15,278
<b>e</b> All other expenses	793	256	125	412
<b>25</b> Total functional expenses. Add lines 1 through 24e	22,523,155	18,927,410	3,211,185	384,560
<b>26</b> 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 IX

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	36,099	<b>1</b>	36,099
	<b>2</b> Savings and temporary cash investments . . . . .	105,383	<b>2</b>	1,458,635
	<b>3</b> Pledges and grants receivable, net . . . . .	5,354,453	<b>3</b>	6,408,959
	<b>4</b> Accounts receivable, net . . . . .	2,932,691	<b>4</b>	1,398,776
	<b>5</b> 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		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	559,899	<b>9</b>	787,447
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 16,620,309		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 5,089,862	11,095,289	<b>10c</b> 11,530,447
	<b>11</b> Investments—publicly traded securities . . . . .	14,215	<b>11</b>	15,256
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	5,076	<b>13</b>	13,720
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	1,223,044	<b>15</b>	2,763,935
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	21,326,149	<b>16</b>	24,413,274	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	2,255,840	<b>17</b>	1,718,192
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	182,813	<b>19</b>	1,188,288
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	1,346,801	<b>23</b>	567,928
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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	1,157,967	<b>25</b>	2,759,680
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	4,943,421	<b>26</b>	6,234,088
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	14,635,189	<b>27</b>	16,494,285
	<b>28</b> Net assets with donor restrictions . . . . .	1,747,539	<b>28</b>	1,684,901
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	16,382,728	<b>32</b>	18,179,186	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	21,326,149	<b>33</b>	24,413,274	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	24,283,928
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	22,523,155
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,760,773
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	16,382,728
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,041
<b>6</b>	Donated services and use of facilities	<b>6</b>	26,000
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	8,644
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	18,179,186

**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 in 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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 in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 14-1338399

**Name:** FAMILY SERVICES INC

Form 990 (2024)

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**Form 990, Part III, Line 4a:**

BEHAVIORAL HEALTH CENTERS (OUTPATIENT CLINICS) - IN 2024, BEHAVIORAL HEALTH STAFF PROVIDED COMPREHENSIVE AND INTEGRATED SERVICES TO MEET THE NEEDS OF OVER 5,400 ADULTS IN OUR EIGHT CENTERS ACROSS DUTCHESS AND ULSTER COUNTIES. THESE SERVICES CONSIST OF INDIVIDUAL THERAPY, GROUP AND PSYCHIATRIC SERVICE SESSIONS, DELIVERED THROUGH TRAUMA AND EVIDENCE INFORMED PRACTICE. IN 2024, 645 CLIENTS RESPONDED TO A CLIENT SATISFACTION SURVEY WITH EXCELLENT RESULTS; FOR INSTANCE, OVER 91% AGREE/STRONGLY AGREE THEY ARE SATISFIED WITH THEIR CARE, BENEFIT FROM THEIR TREATMENT AND FEEL POSITIVELY CONNECTED TO THEIR THERAPIST OR PSYCHIATRIC PROVIDER. THERAPY AND MEDICATION SERVICES INDIVIDUAL, COUPLE, FAMILY AND GROUP THERAPY ARE 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 MONITORING AND MANAGEMENT. OUR REGISTERED NURSES SUPPORT CLIENTS WITH MEDICAL CARE COORDINATION, WELLNESS CARE AND TOBACCO CESSATION SUPPORT. RESTART PROGRAM THE RE-ENTRY STABILIZATION TRANSITION (RESTART) PROGRAM PROVIDED SERVICES TO 192 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 RECOGNITION 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.

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**Form 990, Part III, Line 4b:**

