

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
Information about Form 990 and its instructions is at www.irs.gov/foi/m990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

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

C Name of organization
FAMILY & COMMUNITY SERVICES INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
705 OAKWOOD SUITE 221

City or town, state or province, country, and ZIP or foreign postal code
RAVENNA, OH 44226

D Employer identification number
34-1902451

E Telephone number
(330) 678-3911

G Gross receipts \$ 22,054,606

F Name and address of principal officer
MARK FRISONE
705 OAKWOOD SUITE 221
RAVENNA, OH 44226

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number

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

J Website: WWW.FCSOHIO.ORG

K Form of organization Corporation Trust Association Other

L Year of formation 1941

M State of legal domicile OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities
FAMILY AND COMMUNITY SERVICES, INC SEEKS TO STRENGTHEN AND EMPOWER INDIVIDUALS AND FAMILIES THROUGH A BROAD CONTINUUM OF COMMUNITY-BASED SERVICES THAT MEET THE NEEDS AND VALUES OF THE COMMUNITY THE AGENCY IS GUIDED BY INDIVIDUAL DIGNITY, SERVICE, EXCELLENCE, ACCOUNTABILITY, VOLUNTEERISM AND THE BELIEF IN THE SOLIDARITY OF THE HUMAN FAMILY

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	16
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	604
6 Total number of volunteers (estimate if necessary)	6	3,618
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	11,393,702	13,444,099
	9 Program service revenue (Part VIII, line 2g)	8,049,806	8,502,789
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	23,298	21,377
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	207,956	62,299
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,674,762	22,030,564
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	799,281	913,204
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	11,355,527	13,042,117
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ⁰		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,872,272	7,565,932
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	19,027,080	21,521,253	
19 Revenue less expenses Subtract line 18 from line 12	647,682	509,311	

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	16,801,280	17,428,083
	21 Total liabilities (Part X, line 26)	5,326,352	5,450,650
	22 Net assets or fund balances Subtract line 21 from line 20	11,474,928	11,977,433

Part II Signature Block

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

Sign Here

Signature of officer: [Signature] Date: 2017-05-08

MARK FRISONE EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name LISA HILLING	Preparer's signature LISA HILLING	Date	Check <input type="checkbox"/> if self-employed	PTIN P01624111
Firm's name ▶ CLIFTONLARSONALLEN LLP			Firm's EIN ▶ 41-0746749	
Firm's address ▶ 388 S MAIN STREET SUITE 403 AKRON, OH 44311			Phone no (330) 376-0100	

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 AND COMMUNITY SERVICES, INC SEEKS TO STRENGTHEN AND EMPOWER INDIVIDUALS AND FAMILIES THROUGH A BROAD CONTINUUM OF COMMUNITY-BASED SERVICES THAT MEET THE NEEDS AND VALUES OF THE COMMUNITY THE AGENCY IS GUIDED BY INDIVIDUAL DIGNITY, SERVICE, EXCELLENCE, ACCOUNTABILITY, VOLUNTEERISM AND THE BELIEF IN THE SOLIDARITY OF THE HUMAN FAMILY

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 \$ 5,153,666 including grants of \$ 40,136) (Revenue \$ 5,581,190)

VALLEY COUNSELING SERVICES (VCS) - LOCATED IN WARREN, VCS IS A COMMUNITY BEHAVIORAL HEALTH PROVIDER PRIMARILY SERVING THE RESIDENTS OF TRUMBULL COUNTY, AND EXTENDING SERVICES TO THE RESIDENTS OF PORTAGE, MAHONING, COLUMBIANA AND ASHTABULA COUNTIES VALLEY COUNSELING SERVICES IS CERTIFIED TO PROVIDE BOTH MENTAL HEALTH AND DRUG AND ALCOHOL SERVICES BY THE OHIO DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES DURING FY2016, VCS PROVIDED SERVICES TO APPROXIMATELY 5,700 CHILDREN, ADOLESCENTS, AND ADULTS THROUGH VARIOUS PROGRAMS AND SERVICE LINES AT THEIR FOUR LOCATIONS SOME OF THE SERVICES PROVIDED ARE DIAGNOSTIC ASSESSMENT, INDIVIDUAL AND GROUP COUNSELING, INDIVIDUAL AND GROUP CASE MANAGEMENT, CRISIS INTERVENTION, AND MEDICATION MANAGEMENT VCS CONTINUES TO INCREASE ACCESSIBILITY TO SERVICES BY STRATEGICALLY LOCATING SERVICES WITHIN SCHOOLS, THE LOCAL CHILDREN'S SERVICES BOARD, THE JUVENILE AND FAMILY COURT SYSTEMS, THE LOCAL DOMESTIC VIOLENCE SHELTER, AND MULTIPLE CHILD DAYCARE CENTERS

4b (Code) (Expenses \$ 2,540,727 including grants of \$ 55,424) (Revenue \$ 83,488)

VETERANS SERVICES - FREEDOM HOUSE, THE VA IOP SITE IN SUMMIT COUNTY, THE VETERANS HAVEN IN TRUMBULL COUNTY, AND THE VALOR HOMES OF SUMMIT AND LORAIN COUNTIES PROVIDE TRANSITIONAL SHELTER FOR SINGLE ADULTS WHO ARE HOMELESS VETERANS IN FY15, FREEDOM HOUSE PROVIDED 4,062 SHELTER NIGHTS, THE SUMMIT COUNTY VALOR HOME HELPED WITH 9,562 SHELTER NIGHTS, AND THE LORAIN COUNTY VALOR HOME PROVIDED 3,431 BED DAYS OF CARE THE VA IOP SITE IN SUMMIT COUNTY PROVIDED 1,707 SHELTER NIGHTS IN FY15 WHILE THE VETERANS HAVEN IN TRUMBULL COUNTY HELPED WITH 7,658 BED DAYS OF CARE THE WHITE HOUSE AND MISS LIBERTY HOUSE PROVIDE PERMANENT SUPPORTIVE HOUSING FOR FORMERLY HOMELESS VETERANS ALSO THE SSVF PROGRAM OR SUPPORTIVE SERVICES FOR VETERANS FAMILIES PROVIDED INTENSIVE, CASE MANAGEMENT SUPPORT FOR 245 HOMELESS VETERANS IN LORAIN, PORTAGE, SUMMIT, & TRUMBULL COUNTIES

4c (Code) (Expenses \$ 2,084,756 including grants of \$ 2,327) (Revenue \$ 117,862)

