

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

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 NO 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 \$ 34,850,537

F Name and address of principal officer:
MARK FRISONE
705 OAKWOOD NO 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)	3	17
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	897
6 Total number of volunteers (estimate if necessary)	6	3,600
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	-33,448

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	20,077,211	21,128,813
9 Program service revenue (Part VIII, line 2g)	13,675,527	13,634,950
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	23,581	32,203
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-137,825	-49,923
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	33,638,494	34,746,043
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,174,925	1,303,336
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)	18,431,257	19,265,179
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	11,692,094	11,320,493
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	31,298,276	31,889,008
19 Revenue less expenses. Subtract line 18 from line 12	2,340,218	2,857,035
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	28,470,524	34,576,434
21 Total liabilities (Part X, line 26)	10,166,470	13,378,680
22 Net assets or fund balances. Subtract line 21 from line 20	18,304,054	21,197,754

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: 2021-05-11
MARK FRISONE EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: _____ Preparer's signature: _____ Date: 2021-05-11
Check if self-employed PTIN: P00743188
Firm's name: CLIFTONLARSONALLEN LLP Firm's EIN: 41-0746749
Firm's address: 4334 MUNSON STREET SUITE 200 CANTON, OH 44718 Phone no. (330) 497-2000

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

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

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

4a (Code:) (Expenses \$ 11,554,620 including grants of \$ 51,138) (Revenue \$ 5,343,061)
See Additional Data

4b (Code:) (Expenses \$ 3,731,916 including grants of \$ 7,132) (Revenue \$ 1,725,704)
See Additional Data

4c (Code:) (Expenses \$ 3,166,085 including grants of \$ 17,885) (Revenue \$ 1,464,053)
See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O.)
(Expenses \$ 11,033,601 including grants of \$ 1,227,181) (Revenue \$ 5,102,132)

4e Total program service expenses ► 29,486,222

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)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II		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? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		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.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	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? If "Yes," complete Schedule D, Part VII		No
11c	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? If "Yes," complete Schedule D, Part VIII		No
11d	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? If "Yes," complete Schedule D, Part IX		No
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
11f	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)? If "Yes," complete Schedule D, Part X	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
12b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	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? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	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? If "Yes," complete Schedule I, Parts I and II		No

Part IV Checklist of Required Schedules (continued)

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

		Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	105	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

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

Main form area containing questions 2a through 16b with corresponding answer columns and a '2a' box containing the value '897'.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (17), 1b (16), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed OH
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: GREG MUSCI 705 OAKWOOD STREET SUITE 221 RAVENNA, OH 44226 (330) 297-7027

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) ALICE HURD PRESIDENT	1.00	X		X			0	0	0	
(2) DEBBIE MANN VICE-PRESIDENT	1.00	X		X			0	0	0	
(3) ERIC FINK TREASURER	1.00	X		X			0	0	0	
(4) AARON HEAVNER 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) ERICA DAVIS TRUSTEE	1.00	X					0	0	0	
(8) JOE GIULITTO TRUSTEE	1.00	X					0	0	0	
(9) FRAN HARDESTY TRUSTEE	1.00	X					0	0	0	
(10) CHUCK HAUSER TRUSTEE	1.00	X					0	0	0	
(11) SHAY LITTLE PHD TRUSTEE	1.00	X					0	0	0	
(12) JACQUELINE PARSONS 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) SAMANTHA STEPHENS TRUSTEE	1.00	X					0	0	0	
(16) BILL WHITE TRUSTEE	1.00	X					0	0	0	
(17) PAUL HUCKOCK TRUSTEE	1.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) MARK FRISONE EXECUTIVE DIRECTOR	40.00			X			148,829	0	9,736	
(19) GREG MUSCI FINANCE DIRECTOR	40.00			X			97,689	0	4,148	
(20) ANNE FACE ASSOCIATE DIRECTOR	40.00			X			85,050	0	252	
(21) ERIN KLEKOT VALLEY COUNSELING MEDICAL	40.00					X	185,050	0	6,749	
(22) LORI FUNKHOUSER ADVANCED NURSE PRACTITIONER	40.00					X	138,699	0	8,266	
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							655,317	0	29,151	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GIOVANNA VINCI-KHOURY DBA PROPOSALS FOR 545 FAIRWAY DR WARREN, OH 44483	PSYCHIARIST	251,544
HOW TO CONSTRUCTION COMPANY LLC 85 WALDORF DRIVE AKRON, OH 44313	CONSTRUCTION COMPANY	186,665
DAWN WEBER COLLAR NURSE PRACTIONER, 2110 LYNN ROAD NORTH LIMA, OH 44452	NURSE PRACTITIONER	123,520
DARIN SARKIEWICZ SARKS MAINTENANCE, 625 SENN DRIVE TALLMADGE, OH 44278	CONSTRUCTION & MAINTENANCE	107,392