CENTER FOR VICTIM SAFETY & SUPPORT CVSSCVSS 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 2024, 2410 VICTIMS OF CRIME FOUND SUPPORT AT CVSS, INCLUDING 276 ADULT OR CHILD VICTIMS OF SEXUAL VIOLENCE AND 1971 ADULT OR CHILD VICTIMS OF DOMESTIC VIOLENCE. CVSS STAFF RESPONDED TO OVER 5,600 CALLS ON OUR 24-HOUR HOTLINES, HELPING COMMUNITY MEMBERS AND/OR COMMUNITY PARTNERS. WITH FUNDING FROM THE OFFICE OF PREVENTION OF DOMESTIC VIOLENCE AND THE OFFICE OF CHILDREN AND FAMILY SERVICES, CVSS ASSISTED 10 FAMILIES WITH STAYING SAFE IN THEIR HOME BY ASSISTING WITH RENT, UTILITIES, OR SAFETY MEASURES SUCH AS CAMERAS OR LOCKS. CVSS ASSISTED AN ADDITIONAL 11 CLIENTS AND THEIR CHILDREN WITH RELOCATING TO A NEW, SAFE HOME WITH THE SUPPORT OF THIS FUNDING. THROUGHOUT 2024 CVSS STAFF STRIVED TO CONNECT WITH RESIDENTS OF DUTCHESS COUNTY AND COMMUNITY PROVIDERS ALIKE, TO CONNECT AND SHARE INFORMATION AND EDUCATE ABOUT OUR SERVICES. THIS YEAR WE ATTENDED OVER 20 OUTREACH EVENTS FROM COMMUNITY BLOCK PARTIES, PRIDE MONTH EVENTS, NATIONAL NIGHT OUT, TO HEALTH FAIRS AND PROFESSIONAL CONFERENCES. ADDITIONALLY, CVSS PROVIDED OVER A DOZEN TRAINING COURSES TO COMMUNITY MEMBERS AND PROFESSIONALS INCLUDING AT THE LAW ENFORCEMENT ACADEMY, OFFICE OF PROBATION, LOCAL HOSPITAL STAFF, AND MORE. CVSS STAFF PROVIDED TRAINING ON TRAUMA INFORMED APPROACHES FOR WORKING WITH SURVIVORS OF CRIME IN CRISIS AND CVSS SERVICES TO MID-HUDSON REGIONAL EMERGENCY DEPARTMENT STAFF THROUGH EARLY MORNING TRAINING SESSIONS. ADDITIONALLY, THE DUTCHESS COUNTY DEPARTMENT OF PROBATION AND CVSS STAFF ORGANIZED A UNIQUE CROSS TRAINING SESSION WHERE VALUABLE INFORMATION ON PRE-TRIAL SUPERVISION AND CVSS SERVICES INCLUDING SAFETY PLANNING AND THE HIGH-RISK TEAM WERE SHARED WITH PROBATION OFFICERS, MEMBERS FROM THE DISTRICT ATTORNEY'S OFFICE, CVSS AND GRACE SMITH HOUSE STAFF, AND OTHER MEMBERS OF LAW ENFORCEMENT. IN APRIL, CVSS HOSTED OUR 11TH ANNUAL VISIONS OF HOPE AND HEALING ART SHOW IN CELEBRATION OF CRIME VICTIMS' RIGHTS WEEK AND SEXUAL ASSAULT AWARENESS MONTH. THIS YEAR'S THEME WAS "HOW WOULD YOU HELP?". A DOMESTIC VIOLENCE DETECTIVE FROM THE DUTCHESS COUNTY SHERIFF'S OFFICE, A TOWN OF POUGHKEEPSIE POLICE COMMUNITY SAFETY OFFICER AND AN ASSISTANT DISTRICT ATTORNEY FROM THE SPECIAL VICTIMS UNIT WERE ALL HONORED AND ACKNOWLEDGED FOR THEIR SUPPORT TO VICTIMS AND BEING CHAMPIONS IN OUR COMMUNITY FOR SURVIVORS. DOMESTIC VIOLENCE AWARENESS MONTH WAS PACKED WITH EVENTS INCLUDING THE PURPLE LIGHT PROJECT, WHERE HUNDREDS OF PURPLE LIGHTBULBS WERE DISTRIBUTED ACROSS DUTCHESS COUNTY TO SHOW SUPPORT AND SOLIDARITY WITH VICTIMS OF DOMESTIC VIOLENCE AND THE CANDLELIGHT VIGIL WHERE COMMUNITY MEMBERS, STAFF, AND CLIENTS WALKED IN SOLIDARITY AROUND THE FAMILY PARTNERSHIP CENTER. THE EVENT ENDED WITH WALKERS WRITING THE NAMES OF LOVED ONES WHO HAVE EXPERIENCED DOMESTIC VIOLENCE ON PURPLE FLAGS TO BE DISPLAYED THROUGHOUT THE MONTH OF OCTOBER. IN ADDITION, OUR PROGRAM COLLABORATED WITH GRACE SMITH HOUSE TO SHOWCASE THE CLOTHESLINE AND SILENT WITNESSES PROJECTS AT DUTCHESS COMMUNITY COLLEGE. IN SEPTEMBER, CVSS HOSTED A NATIONAL DAY OF REMEMBRANCE FOR HOMICIDE VICTIMS AT FAMILY SERVICES. THE COMMUNITY CAME TOGETHER TO SHOW SUPPORT FOR THOSE WHO HAVE LOST THEIR LOVED ONES TO VIOLENCE. FINALLY, DURING THE HOLIDAY SEASON, CVSS PARTNERED WITH ARLINGTON PROFESSIONAL FIRE FIGHTERS LOCAL 2393 TO COORDINATE THE ANNUAL ADOPT-A-FAMILY EVENT WHERE SURVIVORS OF CRIME ARE PROVIDED WITH GIFT CARDS TO PURCHASE HOLIDAY GIFTS FOR THEIR CHILDREN AND FOOD FOR THEIR HOLIDAY DINNER. THIS YEAR, APPROXIMATELY \$15,000 WAS RAISED TO SUPPORT 68 FAMILIES INCLUDING 147 CHILDREN.