FAMILY ADOPTION CONSULTANTS (FAC) IS A PRIVATE, NON-PROFIT ADOPTION AND FOSTER CARE AGENCY LICENSED IN THE STATES OF OHIO AND MICHIGAN FAC IS A FULL SERVICE ADOPTION AGENCY, ABLE TO ASSIST FAMILIES WITH BOTH DOMESTIC AND INTERNATIONAL ADOPTIONS HELPING MORE THAN 4,500 CHILDREN FIND THEIR WAY TO LOVING ADOPTIVE FAMILIES FAMILIES ARE EDUCATED AND SUPPORTED BY EXPERIENCED AND TRAINED PROFESSIONALS AS THEY DEAL WITH THE COMPLEXITIES OF THE ADOPTION PROCESS, ATTACHMENT DIFFICULTIES AND THE MANAGEMENT OF SPECIAL NEEDS PRESENTED BY THE CHILDREN PLACED IN THEIR HOMES FAC HAS ESTABLISHED RELATIONSHIPS WITH LOCAL CHILD WELFARE ORGANIZATIONS AND IS ABLE TO WORK BOTH WITHIN OUR REPECTIVE STATES, AS WELL AS THROUGHOUT THE UNITED STATES TO ASSIST FAMILIES IDENTIFYING CHILDREN WAITING FOR ADOPTION ADDITIONALLY, OUR MICHIGAN OFFICE ASSISTS CHILDREN AND FAMILIES BY PROVIDING FOSTER CARE SERVICES TO CHILDREN IN NEED OF A SAFE PLACE TO LIVE WHILE THEIR BIRTH FAMILIES ARE GETTING THE ASSISTANCE THEY NEED INORDER TO BE ABLE TO PARENT EFFECTIVELY AND SAFELY INTERNATIONALLY, WE HAVE OUR OWN PROGRAMS THROUGH BOTH CHINA AND THE PHILIPPINES OUR ADMINISTRATORS MAINTAIN ONGOING, PERSONAL RELATIONSHIPS WITH GOVERNMENT OFFICIALS AND OUR REPRESENTATIVES OVERSEAS FAC IS ALSO ABLE TO ASSIST FAMILIES INTERESTED IN ADOPTION FROM KOREA AND OTHER ASIAN COUNTRIES, LATIN AMERICA AND EASTERN EUROPE, BY COORDINATING SERVICES WITH OUT OF STATE AGENCIES

See Additional Data

4d Other program services (Describe in Schedule O)

(Expenses \$ 9,969,414 including grants of \$ 815,317) (Revenue \$ 2,722,084)

4e Total program service expenses ► 19,748,563

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational activities, lobbying, fundraising, and hospital facilities.

Part IV Checklist of Required Schedules (continued)

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.			
Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

Note. All Form 990 filers are required to complete Schedule O

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 columns for question number, description, sub-questions (1a-13c), Yes/No columns, and a final Yes/No column. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, federal employment tax returns, unrelated business gross income, Form 990-T, foreign accounts (FBAR), prohibited tax shelter transactions, Form 8886-T, annual gross receipts, Form 8899, Form 1098-C, donor advised funds, Form 4966, Section 501(c)(7) organizations, Section 501(c)(12) organizations, Section 4947(a)(1) non-exempt charitable trusts, and Section 501(c)(29) qualified nonprofit health insurance issuers.

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

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	Yes	
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed **OH**

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)

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
J ADAM SCHWEIKERT 705 OAKWOOD STREET SUITE 221 RAVENNA, OH 44226 (330) 297-7027

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
(1) JIM AYLWARD PRESIDENT	1 00	X		X				0	0	0
(2) JACKIE PARSONS VICE-PRESIDENT	1 00	X		X				0	0	0
(3) PAUL HUCHOK TREASURER	1 00	X		X				0	0	0
(4) ALICE HURD SECRETARY	1 00	X		X				0	0	0
(5) JULIE BEACH TRUSTEE	1 00	X						0	0	0
(6) JOAN BURBICK TRUSTEE	1 00	X						0	0	0
(7) RICK COE TRUSTEE	1 00	X						0	0	0
(8) GEORGE GARRISON TRUSTEE	1 00	X						0	0	0
(9) CHUCK HAUSER TRUSTEE	1 00	X						0	0	0
(10) PAT KRANINGER TRUSTEE	1 00	X						0	0	0
(11) SHAY LITTLE PHD TRUSTEE	1 00	X						0	0	0
(12) DEBBIE MANN TRUSTEE	1 00	X						0	0	0
(13) DAN RHODES TRUSTEE	1 00	X						0	0	0
(14) MARK FRISONE EXECUTIVE DIRECTOR	40 00			X				101,749	0	15,341

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
(15) GREG MUSCI CHIEF OPERATING OFFICER	40 00			X				70,187	0	9,227
(16) J ADAM SCHWEIKERT CHIEF FINANCIAL OFFICER	40 00			X				72,636	0	11,780
(17) CAROLE BEATY CHIEF PROGRAM OFFICER	40 00			X				77,602	0	8,794
(18) ERIN L KLEKOT MEDICAL DIRECTOR - VALLEY	40 00					X		167,394	0	1,199
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							489,568	0		46,341

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GIOVANNA VINCI-KHOURY DBA PROPOSALS, 545 FAIRWAY DR NE WARREN, OH 44483	PSYCHIATRIC	293,462
JURSINSKI CONSTRUCTION 660 LEE CT VERMILLION, OH 44089	CONSTRUCTION	118,675

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

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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a 564,490					
	b Membership dues 1b					
	c Fundraising events 1c 13,034					
	d Related organizations 1d					
	e Government grants (contributions) 1e 11,523,363					
	f All other contributions, gifts, grants, and similar amounts not included above 1f 1,343,212					
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f ▶	13,444,099				
Program Service Revenue	2a PROGRAM SERVICE FEES	Business Code 624100	8,502,789	8,502,789		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f ▶	8,502,789				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		21,377		21,377	
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss) ▶					
	8a Gross income from fundraising events (not including \$ 13,034 of contributions reported on line 1c) See Part IV, line 18	a 84,506				
		b Less direct expenses b 24,042				
		c Net income or (loss) from fundraising events ▶	60,464			60,464
	9a Gross income from gaming activities See Part IV, line 19	a				
		b Less direct expenses b				
		c Net income or (loss) from gaming activities ▶				
	10a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold b						
c Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue	Business Code					
11a MISCELLANEOUS REVENUES	900099	1,835	1,835			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d ▶	1,835					
12 Total revenue. See Instructions ▶	22,030,564	8,504,624	0	81,841		

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
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	913,204	913,204		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	367,316	86,396	280,920	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	10,839,909	10,165,517	674,392	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	90,392	80,524	9,868	
9	Other employee benefits	704,915	659,384	45,531	
10	Payroll taxes	1,039,585	978,498	61,087	
11	Fees for services (non-employees)				
a	Management				
b	Legal	76,352		76,352	
c	Accounting	45,862		45,862	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,388,065	1,303,274	84,791	
12	Advertising and promotion	47,897	37,674	10,223	
13	Office expenses	1,354,430	1,277,451	76,979	
14	Information technology				
15	Royalties				
16	Occupancy	1,468,916	1,468,916		
17	Travel	600,543	580,368	20,175	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	38,793	35,303	3,490	
20	Interest	130,411	93,294	37,117	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	730,751	539,923	190,828	
23	Insurance				
24	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.)				
a	EQUIPMENT MAINTENANCE	561,843	488,899	72,944	
b	VOLUNTEER EXPENSES	481,429	481,429	0	
c	TELEPHONE, CELL PHONE,	414,448	373,162	41,286	
d	MISCELLANEOUS	131,172	95,825	35,347	
e	All other expenses	95,020	89,522	5,498	
25	Total functional expenses. Add lines 1 through 24e	21,521,253	19,748,563	1,772,690	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash-non-interest-bearing	85,143	1	488,981
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	695,905	3	611,738
	4 Accounts receivable, net	4,647,994	4	5,181,201
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	112,531	7	0
	8 Inventories for sale or use		8	55,297
	9 Prepaid expenses and deferred charges	118,109	9	212,598
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 17,195,923		
	b Less accumulated depreciation	10b 6,939,226	10,540,917	10c 10,256,697
	11 Investments—publicly traded securities	582,736	11	603,171
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	17,945	15	18,400
16 Total assets. Add lines 1 through 15 (must equal line 34)	16,801,280	16	17,428,083	
Liabilities	17 Accounts payable and accrued expenses	1,657,172	17	2,570,753
	18 Grants payable		18	
	19 Deferred revenue	361,558	19	387,938
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	445,195	21	433,972
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,862,427	23	2,057,987
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	5,326,352	26	5,450,650
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	11,333,188	27	11,727,066
	28 Temporarily restricted net assets	141,740	28	250,367
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	11,474,928	33	11,977,433	
34 Total liabilities and net assets/fund balances	16,801,280	34	17,428,083	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	22,030,564
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,521,253
3	Revenue less expenses Subtract line 2 from line 1	3	509,311
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,474,928
5	Net unrealized gains (losses) on investments	5	-6,806
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	11,977,433

