

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/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

- 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 \$ 32,327,547

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
TO EMPOWER INDIVIDUALS AND FAMILIES THROUGH SERVICES THAT MEET THE NEEDS OF THE COMMUNITY

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)	16
4 Number of independent voting members of the governing body (Part VI, line 1b)	15
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	670
6 Total number of volunteers (estimate if necessary)	3,600
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	-70,739

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	15,868,986	20,456,684
9 Program service revenue (Part VIII, line 2g)	10,779,723	11,743,315
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,886	33,495
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-118,479	-54,259
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,540,116	32,179,235
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,091,847	1,154,546
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)	15,509,066	16,414,546
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,002,757	10,683,165
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	26,603,670	28,252,257
19 Revenue less expenses Subtract line 18 from line 12	-63,554	3,926,978

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	21,116,435	25,661,798
21 Total liabilities (Part X, line 26)	9,129,445	9,709,772
22 Net assets or fund balances Subtract line 21 from line 20	11,986,990	15,952,026

Part II Signature Block

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

Sign Here

Signature of officer _____ Date 2019-05-14
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 ▶ 4505 STEPHEN CIRCLE NW STE 200 CANTON, OH 44718			Phone no (330) 497-2000	

Part III Statement of Program Service AccomplishmentsCheck 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 \$	6,562,273	including grants of \$	2,009	(Revenue \$	5,123,348)
	See Additional Data						

4b	(Code)	(Expenses \$	3,987,978	including grants of \$	8,413	(Revenue \$	421,574)
	See Additional Data						

4c	(Code)	(Expenses \$	3,501,837	including grants of \$	0	(Revenue \$	2,090,701)
	See Additional Data						

See Additional Data Table

4d	Other program services (Describe in Schedule O)						
	(Expenses \$	11,642,404	including grants of \$	1,144,124	(Revenue \$	4,135,817)	

4e	Total program service expenses ▶	25,694,492					
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		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>	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>	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>	Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		No
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?		No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
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>		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>		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>		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>		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>		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>		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>	Yes	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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>		No
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>		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>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

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 ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (16), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17, 18, 19, 20.

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) JACQUELINE PARSONS PRESIDENT	1 00	X		X				0	0	0
(2) ALICE HURD VICE-PRESIDENT	1 00	X		X				0	0	0
(3) PAUL HUCHOK TREASURER	1 00	X		X				0	0	0
(4) DEBBIE MANN SECRETARY	1 00	X		X				0	0	0
(5) JULIE BEACH TRUSTEE	1 00	X						0	0	0
(6) RICK COE TRUSTEE	1 00	X						0	0	0
(7) JOE GIULITTO TRUSTEE	1 00	X						0	0	0
(8) FRAN HARDESTY TRUSTEE	1 00	X						0	0	0
(9) CHUCK HAUSER TRUSTEE	1 00	X						0	0	0
(10) AARON HEAVNER TRUSTEE	1 00	X						0	0	0
(11) PAT KRANINGER TRUSTEE	1 00	X						0	0	0
(12) SHAY LITTLE PHD TRUSTEE	1 00	X						0	0	0
(13) DAN RHODES TRUSTEE	1 00	X						0	0	0
(14) MARILYN SESSIONS TRUSTEE	1 00	X						0	0	0
(15) MARY SWIFT TRUSTEE	1 00	X						0	0	0
(16) BILL WHITE TRUSTEE	1 00	X						0	0	0
(17) MARK FRISONE EXECUTIVE DIRECTOR	40 00			X				142,916	0	9,836

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 487,287			
	b Membership dues	1b			
	c Fundraising events	1c 142,356			
	d Related organizations	1d			
	e Government grants (contributions)	1e 15,166,470			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 4,660,571			
	g Noncash contributions included in lines 1a-1f \$ _____	43,465			
	h Total. Add lines 1a-1f		20,456,684		

Program Service Revenue			Business Code			
	2a PROGRAM SERVICE FEES		624100	11,274,378	11,274,378	
b MISCELLANEOUS REVENUE		900099	468,937	468,937		
c _____						
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f			11,743,315			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			30,684			30,684
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		28,125					
	b Less rental expenses		0				
	c Rental income or (loss)		28,125				
	d Net rental income or (loss)			28,125	28,125		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			2,811				
	b Less cost or other basis and sales expenses		0				
	c Gain or (loss)		2,811				
	d Net gain or (loss)			2,811			2,811
	8a Gross income from fundraising events (not including \$ 142,356 of contributions reported on line 1c) See Part IV, line 18	a	65,928				
	b Less direct expenses	b	148,312				
c Net income or (loss) from fundraising events			-82,384			-82,384	
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 _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See Instructions			32,179,235	11,771,440	0	-48,889	