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**Form 990, Part III, Line 4c:**

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, 20 NONPROFIT AND RELATED ORGANIZATIONS ARE CURRENTLY UNDER ONE ROOF, COLLABORATING AS PARTNERS TO OFFER A ONE-STOP LOCATION FOR ENHANCED SERVICES. THE FPC PARTNERS PROVIDE HEALTH CARE, EDUCATION, YOUTH PROGRAMMING, RECREATION OPPORTUNITIES, FINANCIAL LITERACY, CULTURAL ACTIVITIES, CRISIS RESPONSE AND PREVENTION, BEHAVIORAL HEALTH, AND OTHER SERVICES TO OUR COMMUNITY. THE FAMILY PARTNERSHIP CENTER ALSO HOSTS COMMUNITY EVENTS ORGANIZED AND SPONSORED BY BOTH PARTNER AND OTHER LOCAL ORGANIZATIONS THROUGHOUT THE YEAR. MULTIPLE CAPITAL PROJECTS WERE COMPLETED OVER THE COURSE OF THE YEAR, WITH THE GOAL TO CREATE A MORE WELCOMING AND SAFER ENVIRONMENT FOR COMMUNITY MEMBERS THAT RECEIVE SERVICES IN THE BUILDING, AS WELL AS FOR THOSE COMMITTED TO WORKING DILIGENTLY TO DELIVER THEM. REPLACEMENT OF THE FPC GYMNASIUM WINDOWS WAS COMPLETED IN SEPTEMBER 2024, FOLLOWED BY THE REPAVING OF THE REAR PARKING LOT AND REPLACEMENT OF THE ANNEX BOILER IN OCTOBER 2024. THESE PROJECTS WERE CRITICAL TO HELP IMPROVE SAFETY AND SUSTAINABILITY ON OUR CAMPUS. THROUGHOUT THIS PROCESS, THE COMMITMENT TO PREVENTING INTERRUPTIONS IN ACCESS TO SERVICES WAS EVIDENT AS THOSE INSTANCES WERE FEW AND FAR BETWEEN. TO ENSURE THIS, GREAT DETAIL WAS PAID TO TIMELY COMMUNICATION WITH PARTNERS AND COMMUNITY MEMBERS REGARDING LOGISTICAL MODIFICATIONS FOR BUILDING ACCESS AND CURRENT PROJECT SCHEDULES. ALL PARTNERS HAVE SUCCESSFULLY PLAYED A CRITICAL ROLE THROUGH COLLABORATION AND COOPERATIVE PARTICIPATION. THE DIVERSITY OF PROGRAM OFFERINGS WITHIN THE FAMILY PARTNERSHIP CENTER WAS EXPANDED IN 2024 TO INCLUDE CELEBRATING THE AFRICAN SPIRIT, AN ORGANIZATION AIMING TO ACKNOWLEDGE, ARTICULATE, RESEARCH, AND COMMEMORATE THE LIVES OF ENSLAVED AFRICANS AND THEIR DESCENDANTS IN OUR COMMUNITY. EDEN SHARE, A NEW NONPROFIT ORGANIZATION, WAS ALSO ADDED AS A PARTNER IN 2024. EDEN SHARE'S MISSION IS TO CHAMPION REGENERATIVE AGRICULTURE WHICH PROMOTES HEALTHY FOOD AND LAND, HEALTHIER BODIES AND MINDS, AND A WELCOMING SPACE FOR OTHER NONPROFITS AND THE COMMUNITY. IN ADDITION TO OPERATING THEIR OWN DEDICATED PLOT OF AGRICULTURAL LAND AT THE FPC, EDEN SHARE HAS ALSO ASSUMED OPERATIONAL MANAGEMENT OF THE EXISTING FALL KILL COMMUNITY GARDEN.