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	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	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b	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	

Additional Data

Software ID:

Software Version:

EIN: 34-1902451

Name: FAMILY & COMMUNITY SERVICES INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

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

KENT SOCIAL SERVICES AND THE CENTER OF HOPE - PROVIDE NUTRITIOUS HOT MEALS, ASSISTANCE WITH EMERGENCY FOOD/TAXABLE NEEDS, OUTREACH AND ADVOCACY APPROXIMATELY 61,490 MEALS WERE SERVED AND 28,652 BAGS OF FOOD WERE DISTRIBUTED

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

COUNTY CLOTHING CENTER - COLLECTS AND DISTRIBUTES USED CLOTHING TO NEEDY RESIDENTS APPROXIMATELY 13,947 HOUSEHOLDS WERE PROVIDED WITH 206,550 POUNDS OF CLOTHING

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

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

HOUSING AND EMERGENCY SUPPORTIVE SERVICES (HESS) - PROVIDES HOUSING STABILIZATION SUPPORT AND EMERGENCY FINANCIAL ASSISTANCE FOR FAMILIES AND INDIVIDUALS, INCLUDING VETERANS A TOTAL OF 271 HOUSEHOLDS WERE SERVED THIS FISCAL YEAR

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

PORTAGE AREA TRANSITIONAL HOUSING - PORTAGE AREA TRANSITIONAL HOUSING (PATH) PROVIDES AN INTEGRATED, COMPREHENSIVE SERVICE AND CASE MANAGEMENT IN CONJUNCTION WITH HOUSING FOR HOMELESS FAMILIES AND SINGLE ADULTS TO PROMOTE GREATER SELF-DETERMINATION AND FAMILY STABILITY THE PRIMARY GOAL OF PATH IS TO HELP THE PARTICIPANT OBTAIN PERMANENT HOUSING WITHIN 6-8 MONTHS BY HELPING TO ADDRESS COMMON ISSUES OF BUDGETING, INCREASE OF INCOME AND RESOLVING POOR RENTAL HISTORY FROM JULY 1ST, 2015-JUNE 30TH, 2016 PATH SERVED HOUSEHOLDS 38 (SINGLES & FAMILIES) SINGLE ADULTS 24 FAMILIES 14 CHILDREN 24 VETERANS 1 CHRONICALLY HOMELESS 1 (LIVES IN A PLACE NOT MEANT FOR HUMAN HABITATION, A SAFE HAVEN, OR IN AN EMERGENCY SHELTER, AND HAS BEEN HOMELESS CONTINUOUSLY FOR AT LEAST 12 MONTHS OR ON AT LEAST 4 SEPARATE OCCASIONS IN THE LAST 3 YEARS WHERE THE COMBINED OCCASIONS MUST TOTAL AT LEAST 12 MONTHS) BECAUSE THE PATH PROGRAM IS PRIMARILY MOBILE TO PROVIDE CASE MANAGEMENT SERVICES ON SITE TO PARTICIPANTS IN THEIR DWELLINGS, THERE WERE NOT ANY VOLUNTEERS/VOLUNTEER HOURS TO REPORT THE PATH PROGRAM DID NOT RECEIVE ANY DONATIONS DURING THIS PERIOD

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

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

MILLER COMMUNITY HOUSE THE M MARIE MILLER COMMUNITY HOUSE (MCH) PROVIDES EMERGENCY SHELTER TO HOMELESS MEN, WOMEN, AND CHILDREN THE PRIMARY GOAL OF MCH IS TO ADDRESS HOMELESSNESS IN PORTAGE COUNTY BY PROVIDING SAFE, EMERGENCY HOUSING TO THOSE EXPERIENCING A HOUSING CRISIS FROM JULY 1ST, 2015-JUNE 30TH, 2016 MCH SERVED HOUSEHOLDS 96 (SINGLES & FAMILIES) SINGLE ADULTS 66 FAMILIES 30 CHILDREN 46 VETERANS 6 CHRONICALLY HOMELESS 2 (LIVES IN A PLACE NOT MEANT FOR HUMAN HABITATION, A SAFE HAVEN, OR IN AN EMERGENCY SHELTER, AND HAS BEEN HOMELESS CONTINUOUSLY FOR AT LEAST 12 MONTHS OR ON AT LEAST 4 SEPARATE OCCASIONS IN THE LAST 3 YEARS WHERE THE COMBINED OCCASIONS MUST TOTAL AT LEAST 12 MONTHS) MCH RELIES HEAVILY ON THE COMMUNITY AND VOLUNTEERS TO ASSIST WITH DAILY FUNCTIONS SUCH AS CLEANING, INVENTORY, ETC AS WELL AS COMMUNITY GROUPS TO ASSIST WITH HOLIDAYS/EVENTS, BUILDING MAINTENANCE, ETC THE TOTAL NUMBER OF VOLUNTEERS FOR THIS TIME PERIOD WAS 47, AND THE TOTAL VOLUNTEER HOURS CAME TO 560 MCH RECEIVED \$13,490 24 IN DONATIONS FROM CHURCHES, INDIVIDUALS AND CORPORATE ENTITIES

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

FREEDOM HOUSE - IN FY 2016, 29 VETERANS WERE PROVIDED TRANSITIONAL SHELTER AND CASE MANAGEMENT FOR A TOTAL OF 3,931 SHELTER NIGHTS IN FY 2016, \$122,258 00 WAS DONATED TO OUR PROGRAM, THESE DONATIONS INCLUDED HOUSEHOLD ITEMS SUCH AS FOOD, TOILETRIES, BEDDING, CLOTHING, AND OTHER GOODS AS WELL AS CHECKS AND GIFT CARDS IN FY 2016, APPROXIMATELY 1,190 VOLUNTEER HOURS WERE LOGGED WE HAVE SEVERAL REGULAR WEEKLY VOLUNTEERS WHO PREPARE MEALS FOR OUR RESIDENTS WE ALSO GET VOLUNTEERS FROM ROOSEVELT HIGH SCHOOL EVERY SEMESTER THE UNITED WAY'S DAY OF CARING BROUGHT SEVERAL VOLUNTEERS TO OUR FACILITY AND OUR AFTERCARE LIAISON, WALTER WILLIAMS, CONTINUES TO GIVE OF HIS TIME SEVERAL DAYS A WEEK AND HOLDS A MONTHLY AFTERCARE MEETING FOR FORMER RESIDENTS