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.	1,154,546	1,154,546		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	345,524	80,412	265,112	
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.	13,470,479	12,645,187	825,292	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	124,441	122,208	2,233	
9 Other employee benefits.	1,033,768	950,161	83,607	
10 Payroll taxes.	1,440,334	1,375,489	64,845	
11 Fees for services (non-employees)				
a Management.				
b Legal.	100,118		100,118	
c Accounting.	58,054		58,054	
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).	2,067,459	2,003,086	64,373	
12 Advertising and promotion.	42,663	30,185	12,478	
13 Office expenses.	2,249,815	2,170,398	79,417	
14 Information technology.				
15 Royalties.				
16 Occupancy.	1,490,347	1,632,547	-142,200	
17 Travel.	895,211	872,992	22,219	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	34,386	33,856	530	
20 Interest.	283,220	122,056	161,164	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	909,573	633,361	276,212	
23 Insurance.	461,234		461,234	
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	614,171	531,975	82,196	
b VOLUNTEER EXPENSES	533,148	533,123	25	
c TELEPHONE, CELL PHONE,	498,921	453,812	45,109	
d MISCELLANEOUS	194,774	107,172	87,602	
e All other expenses	250,071	241,926	8,145	
25 Total functional expenses. Add lines 1 through 24e.	28,252,257	25,694,492	2,557,765	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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	691,084	1	4,737
	2 Savings and temporary cash investments		2	462,583
	3 Pledges and grants receivable, net	420,276	3	621,357
	4 Accounts receivable, net	6,273,694	4	6,550,803
	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	275,000	7	275,000
	8 Inventories for sale or use	49,545	8	33,906
	9 Prepaid expenses and deferred charges	249,638	9	288,517
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	24,790,303		
	b Less accumulated depreciation	8,383,023		
		12,209,251	10c	16,407,280
	11 Investments—publicly traded securities	742,790	11	832,258
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11	1,500	13	1,500
	14 Intangible assets		14	
15 Other assets See Part IV, line 11	203,657	15	183,857	
16 Total assets. Add lines 1 through 15 (must equal line 34)	21,116,435	16	25,661,798	
Liabilities	17 Accounts payable and accrued expenses	2,218,096	17	2,280,374
	18 Grants payable		18	
	19 Deferred revenue	1,266,684	19	1,102,947
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	467,238	21	468,968
	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	4,934,387	23	5,753,150
	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	243,040	25	104,333
	26 Total liabilities. Add lines 17 through 25	9,129,445	26	9,709,772
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	11,792,716	27	15,759,796
	28 Temporarily restricted net assets	194,274	28	192,230
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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	11,986,990	33	15,952,026
	34 Total liabilities and net assets/fund balances	21,116,435	34	25,661,798

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	32,179,235
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,252,257
3	Revenue less expenses Subtract line 2 from line 1	3	3,926,978
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,986,990
5	Net unrealized gains (losses) on investments	5	38,058
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	15,952,026

Part XII Financial Statements and Reporting

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

		Yes	No
<p>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</p>			
<p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>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?</p>	3a	Yes	
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 34-1902451

Name: FAMILY & COMMUNITY SERVICES INC

Form 990 (2017)

Form 990, Part III, Line 4a:

THE COUNSELING PROGRAMS OFFER A LARGE ARRAY OF SERVICES TO HELP FAMILIES AND INDIVIDUALS ATTAIN OPTIMUM MENTAL HEALTH FUNCTIONING, INCLUDING INDIVIDUAL PSYCHOTHERAPY, GROUP COUNSELING, AND PSYCHIATRIC SERVICES THE PROGRAM ALSO OFFERS IN-HOME STABILIZATION SERVICES THROUGH FAST TRACK, MULTI-SYSTEMIC THERAPY, AND FAMILY SOLUTIONS INTENSIVE OUTPATIENT AND PEER SUPPORT SERVICES ARE OFFERED FOR THOSE STRUGGLING WITH SUBSTANCE USE DISORDERS AND THE PROGRAM ALSO OFFERS VARIOUS LEVELS OF RECOVERY HOUSING AND WOMEN THROUGHOUT PORTAGE COUNTY SEVERAL DIVERSION PROGRAMS ARE ALSO OFFERED INCLUDING THE 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 WORKS WITH FIRST-TIME MARIJUANA OFFENDERS SAFER SOLUTIONS AND PEACEFUL SOLUTIONS ARE TREATMENT GROUPS OFFERED TO CLIENTS WITH DOMESTIC VIOLENCE ISSUES, AND PARENTING TOWARDS SOLUTIONS IS OFFERED FOR PARTICIPANTS NEEDING TO LEARN BETTER PARENTING TECHNIQUES IN FY18, 3,033 CLIENTS AND THEIR FAMILIES WERE SERVED THROUGH THESE PROGRAMS VALLEY COUNSELING SERVICES (VCS), LOCATED IN WARREN, 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 VCS IS CERTIFIED TO PROVIDE BOTH MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES BY THE OHIO DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES DURING FY18, VCS PROVIDED SERVICES TO APPROXIMATELY 6,000 CHILDREN, ADOLESCENTS, AND ADULTS THROUGH VARIOUS PROGRAMS AND SERVICE LINES AT THEIR THREE LOCATIONS SOME OF THE SERVICES PROVIDED ARE DIAGNOSTIC ASSESSMENT, INDIVIDUAL AND GROUP COUNSELING, INDIVIDUAL AND GROUP CASE MANAGEMENT, CRISIS INTERVENTION, AND MEDICATION MANAGEMENT

Form 990, Part III, Line 4b:

THE FAMILY ADOPTION CONSULTANTS PROGRAM CONSISTS OF FOSTER CARE AND ADOPTION PROGRAMS THAT SERVE ON A DAILY BASIS FAMILIES AND CHILDREN, AGES 0-18 YEARS OF AGE, IN OHIO AND THROUGHOUT THE STATE OF MICHIGAN DURING FISCAL YEAR 2018 APPROXIMATELY 330 CHILDREN (AND THEIR FAMILIES) WERE SERVICED FOR FOSTER CARE PURPOSES AND APPROXIMATELY 185 CHILDREN FOR ADOPTION PURPOSES

Form 990, Part III, Line 4c:

THE MEAL PROGRAMS CONSIST OF MOBILE MEALS, MEALS IN MOTION, KENT SOCIAL SERVICES, AND CENTER OF HOPE BOTH MOBILE MEALS & MEALS IN MOTION PROVIDE HOME-DELIVERED AND CONGREGATE MEALS AND SUPPLEMENTS TO ELDERLY, DISABLED, AND CHILDREN THROUGHOUT PORTAGE, SUMMIT, AND CUYAHOGA COUNTIES IN FY18, MOBILE MEALS SERVED 3,002 INDIVIDUALS IN ADDITION, A TOTAL OF 400,317 NUTRITIOUS HOME-DELIVERED MEALS AND 51,138 CONGREGATE MEALS WERE SERVED THROUGH THIS PROGRAM KENT SOCIAL SERVICES AND THE CENTER OF HOPE PROVIDE NUTRITIOUS HOT MEALS, ASSISTANCE WITH EMERGENCY FOOD & TAXABLE NEEDS, OUTREACH AND ADVOCACY APPROXIMATELY 56,080 MEALS WERE SERVED IN FY18 AND 27,066 BAGS OF FOOD WERE DISTRIBUTED

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

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

COUNTY CLOTHING CENTER - COLLECTS AND DISTRIBUTES USED CLOTHING TO NEEDY RESIDENTS APPROXIMATELY 38,038 HOUSEHOLDS WERE PROVIDED WITH 221,283 POUNDS OF CLOTHING

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

CHAGRIN FALLS PARK COMMUNITY CENTER - THE YOUNG SCHOLARS PROGRAM PROVIDED 372 TUTOR/LEADERSHIP BUILDING SESSIONS AND 220 RECREATIONAL SESSIONS TO STUDENTS AT NO COST THE EXCEL AND EXPLORE SUMMER DAY CAMP PROVIDED 50 EDUCATION/LEADERSHIP SESSIONS AND 50 RECREATIONAL SESSIONS 1900 MEALS AND SNACKS FOR 38 STUDENTS WERE SERVED DURING THE PROGRAM DAYS THE STRATEGIES FOR LIFE (SFL) PROGRAM PROVIDED EMERGENCY FOOD ASSISTANCE BETWEEN THE MONTHS OF JULY 2017-JUNE 2018 TO 801 CLIENTS IN ADDITION, 190 STUDENTS WERE GIVEN SCHOOL SUPPLIES