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**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
DAVID PING CHAIR	1.50 0.00	X		X				0	0	0
FREDDIMIR GARCIA IMMEDIATE PAST CHAIR	1.00 0.00	X						0	0	0
SANDRA LUDLUM 1ST VICE CHAIR	1.50 0.00	X		X				0	0	0
JONATHAN CILLEY 2ND VICE CHAIR	1.50 0.00	X		X				0	0	0
JAMIE VANDODICK SECRETARY	1.50 0.00	X		X				0	0	0
DR MARISA MOORE TREASURER	1.50 0.00	X		X				0	0	0
TERESA ARZUAGA DIRECTOR	1.00 0.00	X						0	0	0
JORDON BELL DIRECTOR	1.00 0.00	X						0	0	0
STACEY BOTTOMS DIRECTOR	1.00 0.00	X						0	0	0
MARGARET CALISTA DIRECTOR	1.00 0.00	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
JANNERA CRUZ ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
MARIA DEWALD ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
LORI DOWNING ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
JEFF FELDMAN ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
DENISE GEORGE ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
PAUL HAERING ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
TODD HIXSON ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
JULIE KRIEGER ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
SAMUEL LAGANARO ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
PETER LEONARD ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
PETER LUMB ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
WAYNE NUSSBICKEL ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
MICHAEL QUINN ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
RONALD TATELBAUM ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
SHERRY WYCKOFF ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
LEAH FELDMAN ..... CHIEF EXECUTIVE OFFICER	40.00 ..... 0.00			X				204,036	0	42,869
NATALIE BORQUIST ..... CHIEF ADMINISTRATIVE OFFIC	40.00 ..... 0.05			X				172,695	0	21,835
JESSE SARUBBI ..... CHIEF PROGRAM OFFICER	40.00 ..... 0.00			X				133,218	0	51,860
YUGANDHAR MUNNANGI ..... MEDICAL DIRECTOR, MD	40.00 ..... 0.00				X			333,205	0	65,797
CHRISTINE SLOCUM ..... NURSE PRACTITIONER	40.00 ..... 0.00					X		179,807	0	55,512

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
ELNORE CUSHNIE ..... NURSE PRACTITIONER	40.00 ..... 0.00					X		171,108	0	3,841
AVRIM FISHKIND ..... ASSOCIATE MEDICAL DIRECTOR, MD	40.00 ..... 0.00					X		282,407	0	51,446
GABRIEL ASANTE-ODAME ..... NURSE PRACTITIONER	39.00 ..... 0.00					X		180,034	0	16,461
GEOFFREY FRIEDLANDER ..... NURSE PRACTITIONER	40.00 ..... 0.00					X		176,107	0	5,355

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024**

**Open to Public Inspection**

**Name of the organization**  
FAMILY SERVICES INC

**Employer identification number**  
14-1338399

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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 failed to qualify under the tests listed below, please complete Part III.)

<b>Section A. Public Support</b>						
<b>Calendar year (or fiscal year beginning in) ▶</b>	<b>(a) 2020</b>	<b>(b) 2021</b>	<b>(c) 2022</b>	<b>(d) 2023</b>	<b>(e) 2024</b>	<b>(f) Total</b>
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	9,782,695	14,737,267	16,070,654	14,838,405	13,556,130	68,985,151
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..	99,021	99,021	99,021	60,220	60,220	417,503
<b>4 Total.</b> Add lines 1 through 3	9,881,716	14,836,288	16,169,675	14,898,625	13,616,350	69,402,654
<b>5</b> 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) . . . . .						4,861,457
<b>6 Public support.</b> Subtract line 5 from line 4.						64,541,197