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

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

YOUTH DEVELOPMENT PROGRAM - PROVIDES ACADEMIC SUPPORT, MENTORING, JOB ACQUISITION SKILL TRAINING, JOB PLACEMENT AND MONITORING, LEADERSHIP DEVELOPMENT, AND INDEPENDENT LIVING SKILLS GROUPS FOR AT-RISK YOUTH FOR THE PERIOD 7/1/15 TO 6/30/16 THE PROGRAM SERVED OVER 50 YOUTH THE YOUTH WORKED FOR MORE THAN 10,000 HOURS AND EARNED MORE THAN \$90,000 00 IN SUBSIDIZED WAGES A 10-WEEK GROUP WAS CONDUCTED TO ASSIST PROGRAM PARTICIPANTS IDENTIFY ATTAINABLE GOALS, CONDUCT THOROUGH JOB SEARCHES, IMPROVE PERSONAL AND HEALTHY DECISION MAKING SKILLS, AND IMPROVE SELF-ESTEEM

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

ST JOSEPH EARLY LEARNING CENTER - PROVIDES QUALITY DAYCARE FOR CHILDREN IN SOUTHERN PORTAGE COUNTY IN FY16, 111 CHILDREN AND THEIR FAMILIES AGES 6 WEEKS- AGE 12 WERE PROVIDED DAYCARE SERVICES DURING THE SUMMER PROGRAM CHILDREN PARTICIPATE IN FIELD TRIPS, LITERACY, AND WORK ON SCHOOL RELATED CURRICULUM

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

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

SKEELS-MATHEWS COMMUNITY CENTER - OFFERING DAILY MEALS TO SENIORS 60 OR OLDER SENIOR CITIZENS CLUB TWICE WEEKLY CONGREGATE MEALS TO ADULT UNDER THE AGE OF 60 9,733 NUTRITIONAL MEALS WERE SERVED TO ADULT/SENIORS ADULT/SENIOR COMPUTER CLASS ONCE A WEEK ADULT NUTRITION CLASS TWICE A MONTH, MOTIVATIONAL SPEAKERS MONTHLY, ANNUAL HEALTH FAIR (55 ATTENDED), 155 DUPLICATED ADULTS/SENIORS SERVED IN ACTIVITIES/PROGRAMS AND 350 DUPLICATED ADULTS/SENIORS SERVED IN HOLIDAYS/SPECIAL EVENTS APPROXIMATELY 560 SERVED VOLUNTEERS 250/HRS 1,371 YOUTH 2016 - AFTER-SCHOOL TUTORING ON TUESDAY & THURSDAY FROM 4-6 P M, SNACKS SERVED KARATE CLASSES, FRIDAYS/2 HRS , 8-9 WEEKS SUMMER YOUTH PROGRAM, AGES 4-15 PROVIDING YOUTH WITH EDUCATIONAL/RECREATIONAL ACTIVITIES, FIELD TRIPS, AND MOTIVATIONAL SPEAKERS FROM COLLABORATING AGENCIES YOUTH REGISTERED FOR PROGRAM 65 AND 45-50 ATTENDED DAILY BREAKFASTS AND LUNCHESES WERE SERVED TO THE YOUTH DURING THE SUMMER PROGRAM CHILDREN ALWAYS RESISTING ENEMIES (CARE) MEETS THE 2ND SATURDAY OF EACH MONTH TO GO OUT AND DO VOLUNTEER WORK IN THE COMMUNITY AND SURROUNDING AREAS 4,111 MEALS & SNACKS SERVED 120 DUPLICATED YOUTH SERVED IN ACTIVITIES/PROGRAMS AND 285 DUPLICATED YOUTH SERVED IN SPECIAL PROGRAMS/ACTIVITIES, APPROXIMATELY 405 SERVED, VOLUNTEERS 250/HRS 1,371

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

CONSUMER CREDIT COUNSELING SERVICE - PROVIDES BUDGET COUNSELING, FINANCIAL LITERACY EDUCATION, COURT REQUIRED BANKRUPTCY CREDIT COUNSELING, REPRESENTATIVE PAYEE SERVICES AND A DEBT MANAGEMENT PROGRAM APPROXIMATELY 431 INDIVIDUALS RECEIVED BUDGET COUNSELING SERVICES IN ADDITION, 61 FINANCIAL LITERACY SEMINARS WERE PROVIDED TO 629 CLASS PARTICIPANTS

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

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

POWER CORPS THIS PAST YEAR WE HAD 3 (PART TIME) RECREATION COORDINATORS THAT PLANNED AND IMPLEMENTED RECREATIONAL ACTIVITIES FOR ADULTS WITH DEVELOPMENTAL DISABILITIES WE HOSTED 141 RECREATION EVENTS INCLUDING 14 BIG TRIPS WE SERVED 93 ADULTS 18 AND OVER THAT ARE ELIGIBLE FOR SERVICES FROM THE PORTAGE COUNTY BOARD OF DD THE PROGRAM ALSO RECRUITED OVER 183 VOLUNTEERS THAT SERVED FOR OVER 370 HOURS

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

BIG BROTHERS & SISTERS OF PORTAGE COUNTY (INCLUDING OUR BRANCH SERVING JEFFERSON COUNTY) - PROVIDE A ONE-TO-ONE MENTORING PROGRAM, MATCHING YOUTH AGED 6-17, WITH ADULT VOLUNTEERS WHO ACT AS FRIENDS AND ROLE MODELS IN RELATIONSHIPS FACILITATED BY PROFESSIONAL STAFF DURING FY2016, 10392 HOURS OF VOLUNTEER SERVICE WERE PROVIDED TO 98 CHILDREN

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

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

CHAGRIN FALLS PARK COMMUNITY CENTER (CFPCC) PROVIDES AFTER SCHOOL AND SUMMER PROGRAMS FOR ELEMENTARY, INTERMEDIATE, MIDDLE SCHOOL, AND HIGH SCHOOL STUDENTS FROM PRIMARILY MINORITY FAMILIES IN THE LOW TO MODERATE INCOME RANGE THESE PROGRAMS INCLUDE THE YOUTH DEVELOPMENT PROGRAMMING, COMPRISED OF TWO INTEGRAL TYPES OF PROGRAMS YOUNG SCHOLARS AFTER-SCHOOL AND THE EXCEL & EXPLORE SUMMER DAY CAMP PROGRAMS LAST YEAR, 149 YOUTH PARTICIPATED IN THE EDUCATION PROGRAM IN GRADES K-12 IN ADDITION, CFPCC PROVIDES THE LOCAL AND SURROUNDING COMMUNITIES WITH SUPPORTIVE SERVICES WITH THE STRATEGIES FOR LIFE PROGRAM (SFL) THE SFL PROGRAM ASSISTS INDIVIDUALS AND FAMILIES WITH EMPLOYMENT, RESOURCE REFERRALS TO GEAUGA COUNTY SOCIAL SERVICE AGENCIES, LIFE-SKILLS WORKSHOPS, AND CASE MANAGEMENT SUPPORT PROGRESSING TOWARD SELF-SUFFICIENCY LAST YEAR, 571 FAMILIES RECEIVED ASSISTANCE FROM FOOD PANTRY THE TWO BIG HOLIDAY GIVING INITIATIVES THANKSGIVING AND NORTH POLE (CHRISTMAS) PROVIDED A TOTAL OF 182 FAMILIES WITH HOLIDAY MEALS