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

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

KING KENNEDY COMMUNITY CENTER - OFFERS TUTORING TO YOUTH, DAILY LUNCHES FOR SENIORS, COMPUTER AND NUTRITION CLASSES, SUMMER PROGRAMMING AND COMMUNITY AND CULTURAL EVENTS IN FY 18, 3,270 NUTRITIONAL MEALS WERE SERVED TO ADULTS/SENIORS, 2,400 BREAKFAST, LUNCH AND SNACKS SERVED TO YOUTH, 210 DUPLICATED ADULTS/SENIORS SERVED IN ALL PROGRAMS/ACTIVITIES, SPECIAL EVENTS/ACTIVITIES, 224 YOUTH SERVED IN ALL PROGRAMS/ACTIVITIES, SPECIAL EVENTS/ACTIVITIES

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

SKEELS MATTHEWS COMMUNITY CENTER - OFFERS TUTORING TO YOUTH, DAILY LUNCHES FOR SENIORS, COMPUTER AND NUTRITION CLASSES, SUMMER PROGRAMMING AND COMMUNITY AND CULTURAL EVENTS IN FY 18, 9,934 NUTRITIONAL MEALS WERE SERVED TO ADULTS/SENIORS, 3,506 BREAKFAST, LUNCH AND SNACKS SERVED TO YOUTH, 447 DUPLICATED ADULTS/SENIORS SERVED IN ALL PROGRAMS/ACTIVITIES, SPECIAL EVENTS/ACTIVITIES AND 355 YOUTH SERVED IN ALL PROGRAMS/ACTIVITIES, SPECIAL EVENTS/ACTIVITIES

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

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

SCOPE SENIOR CENTERS - SCOPE SENIOR CENTERS OPERATES 6 CENTERS THROUGHOUT TRUMBULL COUNTY AND PROVIDES A WIDE VARIETY OF CHOICES FOR SENIORS RANGING FROM NUTRITION, HEALTH AND EXERCISE PROGRAMS, SOCIAL FUNCTIONS AND A CLEAN, SAFE ENVIRONMENT FOR OLDER ADULTS TO CONVENE AND ENJOY LIFE WITH DIGNITY SCOPE SERVED 3,799 SENIORS IN FY18

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

PORTAGE COUNTY SENIOR CENTER - OFFERS DAILY LUNCHESES TO SENIORS, AS WELL AS RECREATIONAL AND SOCIAL ACTIVITIES SUCH BINGO, TAI CHI, THEMED PARTIES, ART CLASS, AND LEARNING EVENTS 182 SENIORS WERE SERVED IN FY18

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

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

OHIO EARLY INTERVENTION PORTAGE COUNTY - EARLY INTERVENTION (EI) IS A STATEWIDE SYSTEM THAT PROVIDES COORDINATED EARLY INTERVENTION SERVICES TO PARENTS OF ELIGIBLE CHILDREN UNDER THE AGE OF THREE WITH DEVELOPMENTAL DELAYS OR DISABILITIES AN AVERAGE OF 273 CHILDREN WERE INVOLVED IN THE PROGRAM THROUGH THE END OF FY 2018

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

YOUTH DEVELOPMENT PROGRAM - PROVIDES MENTORING, JOB PLACEMENT AND MONITORING, INTERVIEW/SOFT SKILLS, AND RESUME BUILDING FOR AT-RISK YOUTH FOR THE PERIOD 7/1/17 TO 6/30/18, THE PROGRAM SERVED OVER 166 YOUTH THE YOUTH WORKED FOR 17,664 HOURS AND EARNED MORE THAN \$171,244 IN SUBSIDIZED WAGES

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

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

ST JOSEPH EARLY LEARNING CENTER - PROVIDES QUALITY DAYCARE FOR CHILDREN IN SOUTHERN PORTAGE COUNTY FY18, 92 CHILDREN AND THEIR FAMILIES WERE PROVIDED DAYCARE SERVICES ST JOSEPH SUMMER CAMP PROGRAM AND SCHOOL AGE PROGRAM SERVED 30 CHILDREN DURING THE SUMMER PROGRAM CHILDREN PARTICIPATE IN FIELD TRIPS, LITERACY, AND WORK ON SCHOOL RELATED CURRICULUM

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

EMERALD TRANSPORTATION - PROVIDES NON-EMERGENCY MEDICAL TRANSPORTATION, NON-MEDICAL TRANSPORTATION TO THE DD POPULATION, INDIVIDUAL, GROUP, AND SPECIAL EVENT TRANSPORTATION AND PROVIDED SERVICES TO 315 INDIVIDUALS LAST FISCAL YEAR