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 4

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a Federated campaigns, 1b Membership dues, 1c Fundraising events, 1d Related organizations, 1e Government grants, 1f All other contributions, 1g Noncash contributions, and 1h Total.

Table for Program Service Revenue with 5 columns (A-D). Rows include 2a PROGRAM SERVICE FEES, 2b MISCELLANEOUS REVENUE, 2c, 2d, 2e, 2f All other program service revenue, and 2g Total.

Table for Other Revenue with 5 columns (A-D). Rows include 3 Investment income, 4 Income from investment of tax-exempt bond proceeds, 5 Royalties, 6a-6c Rental income, 7a-7c Gain or loss from sales of assets, 8a-8c Net income from fundraising events, 9a-9c Net income from gaming activities, 10a-10c Net income from sales of inventory, 11a-11d Miscellaneous Revenue, and 12 Total revenue.

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	1,303,336	1,303,336		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	343,231	324,867	18,364	
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	15,919,063	15,091,538	827,525	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	148,206	135,035	13,171	
9 Other employee benefits	1,328,896	1,210,799	118,097	
10 Payroll taxes	1,525,783	1,400,208	125,575	
11 Fees for services (non-employees):				
a Management				
b Legal	61,748		61,748	
c Accounting	110,099		110,099	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	6,116		6,116	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,464,013	2,333,528	130,485	
12 Advertising and promotion	27,369	22,328	5,041	
13 Office expenses	2,321,781	2,203,143	118,638	
14 Information technology				
15 Royalties				
16 Occupancy	2,620,562	2,454,911	165,651	
17 Travel	675,005	633,699	41,306	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	25,985	23,352	2,633	
20 Interest	305,802	156,178	149,624	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,000,209	736,400	263,809	
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EQUIPMENT MAINTENANCE	588,562	476,957	111,605	
b TELEPHONE, CELL PHONE,	472,343	472,343		
c BAD DEBT EXPENSE	238,642	190,149	48,493	
d MISCELLANEOUS	208,319	135,459	72,860	
e All other expenses	193,938	181,992	11,946	
25 Total functional expenses. Add lines 1 through 24e	31,889,008	29,486,222	2,402,786	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	1,689,734	1	6,790,350
	2 Savings and temporary cash investments	269,534	2	270,055
	3 Pledges and grants receivable, net	351,924	3	673,877
	4 Accounts receivable, net	6,356,663	4	6,018,725
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	275,000	7	275,000
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	344,084	9	458,037
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 29,324,306		
	b Less: accumulated depreciation	10b 10,308,323	18,206,048	10c 19,015,983
	11 Investments—publicly traded securities	803,385	11	919,510
	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	172,652	15	153,397
16 Total assets. Add lines 1 through 15 (must equal line 34)	28,470,524	16	34,576,434	
Liabilities	17 Accounts payable and accrued expenses	2,675,897	17	3,191,721
	18 Grants payable		18	
	19 Deferred revenue	1,222,594	19	1,318,040
	20 Tax-exempt bond liabilities	2,491,667	20	2,391,667
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	432,358	21	415,982
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	3,342,454	23	6,059,770
	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	1,500	25	1,500
	26 Total liabilities. Add lines 17 through 25	10,166,470	26	13,378,680
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	17,864,491	27	20,592,831
	28 Net assets with donor restrictions	439,563	28	604,923
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	18,304,054	32	21,197,754	
33 Total liabilities and net assets/fund balances	28,470,524	33	34,576,434	