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

OHIO HELP ME GROW HOME VISITNG IS A VOLUNTARY FAMILY SUPPORT PROGRAM FOR PREGNANT WOMEN OR NEW PARENTS A TOTAL OF 36 FAMILIES AND CHILDREN WERE INVOLVED WITH THE EI PROGRAM DURING FY2016

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

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

SAFER FUTURES IS THE ONLY DOMESTIC VIOLENCE AND RESOURCE CENTER IN PORTAGE COUNTY ANYONE WHO IS SEEKING SUPPORT, INFORMATION, REFERRALS OR RESOURCES CAN CALL OUR CRISIS LINE 24/7 AND SPEAK WITH A SPECIALIST THOSE SEEKING SHELTER CAN ALSO CONTACT THE CRISIS LINE ANY TIME TO COMPLETE THE INTAKE PROCESS SAFER FUTURES OFFERS MANY RESOURCES TO THOSE IN SHELTER AND IN THE COMMUNITY RESIDENTS IN SHELTER CAN PARTICIPATE IN CASE MANAGEMENT SERVICES, SUPPORT GROUP, CLIENT ADVOCACY, CHILD ADVOCACY AND BE PROVIDED ASSISTANCE WITH FILING A PROTECTION ORDER IF THEY WISH TO FILE ONE THE LEGAL ADVOCATE CAN ASSIST WITH THE CIVIL PROTECTION ORDER PAPERWORK, FILING THE ORDER AND CAN ATTEND ALL COURT HEARINGS WITH THE CLIENT SAFER FUTURES STAFF PROVIDE INFORMATION AND EDUCATION ABOUT INTIMATE PARTNER VIOLENCE TO ANY COMMUNITY GROUP OR PARTNER WHO REQUESTS THAT WE COME AND SPEAK TO THEIR GROUP OR TRAIN THEIR STAFF IN 2016, SAFER FUTURES SERVED 32 RESIDENTS AND 38 CHILDREN FOR A TOTAL OF 2795 SHELTER BED NIGHTS AND ANOTHER 1399 RECEIVED OUTREACH AND LEGAL ADVOCACY SERVICES IN 2016, DUE TO FUNDING INCREASES THROUGH THE VICTIM'S OF CRIME ACT (VOCA) SAFER FUTURES WAS ABLE TO MAKE SEVERAL IMPROVEMENTS TO THE SHELTER ENVIRONMENT A NEW, LARGER VAN WAS PURCHASED SO THAT RESIDENTS AND CHILDREN COULD BE TRANSPORTED MORE SAFETY AND EASILY, NEW FLOORING WAS INSTALLED IN THE KITCHEN, DINING ROOM AND CHILDREN'S PLAY ROOM MAKING IT SAFER AND NEW CARPETING WAS INSTALLED ON THE SECOND FLOOR NEW STAFF POSITIONS WERE ALSO CREATED IN AN EFFORT TO ENHANCE THE COMPREHENSIVE SERVICES OFFERED BY SAFER FUTURES THE RESIDENT WAS MOVED TO FULL TIME, A FULL TIME CHILD ADVOCATE WAS HIRED, A NEW SUPPORT GROUP FACILITATOR WAS HIRED PART TIME, AFTER CARE SERVICES WERE OFFERED FOR THOSE WHO ENTER THE TRANSITIONAL HOUSING PROGRAM AND FOR THOSE WHO CHOOSE AN ALTERNATIVE HOUSING OPTION THE ADDITION OF THE NEW STAFF WILL ENABLE RESIDENTS AND CHILDREN TO BE MORE FULLY SERVED WHILE IN SHELTER AND THE IMPROVEMENTS TO THE SHELTER ENVIRONMENT NOT ONLY MAKE THE SHELTER SAFER, BUT MORE COMFORTING AND PEACEFUL FOR THE RESIDENTS

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

MOTORCYCLE OHIO PROVIDES CLASSROOM AND RIDER TRAINING, WITH MOTORCYCLES AND HELMETS PROVIDED STUDENTS WHO SUCCESSFULLY COMPLETE THE MO BASIC RIDER COURSE AND RETURNING RIDER COURSE WILL HAVE THE STATE OF OHIO SKILL TEST WAIVED AND WILL RECEIVE THEIR MOTORCYCLE ENDORSEMENT/LICENSE PORTAGE COUNTY CONDUCTED 26 CLASSES, WITH 310 ENROLLED STUDENTS,

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

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

MEALS IN MOTION - PROVIDED NUTRITIOUS MEALS TO APPROXIMATELY 375 HOME DELIVERY AND CONGREGATE CLIENTS PER DAY IN FY16, WITH A TOTAL OF 97,598 MEALS SERVED OVER THE COURSE OF THE YEAR

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

PLACE OF PEACE PROVIDES A SAFE ENVIRONMENT FOR FAMILIES EXPERIENCING DOMESTIC VIOLENCE NON-CUSTODIAL PARENTS CAN VISIT WITH THEIR CHILDREN AT THE CENTER IF THEY ARE COURT ORDERED TO HAVE VISITS SUPERVISED OR THEY CAN PICK THEM UP FOR STANDARD VISITATION VICTIMS OF DOMESTIC VIOLENCE CAN FEEL SAFER BECAUSE THEY NEVER HAVE TO SEE OR SPEAK WITH THE ABUSER DURING THE EXCHANGE OR VISITATION OF CHILDREN ARRIVAL AND DEPARTURE TIMES ARE STAGGERED SO THAT THE VICTIMS CAN ARRIVE AND DEPART SAFELY PARENTS ARE ABLE TO VISIT WITH THEIR CHILDREN TO PROVIDE A CONSISTENT INFLUENCE IN THEIR LIVES IN A POSITIVE ENVIRONMENT IN 2016, 893 CHILDREN AND FAMILIES BENEFITTED FROM THE SERVICES OF 524 SUPERVISED VISITS AND 107 SAFE EXCHANGES FOR VISITATION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

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

SOMEPLACE SAFE IS THE EXCLUSIVE PROVIDER OF COMPREHENSIVE SERVICES TO VICTIMS OF DOMESTIC VIOLENCE AND THEIR CHILDREN IN TRUMBULL COUNTY SERVICES INCLUDE TEMPORARY, EMERGENCY SHELTER, A 24-HOUR CRISIS LINE, WEEKLY SUPPORT GROUP, COMMUNITY EDUCATION AND LEGAL ADVOCACY INCLUDING ASSISTANCE FILING PROTECTION ORDERS INCREASING SHELTER STAYS UP TO 90 DAYS HAS PROVIDED AN OPPORTUNITY FOR INTENSIVE CASE MANAGEMENT WHICH, MANY TIMES, PROVES POSITIVE FOR VICTIMS WHO, INSTEAD OF RETURNING TO AN ABUSIVE SITUATION, ARE SUCCESSFUL AT OBTAINING HOUSING, EMPLOYMENT, CHILD CARE, TREATMENT FOR SUBSTANCE ABUSE OR A PROTECTION ORDER AND MOVING FORWARD IN A POSITIVE WAY WITH THEIR LIVES IN 2016, FIFTY-NINE PERCENT OF SHELTER RESIDENTS INDICATED ON AN EXIT SURVEY THAT THEY WERE MOVING TO A NEW LIVING SITUATION WHICH DID NOT INCLUDE RETURNING TO THEIR ABUSER IN 2016 SOMEPLACE SAFE PROVIDED SHELTER TO 126 ADULTS AND 133 CHILDREN THIS WAS AN OVERALL 20% INCREASE IN THE NUMBER OF INDIVIDUALS SHELTERED IN 2015 REMARKABLY, 90 INDIVIDUALS, OR 72%, WERE FIRST TIME CLIENTS FOR OUR PROGRAM WHICH SPEAKS TO THE GROWING AMOUNT OF VIOLENCE IN OUR COMMUNITY AND THE UNPRECEDENTED DEMAND FOR OUR SERVICES