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

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

UNIFIED RESOURCES RECREATION - THIS PAST YEAR UNIFIED RESOURCES PLANNED AND IMPLEMENTED RECREATIONAL, SOCIAL, AND LEISURE ACTIVITIES FOR ADULTS WITH DEVELOPMENTAL DISABILITIES WE HOSTED 142 RECREATION EVENTS INCLUDING 11 BIG TRIPS WE SERVED 92 ADULTS 18 AND OVER THAT ARE ELIGIBLE FOR SERVICES FROM THE PORTAGE COUNTY BOARD OF DD THE PROGRAM ALSO RECRUITED OVER 110 VOLUNTEERS THAT SERVED FOR OVER 400 HOURS

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

RETIRED AND SENIOR VOLUNTEER PROGRAM - THIS SENIOR CORPS PROGRAM (FUNDED THRU THE CORPORATION FOR NATIONAL AND COMMUNITY SERVICE) RECRUITS AND PLACES INDIVIDUALS AGE 55 AND OLDER IN MEANINGFUL VOLUNTEER POSITIONS TO ADDRESS IMPORTANT COMMUNITY NEEDS IN 19 COUNTIES IN OHIO IN FY 2018, 423 VOLUNTEERS SERVED 54,747 HOURS IN LOCAL NON-PROFITS AND SCHOOLS

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

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

VOLUNTEERS IN SERVICE TO AMERICA - THIS VISTA PROGRAM PLACES VOLUNTEERS WHO SERVE EITHER A SUMMER TERM OR A FULL YEAR TERM WITH NON-PROFITS AND SCHOOLS TO ADDRESS POVERTY AND DEVELOP PROGRAM SUSTAINABILITY IN FY 2018 VISTA VOLUNTEERS SERVED 8,706 DEVELOPING PROGRAMMING FOR THEIR SITES AS A RESULT COMMUNITY VOLUNTEERS DONATED 3,520 HOURS TO VARIOUS PROJECTS \$71,272 IN CASH WAS RAISED BY THE VISTAS EFFORTS AS WAS \$28,100 OF IN-KIND DONATIONS

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

SENIOR COMPANION PROGRAM - THIS SENIOR CORPS PROGRAM, THROUGH THE CORPORATION FOR NATIONAL AND COMMUNITY SERVICE, SENIOR VOLUNTEERS, AGES 55 AND BETTER, PROVIDE COMPANION SERVICES TO OTHER SENIORS IN NEED AND RESPITE SERVICES TO CAREGIVERS FY 2018, 75 VOLUNTEERS PROVIDED COMPANIONSHIP AND RESPITE SERVICES FOR A TOTAL OF 64,116 HOURS OF SERVICE IN CLARK, GREENE, MONTGOMERY, MIAMI, PREBLE, PORTAGE, SUMMIT AND STARK COUNTIES

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

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

FOSTER GRANDPARENT PROGRAM - THIS SENIOR CORPS PROGRAM, THROUGH THE CORPORATION FOR NATIONAL AND COMMUNITY SERVICE, CONNECTS VOLUNTEERS AGE 55 AND OVER WITH CHILDREN AND YOUNG PEOPLE WITH EXCEPTIONAL NEEDS FY 2018 SAW 106 VOLUNTEERS MENTOR, SUPPORT, AND HELP SOME OF THE MOST VULNERABLE CHILDREN IN MAHONING, MONTGOMERY, PORTAGE, STARK, TRUMBULL, GEAUGA, GREENE AND CLARK COUNTIES THEY SERVED 102,250 HOURS

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

BIG BROTHERS & SISTERS OF PORTAGE COUNTY (INCLUDING OUR BRANCH SERVING JEFFERSON COUNTY) - PROVIDES A ONE-TO-ONE MENTORING PROGRAM, MATCHING YOUTH AGED 6-17, WITH ADULT VOLUNTEERS WHO ACT AS FRIENDS, ROLE MODELS AND MENTORS IN RELATIONSHIPS FACILITATED BY PROFESSIONAL STAFF DURING FY18, 8,136 HOURS OF VOLUNTEER SERVICE WERE PROVIDED TO 85 CHILDREN

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

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

SAFER FUTURES - OFFERS EMERGENCY SHELTER, OUTREACH, CASE MANAGEMENT, SUPPORT GROUPS, CLIENT ADVOCACY, CHILD ADVOCACY AND SERVICES FOR BOTH CHILDREN AND ADULT VICTIMS OF DOMESTIC VIOLENCE IN FY18, 52 WOMEN AND 52 CHILDREN WERE SHELTERED AND RECEIVED SUPPORT SERVICES FOR A TOTAL OF 2,199 SHELTER NIGHTS, AND ANOTHER 669 SURVIVORS RECEIVED OUTREACH AND OTHER PROGRAM SERVICES