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	34,746,043
2	Total expenses (must equal Part IX, column (A), line 25)	2	31,889,008
3	Revenue less expenses. Subtract line 2 from line 1	3	2,857,035
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,304,054
5	Net unrealized gains (losses) on investments	5	36,665
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	21,197,754

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 34-1902451

Name: FAMILY & COMMUNITY SERVICES INC

Form 990 (2019)

Form 990, Part III, Line 4a:

CLINICAL PROGRAMS CONSUMER CREDIT COUNSELING SERVICE PROVIDES BUDGET COUNSELING, FINANCIAL LITERACY EDUCATION, BANKRUPTCY EDUCATION AND CERTIFICATES, CREDIT COUNSELING, AND A DEBT MANAGEMENT PROGRAM. APPROXIMATELY 168 INDIVIDUALS RECEIVED BUDGET COUNSELING SERVICES. IN ADDITION, 17 FINANCIAL LITERACY SEMINARS WERE PROVIDED TO 56 CLASS PARTICIPANTS. REDUCED FROM YEARS PAST DUE TO COVID-19. VALLEY COUNSELING SERVICES (VCS) LOCATED IN WARREN, VCS IS A COMMUNITY BEHAVIORAL HEALTH PROVIDER PRIMARILY SERVING THE RESIDENTS OF TRUMBULL COUNTY, AND EXTENDING SERVICES TO THE RESIDENTS OF PORTAGE, MAHONING, AND COLUMBIANA COUNTIES. VALLEY COUNSELING SERVICES IS CERTIFIED TO PROVIDE BOTH MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES BY THE OHIO DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES. DURING FY2020, VCS PROVIDED SERVICES TO APPROXIMATELY 6,000 CHILDREN, ADOLESCENTS, AND ADULTS THROUGH VARIOUS PROGRAMS AND SERVICE LINES AT THEIR FOUR LOCATIONS. SOME OF THE SERVICES PROVIDED ARE DIAGNOSTIC ASSESSMENT, INDIVIDUAL AND GROUP COUNSELING, INDIVIDUAL AND GROUP CASE MANAGEMENT, CRISIS INTERVENTION, AND MEDICATION MANAGEMENT. VCS CONTINUES TO INCREASE ACCESSIBILITY TO SERVICES BY CREATING WALK-IN CLINICS AND BY STRATEGICALLY LOCATING SERVICES WITHIN SCHOOLS, THE LOCAL CHILDREN'S SERVICES BOARD, THE JUVENILE AND FAMILY COURT SYSTEMS, THE LOCAL DOMESTIC VIOLENCE SHELTER, AND MULTIPLE CHILD DAYCARE CENTERS. GOUGLER COUNSELING - FCS' COUNSELING DEPARTMENT OFFERS A LARGE ARRAY OF SERVICES TO HELP FAMILIES AND INDIVIDUALS ATTAIN OPTIMUM MENTAL HEALTH FUNCTIONING, INCLUDING INDIVIDUAL PSYCHOTHERAPY, GROUP COUNSELING, AND PSYCHIATRIC SERVICES. THROUGH OUR FAST TRACK PROGRAM AND FAMILY SOLUTIONS IN-HOME BEHAVIORAL HEALTH COUNSELING AND CASE MANAGEMENT SERVICES, WE ASSIST IN FAMILY STABILIZATION. WE OFFER SEVERAL DIVERSION PROGRAMS, DRIVER INTERVENTION PROGRAM FOR OFFENDERS WITH OVI'S, THINK ABOUT YOUR FUTURE FOR ADULT OFFENDERS CHARGED WITH UNDER AGED DRINKING, AND BIC 60 FOR FIRST TIME MARIJUANA OFFENDERS. PARTICIPANTS IN THESE PROGRAMS ENGAGE IN DRUG AND ALCOHOL EDUCATION THROUGH INDIVIDUAL AND GROUP SESSIONS, PAY COURT COSTS AND ENGAGE IN COMMUNITY SERVICE AS THEIR SENTENCE FOR THEIR OFFENSES. SAFER SOLUTIONS AND PEACEFUL SOLUTIONS ARE TREATMENT GROUPS OF CLIENTS WITH DOMESTIC VIOLENCE ISSUES. PARTICIPANTS ENGAGE IN GROUP AND CAN BE REFERRED TO INDIVIDUAL SESSIONS AS WELL IF NEEDED. PARENTING TOWARDS SOLUTIONS IS A PARENTING PROGRAM THAT TEACHES NON-VIOLENT, NURTURING PARENTING TECHNIQUES TO PARTICIPANTS. GROUP AND INDIVIDUAL SESSIONS ARE OFFERED FOR THIS PROGRAM AS WELL. WE ALSO OFFER EXTENSIVE PROGRAMMING FOR INDIVIDUALS IN RECOVERY, INCLUDING AN INTENSIVE OUTPATIENT PROGRAM, FOUR LEVEL-II RECOVERY HOUSES, A STEP DOWN HOUSING FACILITY, ON TRACK TO RECOVERY PROGRAM (OTTR), FOR MEN WHO ARE STRUGGLING WITH HOUSING AS THEY WORK ON THEIR SOBRIETY, AS WELL AS ROOT HOUSE, A 10-BED RECOVERY HOUSE FOR MEN, AND PARC, A 23-BED RECOVERY HOUSE FOR WOMEN. IN FY 2020, WE ALSO EXPANDED OUR FOOTPRINT IN THE COMMUNITY BY ADDING A NEW RECOVERY/REUNIFICATION HOUSE IN PORTAGE COUNTY. GOUGLER COUNSELING 1,300 INDIVIDUALS THROUGH ITS RECOVERY PROGRAMS, AND 1,600 THROUGH ITS MENTAL HEALTH PROGRAMS IN FY 2020. FAMILY ADOPTION CONSULTANTS - IS A FULL SERVICE FOSTER CARE AND ADOPTION PROGRAM. CHILDREN (AGES 0-18), THEIR FAMILIES AND FOSTER FAMILIES ARE SERVED ON A DAILY BASIS THROUGHOUT OHIO AND MICHIGAN. DURING FISCAL YEAR 2019 APPROXIMATELY 340 CHILDREN (AND THEIR FAMILIES) WERE SERVICED FOR FOSTER CARE PURPOSES AND APPROXIMATELY 195 CHILDREN FOR ADOPTION PURPOSES.