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

SOLACE CENTER IS THE ONLY PRIVATE, NON-PROFIT, SAFE-EXCHANGE, SUPERVISED VISITATION PROGRAM IN TRUMBULL COUNTY WE PROVIDE SUPPORT, GUIDANCE AND ASSISTANCE TO FAMILIES WHO HAVE EXPERIENCED SOME TYPE OF TRAUMA INCLUDING ABUSE, NEGLECT, VIOLENCE, DIVORCE, SEPARATION OR CUSTODY ISSUES THE PROGRAM HELPS CHILD/REN ESTABLISH A RELATIONSHIP WITH THE NON-RESIDENTIAL PARTY, SIBLINGS AND OTHER FAMILY MEMBERS BY PROMOTING SAFE PARENTAL ACCESS TO THE CHILD/REN THE SOLACE CENTER PROVIDES A NEUTRAL, SAFE, AND FAMILY-FRIENDLY ENVIRONMENT WITH TRAINED PERSONNEL WHO MONITOR TIME-LIMITED VISITS AND EXCHANGES SERVICES ARE PROVIDED ON THE CAMPUS OF CHILDREN SERVICES BOARD IN WARREN AT THE SOLACE CENTER OUR ULTIMATE GOAL IS REUNIFYING FAMILIES IN 2015, 52% OF FAMILIES WHO PARTICIPATED IN OUR PROGRAM SUCCESSFULLY TRANSITIONED TO EITHER UNSUPERVISED VISITATION OR UNSUPERVISED EXCHANGES IN 2016, THAT NUMBER INCREASED TO 58%

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

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

NEXT STEP IS A COMMUNITY BASED PROGRAM WHICH FOCUSES ON AT-RISK YOUNG ADULTS BETWEEN THE AGES OF 18 AND 24 HOUSING AND CASE MANAGEMENT SERVICES ARE AVAILABLE TO ASSIST WITH EMPLOYMENT, EDUCATION, AND LIFE SKILLS FOR THOSE WHO HAVE BEEN VICTIMIZED AND ARE HOMELESS THE GOAL IS TO ASSIST THESE YOUNG ADULTS TO SUCCESSFULLY TRANSITION TO INDEPENDENCE IN 2016, 24 PORTAGE COUNTY AND 19 GEAUGA COUNTY YOUTH WERE SERVED FOURTEEN GEAUGA COUNTY CLIENTS WERE PROVIDED WITH TRANSITIONAL HOUSING SERVICES AND THE TOTAL NUMBER OF CLIENTS WAS PROVIDED WITH CASE MANAGEMENT SERVICES SEVEN GEAUGA COUNTY CLIENTS MOVED TO INDEPENDENCE AND CONTINUE TO RECEIVE FOLLOW-UP SERVICES ALL CLIENTS ARE PROVIDED WITH ACCESS TO MENTAL AND PHYSICAL HEALTHCARE AS NEEDED

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

OHIO EARLY INTERVENTION IS A STATEWIDE SYSTEM THAT PROVIDES COORDINATED SERVICES TO PARENTS OF YOUNG CHILDREN WITH DISABILITIES A TOTAL OF 404 FAMILIES AND CHILDREN WERE INVOLVED WITH THE EI PROGRAM DURING FY2016

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

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

COUNSELING DEPARTMENT - FCS DIVISION, WE OFFER A LARGE ARRAY OF SERVICES TO HELP FAMILIES AND INDIVIDUALS ATTAIN OPTIMUM MENTAL HEALTH FUNCTIONING WE OFFER INDIVIDUAL PSYCHOTHERAPY, GROUP COUNSELING, AND PSYCHIATRIC SERVICES THROUGH OUR FAST TRACK PROGRAM, MULTI-SYSTEMIC THERAPY AND FAMILY SOLUTIONS IN-HOME BEHAVIORAL HEALTH COUNSELING AND CASE MANAGEMENT SERVICES, WE ASSIST IN FAMILY STABILIZATION WE OFFER IOP TREATMENT THROUGH OUR ON TRACK TO RECOVERY PROGRAM (OTTR) FOR INDIVIDUALS STRUGGLING WITH ADDICTION ISSUES THE OTTR PROGRAM ALSO OFFERS A RECOVERY HOUSE FOR MEN WHO ARE INVOLVED IN THE OTTR PROGRAM WHO ARE STRUGGLING WITH HOUSING THAT WILL SUPPORT THEIR SOBRIETY AS WELL WE OFFER SEVERAL DIVERSION PROGRAMS, DRIVER INTERVENTION PROGRAM FOR OFFENDERS WITH FIRST TIME OVI'S, THINK ABOUT YOUR FUTURE FOR ADULT OFFENDERS CHARGED WITH UNDER AGED DRINKING, AND BIC 60 FOR FIRST TIME MARIJUANA OFFENDERS PARTICIPANTS IN THESE PROGRAMS ENGAGE IN DRUG AND ALCOHOL EDUCATION THROUGH INDIVIDUAL AND GROUP SESSIONS, PAY COURT COSTS AND ENGAGE IN COMMUNITY SERVICE AS THEIR SENTENCE FOR THEIR OFFENSES SAFER SOLUTIONS AND PEACEFUL SOLUTIONS ARE TREATMENT GROUPS OF CLIENTS WITH DOMESTIC VIOLENCE ISSUES PARTICIPANTS ENGAGE IN GROUP AND CAN BE REFERRED TO INDIVIDUAL SESSIONS AS WELL IF NEEDED PARENTING TOWARDS SOLUTIONS IS A PARENTING PROGRAM THAT TEACHES NON-VIOLENT, NURTURING PARENTING TECHNIQUES TO PARTICIPANTS GROUP AND INDIVIDUAL SESSIONS ARE OFFERED FOR THIS PROGRAM AS WELL ROOT HOUSE IS A 10 BED HALFWAY HOUSE, OFFERING 90 DAY INPATIENT DRUG TREATMENT PROGRAM FOR MEN THAT OPENED IN JUNE OF 2013 WE SERVED 2780 CLIENTS AND THEIR FAMILIES THROUGH OUR PROGRAMS IN FY16