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

PLACE OF PEACE - PROVIDES A SAFE ENVIRONMENT FOR FAMILIES EXPERIENCING DOMESTIC VIOLENCE TO ENGAGE IN SUPERVISED VISITATION WITH THEIR CHILDREN IN FY 2018, 556 CHILDREN AND THEIR FAMILIES BENEFITED FROM THE SERVICES OF 659 SUPERVISED VISITS AND 46 SAFE EXCHANGES FOR VISITATION

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

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

SOMEPLACE SAFE - OFFERS EMERGENCY SHELTER AND COMPREHENSIVE SERVICES TO VICTIMS OF DOMESTIC VIOLENCE AND THEIR CHILDREN IN TRUMBULL COUNTY, INCLUDING AN EMERGENCY HOTLINE THAT IS STAFFED 24/7, LEGAL ADVOCACY INCLUDING ASSISTANCE WITH PROTECTION ORDERS AND COURT ACCOMPANIMENT, COMMUNITY EDUCATION, AND A WEEKLY SUPPORT GROUP IN FY 2018, SOMEPLACE SAFE PROVIDED SHELTER TO 127 ADULTS AND 114 CHILDREN, RECEIVED 997 CRISIS CALLS, AND ASSISTED 508 CLIENTS WITH FILLING OUT PAPERWORK FOR CIVIL PROTECTION ORDERS, VICTIM'S RIGHTS AND COURT ACCOMPANIMENT

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

SOLACE CENTER - PROVIDES SAFE-EXCHANGE AND SUPERVISED VISITATIONS IN TRUMBULL COUNTY VISITS AND EXCHANGES ARE CURRENTLY FACILITATED ON THE CAMPUS OF TRUMBULL COUNTY CHILDREN SERVICES AND ST PAUL'S LUTHERAN CHURCH BOTH LOCATED IN WARREN IN FY 2018 WE PROVIDED SERVICE TO 76 ADULTS AND 53 CHILDREN, THAT INCLUDED 139 VISITATIONS AND 14 EXCHANGES OF THOSE FAMILIES SERVED 13 SUCCESSFULLY TRANSITIONED OUT OF OUR PROGRAM

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 TEMPORARY FINANCIAL ASSISTANCE FOR FAMILIES AND INDIVIDUALS IN HOUSING CRISIS A TOTAL OF 271 HOUSEHOLDS WERE SERVED THIS FISCAL YEAR

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

PORTAGE AREA TRANSITIONAL HOUSING - PROVIDES TRANSITIONAL HOUSING AND SUPPORTIVE SERVICES FOR HOMELESS FAMILIES AND SINGLE ADULTS HOUSING AND SERVICES WERE PROVIDED FOR 36 HOUSEHOLDS INCLUDING 24 CHILDREN

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

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

MILLER COMMUNITY HOUSE - PROVIDES EMERGENCY HOUSING AND SUPPORTIVE SERVICES FOR HOMELESS MEN, WOMEN AND CHILDREN LAST YEAR 125 HOUSEHOLDS WERE PROVIDED EMERGENCY SHELTER INCLUDING 128 ADULTS AND 59 CHILDREN

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

NEXT STEP - PROVIDES HOUSING AND CASE MANAGEMENT SERVICES TO AT-RISK, VICTIMIZED YOUNG ADULTS BETWEEN THE AGES OF 18 AND 24 FROM JULY 2017 TO JUNE 2018, 30 PORTAGE COUNTY AND 42 GEAUGA COUNTY YOUTH WERE SERVED TWENTY GEAUGA COUNTY CLIENTS WERE PROVIDED WITH TRANSITIONAL HOUSING SERVICES AND ALL WERE PROVIDED WITH CASE MANAGEMENT SERVICES

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

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

FREEDOM HOUSE - PROVIDES TRANSITIONAL HOUSING AND SUPPORTIVE SERVICES FOR HOMELESS MALE VETERANS AND ANY OTHER VETERANS IN NEED IN FY 2018, 40 VETERANS WERE PROVIDED TRANSITIONAL SHELTER AND CASE MANAGEMENT FOR A TOTAL OF 3,788 SHELTER NIGHTS

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

VALOR HOME SUMMIT - PROVIDES TRANSITIONAL HOUSING TO HOMELESS VETERANS IN SUMMIT COUNTY THE PROGRAM SERVED 97 VETERANS AND 7,571 BED NIGHTS IN FY18