<b>Section B. Total Support</b>						
<b>Calendar year (or fiscal year beginning in) ▶</b>	<b>(a) 2020</b>	<b>(b) 2021</b>	<b>(c) 2022</b>	<b>(d) 2023</b>	<b>(e) 2024</b>	<b>(f) Total</b>
<b>7</b> Amounts from line 4. . . . .	9,881,716	14,836,288	16,169,675	14,898,625	13,616,350	69,402,654
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .	656,536	684,222	749,536	834,941	899,651	3,824,886
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . . .	9,892	10,537	7,602	4,223	14,859	47,113
<b>11 Total support.</b> Add lines 7 through 10						73,274,653

**12** Gross receipts from related activities, etc. (see instructions) . . . . . **12** 45,363,615

**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** . . . . .

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2024 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	88.080 %
<b>15</b> Public support percentage for 2023 Schedule A, Part II, line 14 . . . . .	<b>15</b>	87.180 %

**16a 33 1/3% support test—2024.** 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 . . . . .

**b 33 1/3% support test—2023.** 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 . . . . .

**17a 10%-facts-and-circumstances test—2024.** 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 . . . . .

**b 10%-facts-and-circumstances test—2023.** 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 . . . . .

**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 . . . . .

**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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.						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (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**

<b>15</b>	Public support percentage for 2024 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2023 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2024</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2024.** 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—2023.** 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 on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described on 11a above?		
<b>c</b>	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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>		
<b>2</b>	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>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer lines 2a and 2b below.</b>		
<b>a</b>	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>		
<b>b</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>		
<b>3</b>	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>		
<b>a</b>	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>b</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>		

**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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts ( <i>prior IRS approval required - provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions	<b>6</b>	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions	<b>8</b>	
<b>9</b> Distributable amount for 2024 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by Line 9 amount	<b>10</b>	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2024</b>	<b>(iii) Distributable Amount for 2024</b>
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required-- <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024:			
<b>a</b> From 2019. . . . .			
<b>b</b> From 2020. . . . .			
<b>c</b> From 2021. . . . .			
<b>d</b> From 2022. . . . .			
<b>e</b> From 2023. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020. . . . .			
<b>b</b> Excess from 2021. . . . .			
<b>c</b> Excess from 2022. . . . .			
<b>d</b> Excess from 2023. . . . .			
<b>e</b> Excess from 2024. . . . .			

**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).

<b>Facts And Circumstances Test</b>
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**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	SETTLEMENT INCOME - INSURANCE PROCEEDS - 2020 AMOUNT: \$ 5,331. 2021 AMOUNT: \$ 3,121. MANAGEMENT FEE - 2020 AMOUNT: \$ 2,108. 2021 AMOUNT: \$ 2,100. 2022 AMOUNT: \$ 2,100. 2023 AMOUNT: \$ 2,100. 2024 AMOUNT: \$ 2,100. MISCELLANEOUS - 2020 AMOUNT: \$ 2,453. 2021 AMOUNT: \$ 5,316. 2022 AMOUNT: \$ 5,502. 2023 AMOUNT: \$ 2,123. 2024 AMOUNT: \$ 12,759.

**SCHEDULE D**  
(Form 990)  
  
(Rev. January 2025)  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047

▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

**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
<b>1</b> Total number at end of year . . . . .		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> 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? . . . . .  Yes  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? . . . . .  Yes  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 (e.g., recreation or education)       Preservation of an 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 Year
<b>a</b> Total number of conservation easements . . . . .	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements . . . . .	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a) . . . . .	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register . . . . .	<b>2d</b>

**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? . . . . .  Yes  No

**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)? . . . . .  Yes  No

**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 . . . . . ▶ \$ \_\_\_\_\_

**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 are a 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 programs
  - 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:

- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

	<b>Amount</b>
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 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 in Part XIII . . . .

**Part V Endowment Funds.**

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

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

- (i)** Unrelated organizations . . . . .
- (ii)** Related organizations . . . . .