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

MOBILE MEALS-IN THE YEAR OF 2016, WE MERGED WITH FAMILY AND COMMUNITY SERVICES WE ARE AVERAGING 1795 HOME DELIVERED MEALS PER DAY AND 206 CONGREGATE MEALS PER DAY WITH THE ADDITION OF MEALS IN MOTION FROM FAMILY AND COMMUNITY SERVICES WE HAVE RAISED OUR DAILY AVERAGE ABOUT 300 UNITS PER DAY WE OPERATE IN PORTAGE, CUYAHOGA AND SUMMIT COUNTIES WE HAVE APPROXIMATELY 50 ROUTES PER DAY WHICH IS STAFF BY 50% PAID AND 50% VOLUNTEER

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 9,969,414 including grants of \$ 815,317) (Revenue \$ 2,722,084)

TOTAL PROGRAM EXPENSES AND REVENUE FOR ALL OTHER PROGRAM SERVICES LISTED ON FORM 990, PART III, LINE 4D

SCHEDULE A (Form 990 or 990EZ)

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization FAMILY & COMMUNITY SERVICES INC

Employer identification number

34-1902451

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 11, 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).
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 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...
10 An organization organized and operated exclusively to test for public safety.
11 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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)	8,163,131	8,977,685	10,220,141	11,393,702	13,444,099	52,198,758
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	8,163,131	8,977,685	10,220,141	11,393,702	13,444,099	52,198,758
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						712,194
6 Public support. Subtract line 5 from line 4						51,486,564

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	8,163,131	8,977,685	10,220,141	11,393,702	13,444,099	52,198,758
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,409	18,572	22,931	23,298	21,377	95,587
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	60,504	103,755	86,642	207,956	62,299	521,156
11 Total support. Add lines 7 through 10						52,815,501
12 Gross receipts from related activities, etc. (see instructions)					12	41,085,479

13 First five 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

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	97.480 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	98.210 %

- 16a 33 1/3% support test—2015.** 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—2014.** 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—2015.** 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—2014.** 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 9 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. 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—2014. 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 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

- 1** Did the 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?
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.
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?
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.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization?
If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?
If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
 - The organization satisfied the Activities Test. Complete **line 2** below.
 - The organization is the parent of each of its supported organizations. Complete **line 3** below.
 - The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2** Activities Test **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive?
If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
 - b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in?
If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3** Parent of Supported Organizations **Answer (a) and (b) below.**
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
 - b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income

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

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

Section B - Minimum Asset Amount

- 1** Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
- a** Average monthly value of securities
- b** Average monthly cash balances
- c** Fair market value of other non-exempt-use assets
- d** **Total** (add lines 1a, 1b, and 1c)
- e** **Discount** claimed for blockage or other factors (explain in detail in Part VI) _____
- 2** Acquisition indebtedness applicable to non-exempt use assets
- 3** Subtract line 2 from line 1d
- 4** Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)
- 5** Net value of non-exempt-use assets (subtract line 4 from line 3)
- 6** Multiply line 5 by .035
- 7** Recoveries of prior-year distributions
- 8** **Minimum Asset Amount** (add line 7 to line 6)

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

Section C - Distributable Amount

- 1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2** Enter 85% of line 1
- 3** Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4** Enter greater of line 2 or line 3
- 5** Income tax imposed in prior year
- 6** **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

		Current Year
1		
2		
3		
4		
5		
6		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013. _____			
e From 2014. _____			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013. _____			
d From 2014. _____			
e From 2015. _____			

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).

Facts And Circumstances Test

Return Reference	Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2015
Open to Public Inspection

Name of the organization
FAMILY & COMMUNITY SERVICES INC
Employer identification number
34-1902451

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted 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

	Yes	No
3a(i)		
3a(ii)		
3b		

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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c) depreciation	(d) Book value
1a Land		945,313		945,313
b Buildings		12,514,785	4,458,928	8,055,857
c Leasehold improvements		2,430,049	1,635,917	794,132
d Equipment		546,818	463,043	83,775
e Other		758,958	381,338	377,620
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				10,256,697

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		
Total. (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
Total. (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
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	▶

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

1. (a) Description of liability	(b) Book value
Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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.

1	Total revenue, gains, and other support per audited financial statements		1	22,289,515
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	-6,806	
b	Donated services and use of facilities	2b	31,226	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	210,489	
e	Add lines 2a through 2d			2e 234,909
3	Subtract line 2e from line 1			3 22,054,606
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	-24,042	
c	Add lines 4a and 4b			4c -24,042
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)			5 22,030,564

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

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

1	Total expenses and losses per audited financial statements		1	21,775,910
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	31,226	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	223,431	
e	Add lines 2a through 2d			2e 254,657
3	Subtract line 2e from line 1			3 21,521,253
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b			4c 0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)			5 21,521,253

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
PART IV, LINE 2B	THE AGENCY IS A REPRESENTATIVE PAYEE FOR SOCIAL SECURITY AND SSI BENEFICIARIES A SEPARATE CHECKING ACCOUNT IS MAINTAINED FOR THIS PURPOSE SINCE THIS ACCOUNT DOES NOT BELONG TO THE AGENCY, INCOME AND EXPENSE TRANSACTIONS THAT RELATE TO THIS ACCOUNT ARE NOT INCLUDED IN THE CONSOLIDATED STATEMENT OF ACTIVITIES ADDITIONALLY, AN EQUAL AND OFFSETTING LIABILITY IS MAINTAINED TO REMOVE THE VALUE OF THIS ASSET FROM THE NET ASSETS OF THE AGENCY THE AGENCY IS CUSTODIAN FOR FUNDS USED FOR VARIOUS EXPENDITURES OF CERTAIN INDIVIDUALS IN ITS CONSUMER CREDIT COUNSELING AND PAYEE PROGRAM BECAUSE THESE FUNDS DO NOT BELONG TO THE AGENCY, THEY ARE INCLUDED AS AN ASSET AND A LIABILITY IN THE CONSOLIDATED FINANCIAL STATEMENTS

Part XIII Supplemental Information (continued)

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	REVENUE FROM POM GROUP, INC NOT INCLUDED ON FORM 990 210,489
PART XI, LINE 4B - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES SHOWN ON 990 PART I LN 9B -24,042
PART XII, LINE 2D - OTHER ADJUSTMENTS	EXPENSES FROM POM GROUP, INC NOT INCLUDED ON FORM 990 199,389 SPECIAL EVENT EXPENSES SHOWN ON 990 PART I LN 9B 24,042

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2015

Open to Public Inspection

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

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Department of the Treasury Internal Revenue Service

Name of the organization FAMILY & COMMUNITY SERVICES INC

Employer identification number

34-1902451

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.

- a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

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 ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Table with 6 columns: (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. Includes rows 1-10 and a Total row.

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

Part II Fundraising Events.

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

		(a)Event #1	(b)Event #2	(c)Other events	(d)
		SPS DINNERS & DESSERTS (event type)	HOPE IN A HANDBAG (event type)	15 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	13,891	12,979	70,670	97,540
	2 Less Contributions	1,040	4,000	7,994	13,034
	3 Gross income (line 1 minus line 2)	12,851	8,979	62,676	84,506
Direct Expenses	4 Cash prizes	443	795	1,000	2,238
	5 Noncash prizes		130		130
	6 Rent/facility costs	3,238	300	2,501	6,039
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	1,421	2,357	11,857	15,635
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				24,042
11 Net income summary Subtract line 10 from line 3, column (d) ▶				60,464	

Part III Gaming.