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

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

VALOR HOME LORAIN - PROVIDES TRANSITIONAL HOUSING TO HOMELESS VETERANS IN LORAIN COUNTY THE PROGRAM SERVED 83 VETERANS AND 8,326 BED NIGHTS IN FY18

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

VETERAN'S HAVEN - PROVIDES TRANSITION-IN-PLACE PERMANENT SUPPORTIVE HOUSING FOR SINGLE ADULTS WHO ARE HOMELESS VETERANS THE PROGRAM SERVED 33 VETERANS AND 2,173 BED NIGHTS IN FY18

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

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

SUPPORTIVE SERVICES FOR VETERAN FAMILIES (SSVF) - PROVIDES HOUSING STABILIZATION SUPPORT AND TEMPORARY FINANCIAL ASSISTANCE TO VETERAN FAMILIES AND INDIVIDUALS THIS FISCAL YEAR A TOTAL OF 145 HOUSEHOLDS WERE SERVED

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

CONSUMER CREDIT COUNSELING SERVICE - PROVIDES BUDGET COUNSELING, FINANCIAL LITERACY EDUCATION, BANKRUPTCY CERTIFICATES, CREDIT COUNSELING, REPRESENTATIVE PAYEE SERVICES AND A DEBT MANAGEMENT PROGRAM APPROXIMATELY 273 INDIVIDUALS RECEIVED BUDGET COUNSELING SERVICES IN ADDITION, 44 FINANCIAL LITERACY SEMINARS WERE PROVIDED TO 189 CLASS PARTICIPANTS

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

(Code) (Expenses \$	11,642,404	including grants of \$	1,144,124) (Revenue \$	4,135,817)
TOTAL REVENUE, GRANTS, AND EXPENSES FOR ALL PROGRAMS ON 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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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 12, check only one box)

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

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	10,220,141	11,393,702	13,444,099	15,868,986	20,456,684	71,383,612
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	10,220,141	11,393,702	13,444,099	15,868,986	20,456,684	71,383,612
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)						
6	Public support. Subtract line 5 from line 4						71,383,612

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	10,220,141	11,393,702	13,444,099	15,868,986	20,456,684	71,383,612
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	22,931	23,298	21,377	31,318	58,809	157,733
9	Net income from unrelated business activities, whether or not the business is regularly carried on	71,489	84,456	60,464			216,409
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	15,153	123,500	1,835			140,488
11	Total support. Add lines 7 through 10						71,898,242

12 Gross receipts from related activities, etc (see instructions) **12** 47,381,588

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 2017 (line 6, column (f) divided by line 11, column (f))	14	99.280 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	99.240 %

16a **33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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.		
	1		
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).		
	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.		
	3a		
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.		
	3b		
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.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
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.		
	4b		
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.		
	4c		
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).		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
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 I of Schedule L (Form 990 or 990-EZ).		
	8		
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 .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
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.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described 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? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 34-1902451

Name: FAMILY & COMMUNITY SERVICES INC

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

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
2017
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 | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(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 | Yes | No |
| 3a(i) | | |
| (ii) related organizations | Yes | No |
| 3a(ii) | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
| 3b | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,379,629		1,379,629
b Buildings		19,100,191	5,320,195	13,779,996
c Leasehold improvements		2,623,786	1,913,330	710,456
d Equipment		697,289	530,905	166,384
e Other		989,408	618,593	370,815
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				16,407,280

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
SHORT-TERM BORROWINGS	50,000
PAYABLES TO RELATED THIRD PARTIES	1,500
TENANT SECURITY DEPOSITS	52,833
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	104,333

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	32,561,840
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	38,058
b	Donated services and use of facilities	2b	46,159
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	298,388
e	Add lines 2a through 2d	2e	382,605
3	Subtract line 2e from line 1	3	32,179,235
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	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	32,179,235

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	28,750,301
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	46,159
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	451,885
e	Add lines 2a through 2d	2e	498,044
3	Subtract line 2e from line 1	3	28,252,257
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	28,252,257

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 34-1902451

Name: FAMILY & COMMUNITY SERVICES INC

Supplemental 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

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	REVENUE FROM POM GROUP, INC NOT INCLUDED ON FORM 990 150,076 SPECIAL EVENT EXPENSES SHOWN ON 990 PART I LN 9B 148,312

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	EXPENSES FROM POM GROUP, INC NOT INCLUDED ON FORM 990 303,573 SPECIAL EVENT EXPENSES SHOWN ON 990 PART I LN 9B 148,312