	<b>Yes</b>	<b>No</b>
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

**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	<b>(a)</b> Cost or other basis (investment)	<b>(b)</b> Cost or other basis (other)	<b>(c)</b> Accumulated depreciation	<b>(d)</b> Book value
<b>1a</b> Land . . . . .		26,356		26,356
<b>b</b> Buildings . . . . .		11,428,657	3,686,661	7,741,996
<b>c</b> Leasehold improvements		2,677,338	173,883	2,503,455
<b>d</b> Equipment . . . . .		2,487,958	1,229,318	1,258,640
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				11,530,447

**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)		
<b>Total.</b> (Column (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)		
(9)		
<b>Total.</b> (Column (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) SECURITY DEPOSITS	41,922
(2) DUE FROM RELATED PARTIES	31,142
(3) RIGHT-OF-USE ASSET	2,690,871
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	2,763,935

**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	
LEASE LIABILITIES	2,759,680
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	2,759,680

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 FIN 48 (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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	25,038,470
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	622,445	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	739,636	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	1,362,081
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	23,676,389
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	607,539	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	607,539
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	24,283,928

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	23,242,012
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	596,445	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	729,951	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	1,326,396
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	21,915,616
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	607,539	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	607,539
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	22,523,155

**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.

Return Reference	Explanation
See Additional Data Table	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 14-1338399

**Name:** FAMILY SERVICES INC

## Supplemental Information

Return Reference	Explanation
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, 2021.

## Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSE REPORTED ON PART VIII, LINE 6B 729,951. CHANGE IN VALUE OF CBHS 9,685.

# Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	BAD DEBT EXPENSES REPORTED ON PART IX, LINE 24 607,539.

## Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSE REPORTED ON PART VIII, LINE 6B 729,951.

# Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	BAD DEBT EXPENSES REPORTED ON PART IX, LINE 24 607,539.

**SCHEDULE G**  
**(Form 990)**  
 (Rev. January 2025)

Department of the Treasury  
 Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
 Attach to Form 990 or Form 990-EZ.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization  
 FAMILY SERVICES INC

**Employer identification number**  
 14-1338399

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |  |  |
|--|--|
| <p><b>a</b> <input checked="" type="checkbox"/> Mail solicitations</p> <p><b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations</p> <p><b>c</b> <input type="checkbox"/> Phone solicitations</p> <p><b>d</b> <input checked="" type="checkbox"/> In-person solicitations</p> | <p><b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants</p> <p><b>f</b> <input checked="" type="checkbox"/> Solicitation of government grants</p> <p><b>g</b> <input checked="" type="checkbox"/> Special fundraising events</p> |
|--|--|
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 ECO-ASIS LLC 5628 WILD GOOSE ROAD  TALLAHASSEE, FL 32311	GRANT WRITING SERVICES		No	4,970,806	11,250	4,959,556
2 CHOICE WORDS LLC 143 MAIN STREET  NEW PALTZ, NY 125611114	GRANT WRITING SERVICES		No	350,000	4,905	345,095
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> . . . . . ▶				5,320,806	16,155	5,304,651

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

NY

**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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>FAMILY OF THE YEAR</b> (event type)	<b>FIFTY 2 END STIGMA</b> (event type)	(total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	406,392	61,425		467,817
	<b>2</b> Less: Contributions . . . . .	329,935	61,425		391,360
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	76,457			76,457
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .	42,999			42,999
	<b>8</b> Entertainment . . . . .	8,300			8,300
	<b>9</b> Other direct expenses . . . . .	25,160	21,691		46,851
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				98,150
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-21,693

**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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		<b>1</b> Gross revenue . . . . .			
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> 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:
 

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

**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 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.

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

(Rev. January 2025)

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 instructions and the latest information.

OMB No. 1545-0047

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...
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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

- 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.

**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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) EMERGENCY ASSISTANCE TO AT-RISK INDIVIDUALS	184	117,457			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
See Additional Data	

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 14-1338399  
**Name:** FAMILY SERVICES INC

## Additional Data Form 990, Schedule I Part IV - Supplemental Information

Return Reference	Explanation
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 FOR 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)  
(Rev. January 2025)  
Department of the Treasury  
Internal Revenue Service

# Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

OMB No. 1545-0047

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**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 idemnification 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 (e.g., 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

	Yes	No
<b>1b</b>		

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

<b>2</b>		
----------	--	--

**3** Indicate which, if any, of the following the filing 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 checked="" 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? . . . . . **4a** No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . . **4b** No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . . **4c** No

<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No

**Only 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? . . . . . **5a** No
  - b** Any related organization? . . . . . **5b** No
- If "Yes," on line 5a or 5b, describe in Part III.

<b>5a</b>		No
<b>5b</b>		No

**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? . . . . . **6a** No
  - b** Any related organization? . . . . . **6b** No
- If "Yes," on line 6a or 6b, describe in Part III.