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

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

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law 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 complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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Schedule I (Form 990)

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

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization FAMILY & COMMUNITY SERVICES INC

Employer identification number 34-1902451

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
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 non-cash assistance, (h) Purpose of grant or assistance.

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
See Additional Data Table					

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
PART I, LINE 2	FAMILY & COMMUNITY SERVICES, INC REVIEWS ALL PAYROLL ON A MONTHLY BASIS TO ENSURE ACCURACY OF POSTINGS TO THE CORRECT PROGRAMS/GRANTS ACCOUNTS PAYABLE INVOICES ARE REVIEWED BY ACCOUNTS PAYABLE STAFF FOR CODING ACCURACY BEFORE ENTERING INVOICE INTO ACCOUNTING SYSTEM ACCOUNTS PAYABLE INVOICES ARE ALSO REVIEWED BY CFO FOR CODING ACCURACY ON A REGULAR BASIS IN ADDITION, ON A MONTHLY BASIS, EVERY PROGRAM IS REVIEWED FOR ACCURACY AND COMPARED TO GRANT/PROGRAM BUDGET

Additional Data

Software ID:
Software Version:
EIN: 34-1902451
Name: FAMILY & COMMUNITY SERVICES INC

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
VCS RENT ASSISTANCE	133	40,136			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
HOMELESS/RENT ASSISTANCE-SSVF	270	148,749			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.**(a)**Type of grant or assistance**(b)**Number of recipients**(c)**Amount of cash grant**(d)**Amount of non-cash assistance**(e)**Method of valuation (book, FMV, appraisal, other)**(f)**Description of non-cash assistance

COUNSELING DIRECT ASSISTANCE	26	4,908		
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Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ADOPTION ASSISTANCE	9	2,327			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
YOUTH ASSISTANCE	31	2,639			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
EMERGENCY ASSISTANCE	194	144,185			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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HOMELESS/RENT ASSISTANCE-HCRP	35	27,505			
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Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
WOMEN'S SHELTER/MCH	23	5,172			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.**(a)**Type of grant or assistance**(b)**Number of recipients**(c)**Amount of cash grant**(d)**Amount of non-cash assistance**(e)**Method of valuation (book, FMV, appraisal, other)**(f)**Description of non-cash assistance

COMMUNITY CENTERS ASSISTANCE

102

24,727

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FOSTERGRANDPARENT STIPENDS	92	254,006			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SENIOR COMPANION STIPENDS	60	165,674			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a)Type of grant or assistance

(b)Number of recipients

(c)Amount of cash grant

(d)Amount of non-cash assistance

(e)Method of valuation (book, FMV, appraisal, other)

(f)Description of non-cash assistance

OTHER ASSISTANCE

77

37,752

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.**(a)**Type of grant or assistance**(b)**Number of recipients**(c)**Amount of cash grant**(d)**Amount of non-cash assistance**(e)**Method of valuation (book, FMV, appraisal, other)**(f)**Description of non-cash assistance

VETERANS ASSISTANCE	66	55,424			
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Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
 ▶ **Attach to Form 990.**

2015
Open to Public Inspection

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization FAMILY & COMMUNITY SERVICES INC	Employer identification number 34-1902451
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Part I Questions Regarding Compensation

	Yes	No								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in 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.</p>	1b									
<p>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 in line 1a?</p>	2	Yes								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>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:</p>										
<p>a Receive a severance payment or change-of-control payment?</p>	4a	No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	No								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>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:</p>										
<p>a The organization?</p>	5a	No								
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.</p>	5b	No								
<p>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:</p>										
<p>a The organization?</p>	6a	No								
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	No								
<p>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.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ERIN L KLEKOT MEDICAL DIRECTOR - VALLEY	(i)	167,394 -----	0 -----	0 -----	1,046 -----	153 -----	168,593 -----	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
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Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ.

2015 Open to Public Inspection

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization FAMILY & COMMUNITY SERVICES INC

Employer identification number

34-1902451

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

- 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) RICK COE	RICK COE IS THE BOARD TRUSTEE AND IS THE CEO OF PORTAGE COMMUNITY BANK	332,511	FAMILY & COMMUNITY SERVICES (FCS) MAINTAINS A DEPOSITORY FUND ACCOUNT AT PORTAGE COMMUNITY BANK (PCB) DEPOSITS INTO AND WITHDRAWALS FROM THIS ACCOUNT ARE DONE IN THE ORDINARY COURSE OF BUSINESS AND ARE ON THE SAME TERMS AS THE BANK OFFERS TO THE GENERAL PUBLIC FCS HAS LOANS OUTSTANDING DUE TO PCB AT JUNE 30, 2016, \$326,331 WAS OUTSTANDING ON THE LOANS DURING FY2016, PRINCIPAL PAYMENTS OF \$312,765 AND INTEREST PAYMENTS OF \$19,746 WERE MADE ON LOANS THESE LOANS WERE CONDUCTED IN THE ORDINARY COURSE OF BUSINESS AND ARE ON THE SAME TERMS AS THE BANK OFFERS TO THE GENERAL PUBLIC IF AND WHEN ANY ISSUES CONCERNING PCB ARE TAKEN TO THE BOARD, MR COE WILL FOLLOW THE GUIDELINES SET BY THE CONFLICT OF INTEREST POLICY		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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**SCHEDULE O
(Form 990 or
990-EZ)**

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

2015

**Open to Public
Inspection**

Name of the organization
FAMILY & COMMUNITY SERVICES INC

Employer identification number

34-1902451

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 WILL BE REVIEWED WITH THE ORGANIZATION'S FINANCE DEPARTMENT AND EXECUTIVE DIRECTOR BEFORE IT IS FILED WITH THE IRS
FORM 990, PART VI, SECTION B, LINE 12C	ON AN ANNUAL BASIS, ANY DIRECTOR, PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE WITH GOVERNING BOARD-DELEGATED POWERS ARE REQUIRED TO DISCLOSE ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST THAT MAY ARISE DUE TO DIRECT OR INDIRECT FINANCIAL INTERESTS AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTEREST PERSON, HE OR SHE SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD INITIATES THE COMPENSATION ADJUSTMENTS AND PERIODICALLY GATHERS COMPARABLE INFORMATION TO PROVIDE BENCHMARKS FOR COMPENSATION
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS WILL BE MADE AVAILABLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS NOT CHANGED EITHER THEIR OVERSIGHT PROCESS OR THEIR SELECTION PROCESS DURING THE YEAR

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

**Open to Public
Inspection**

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

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
FAMILY & COMMUNITY SERVICES INC

Employer identification number

34-1902451

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

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
(1) POM GROUP INC 705 OAKWOOD STREET SUITE 215 RAVENNA, OH 44266 34-1720991	INDIVIDUAL TRANSPORTATION	OH	FAMILY & COMMUNITY SERVICES INC	S	-632	1,156,825	100 000 %	Yes	

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

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

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
.
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d	Yes	
1e	Yes	
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n	Yes	
1o	Yes	
1p		No
1q		No
1r		No
1s		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
(1) POM GROUP INC	D	2,631,978	INTERCOMPANY RECEIVABLE
(2) POM GROUP INC	E	940,803	INTERCOMPANY PAYABLE

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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