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2017

**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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				▶		

- 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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		HOPE IN A HANDBAG (event type)	BBBS GOLF OUTING (event type)	15 (total number)	Total events (add col (a) through col (c))
1	Gross receipts	34,608	28,945	144,731	208,284
2	Less Contributions	20,650	24,570	97,136	142,356
3	Gross income (line 1 minus line 2)	13,958	4,375	47,595	65,928
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	5,500	4,500	12,000	22,000
	6 Rent/facility costs	2,750	2,546	35,084	40,380
	7 Food and beverages			13,400	13,400
	8 Entertainment				
	9 Other direct expenses	12,541	13,287	46,704	72,532
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				148,312
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-82,384

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		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	%
b	An outside facility	%

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

Name ▶

Address ▶

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

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

Return Reference	Explanation
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**Schedule I
(Form 990)**

Department of the
Treasury
Internal Revenue Service

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

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

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

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? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
See Additional Data Table					
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
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	64	19,892			
HOMELESS/RENT ASSISTANCE-SSVF	151	118,159			
COUNSELING DIRECT ASSISTANCE	34	2,009			
ADOPTION ASSISTANCE	68	8,413			
EMERGENCY ASSISTANCE	124	194,920			

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
CTP ASSISTANCE	61	296,675			
HOMELESS/RENT ASSISTANCE-HCRP	21	26,138			
WOMEN'S SHELTER/MCH	90	16,257			
VETERANS ASSISTANCE	242	16,387			
COMMUNITY CENTERS ASSISTANCE	626	12,211			

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	98	270,193			
SENIOR COMPANION STIPENDS	61	169,574			
OTHER ASSISTANCE	274	3,718			

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

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.**

▶ **Information about Schedule J (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 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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a		No		
	4b		No		
	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> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	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> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</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 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 K (Form 990)

Supplemental Information on Tax-Exempt Bonds
 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 ▶ Attach to Form 990.
 ▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
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 Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A DEVELOPMENT FINANCE AUTHORITY OF SUMMIT COUNTY	34-1765940	86607CDT3	11-30-2016	2,624,984	TO FINANCE CONSTRUCTION AN ADDITION TO BUILDING AT 143 GOUGLER, KENT, OH		X		X		X

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired				
2 Amount of bonds legally defeased				
3 Total proceeds of issue	2,624,984			
4 Gross proceeds in reserve funds	267,000			
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds	52,499			
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds	2,305,485			
11 Other spent proceeds				
12 Other unspent proceeds				
13 Year of substantial completion				
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X		
15 Were the bonds issued as part of an advance refunding issue?		X		
16 Has the final allocation of proceeds been made?	X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

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

2017

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Department of the Treasury
Internal Revenue Service

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

1	(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

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

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(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 A TRUSTEE AND IS THE CEO OF PORTAGE COMMUNITY BANK	1,267,506	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 OUSTANDING DUE TO PCB AT JUNE 30, 2018, \$1,357,923 WAS OUSTANDING ON THE LOANS DURING FY2018, PRINCIPAL PAYMENTS OF \$57,738 AND INTEREST PAYMENTS OF \$37,139 WERE MADE ON LOANS DURING FY2018, NINE ADDITIONAL COMMERICAL LOANS TOTALING \$1,002,431 WERE BORROWED FROM PCB 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 M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2017

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**

▶ **Attach to Form 990.**

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

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 Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>PRIZES & AUCTION ITEMS</u>)	X	215	43,465	DONOR SUPPLIED VALUE
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II**Supplemental Information.**

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

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)**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.

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Department of the Treasury
Internal Revenue Service

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 11B	THE FORM 990 WILL BE REVIEWED WITH THE ORGANIZATION'S FINANCE DEPARTMENT AND EXECUTIVE DIRECTOR BEFORE IT IS FILED WITH THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

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
(1) VCT MEMBER CORP 705 OAKWOOD STREET STE 221 RAVENNA, OH 44266 47-4903258	HOLDING COMPANY	OH	0	0	FAMILY & COMMUNITY SERVICES INC

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	-70,739	1,453,391	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

	Yes	No
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	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	Yes
e Loans or loan guarantees by related organization(s)	1e	Yes
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes
o Sharing of paid employees with related organization(s)	1o	Yes
p Reimbursement paid to related organization(s) for expenses	1p	Yes
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	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	972,767	INTERCOMPANY RECEIVABLE
(2)POM GROUP INC	E	2,928,777	INTERCOMPANY PAYABLE

Part VII **Supplemental Information**

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