<b>6a</b>		No
<b>6b</b>		No

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

<b>7</b>	Yes	
----------	-----	--

**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 . . . . .

<b>8</b>		No
----------	--	----

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

<b>9</b>		
----------	--	--

**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 are not 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, 1099-MISC compensation, and/or 1099-NEC			(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, MD	(i)	331,435	1,500	270	10,350	55,447	399,002	0
	(ii)	0	0	0	0	0	0	0
2 AVRIM FISHKIND ASSOCIATE MEDICAL DIRECTOR, MD	(i)	279,369	1,850	1,188	729	50,717	333,853	0
	(ii)	0	0	0	0	0	0	0
3 LEAH FELDMAN CHIEF EXECUTIVE OFFICER	(i)	202,136	1,900	0	6,532	36,337	246,905	0
	(ii)	0	0	0	0	0	0	0
4 CHRISTINE SLOCUM NURSE PRACTITIONER	(i)	178,057	1,750	0	6,065	49,447	235,319	0
	(ii)	0	0	0	0	0	0	0
5 GABRIEL ASANTE-ODAME NURSE PRACTITIONER	(i)	170,184	9,850	0	655	15,806	196,495	0
	(ii)	0	0	0	0	0	0	0
6 NATALIE BORQUIST CHIEF ADMINISTRATIVE OFFIC	(i)	170,695	2,000	0	3,534	18,301	194,530	0
	(ii)	0	0	0	0	0	0	0
7 JESSE SARUBBI CHIEF PROGRAM OFFICER	(i)	131,968	1,250	0	2,638	49,222	185,078	0
	(ii)	0	0	0	0	0	0	0
8 GEOFFREY FRIEDLANDER NURSE PRACTITIONER	(i)	164,257	11,850	0	2,155	3,200	181,462	0
	(ii)	0	0	0	0	0	0	0
9 ELMORE CUSHNIE NURSE PRACTITIONER	(i)	168,358	2,750	0	3,574	267	174,949	0
	(ii)	0	0	0	0	0	0	0

**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.

Return Reference	Explanation
PART I, LINE 7	OFFICERS AND HIGHLY COMPENSATED EMPLOYEES RECEIVED A NON-FIXED BOARD APPROVED BONUS WHICH WAS REPORTED IN THEIR 2024 W-2S.



SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2024

- Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization FAMILY SERVICES INC

Employer identification number 14-1338399

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Row 9 is filled with 'X', '9', and '44,709 AVG. SELLING PRICE'.

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 0

Table with 3 columns: Question (30a, 31, 32a, 33), Yes, No. Row 30a is filled with 'No'. Row 31 is filled with 'No'. Row 32a is filled with 'No'.

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B):	THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN PART I, COLUMN (B).

**SCHEDULE O**  
**(Form 990)**

(Rev. January 2025)

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 990-EZ.****Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public  
Inspection**Name of the organization  
FAMILY SERVICES INC**Employer identification number**

14-1338399

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
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.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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. IF DURING A TERM OF SERVICE, A DIRECTOR, OFFICER, OR KEY EMPLOYEE ACQUIRES ANY INTEREST WHICH MAY POSE A CONFLICT, IT 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.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15	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, RENDERS A DETERMINATION, WHICH IS DOCUMENTED IN THE PAYROLL FILE. ANNUALLY, THE CEO PERFORMS A REVIEW AND AN ANALYSIS OF THE COMPENSATION OF THE ORGANIZATION'S OFFICERS AND OTHER KEY EMPLOYEES. THE CEO USES COMPARABLE DATA AND MARKET-BASED SALARY INFORMATION AS PART OF THE COMPENSATION REVIEW PROCESS. THE CEO, AFTER DUE CONSIDERATION OF TOTAL COMPENSATION PACKAGES, RENDERS A DETERMINATION, WHICH IS DOCUMENTED IN THE EMPLOYEE PAYROLL FILES.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9:	CHANGE IN VALUE OF CBHS IPA, LLC 8,644.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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)**

(Rev. January 2025)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**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
(1)BIG BROTHERS BIG SISTERS OF ULSTER 29 NORTH HAMILTON STREET  POUGHKEEPSIE, NY 12601 51-0222946	SUPPORT MENTORING RELATIONSHIPS	NY	501(C)(3)	LINE 7	FAMILY SERVICESINC	Yes	

**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.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	No

**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



**Part VII**    **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>