Form 990, Part III, Line 4b:

FOOD & CLOTHING PROGRAMS KENT SOCIAL SERVICES AND THE CENTER OF HOPE - PROVIDE NUTRITIOUS HOT MEALS, ASSISTANCE WITH EMERGENCY FOOD/TAXABLE NEEDS, OUTREACH AND ADVOCACY. DURING FY 2020, 51,421 MEALS WERE SERVED AND 24,299 BAGS OF FOOD WERE DISTRIBUTED. MOBILE MEALS PROVIDES NUTRITIOUS HOME DELIVERED AND CONGREGATE MEALS TO RECIPIENTS IN SUMMIT, CUYAHOGA AND PORTAGE COUNTIES. IN FY19, 313,937 HOME DELIVERED MEALS AND 64,594 CONGREGATE MEALS WERE SERVED TO 2,583 CLIENTS. COUNTY CLOTHING CENTER COLLECTS AND DISTRIBUTES USED CLOTHING TO NEEDY RESIDENTS. APPROXIMATELY 30,034 SHOPPERS WERE PROVIDED WITH 159,846 POUNDS OF CLOTHING.

Form 990, Part III, Line 4c:

YOUTH AND DISABILITY PROGRAMS 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. EI IS GROUNDED IN THE PHILOSOPHY THAT YOUNG CHILDREN LEARN BEST FROM FAMILIAR PEOPLE IN FAMILIAR SETTINGS. 274 CHILDREN WERE INVOLVED IN THE PROGRAM IN FY 2020. YOUTH DEVELOPMENT PROGRAM - PROVIDES MENTORING, JOB PLACEMENT AND MONITORING, INTERVIEW/SOFT SKILLS, AND RESUME BUILDING FOR AT-RISK YOUTH. FOR THE PERIOD 7/1/19 TO 6/30/20, THE PROGRAM SERVED ROUGHLY 98 YOUTH. PROGRAM PARTICIPANTS ARE ELIGIBLE TO WORK 20 HOURS PER WEEK, EARNING UP TO A MAXIMUM WAGE OF \$10.00 PER HOUR. 2000 HOURS IS THE MAXIMUM NUMBER OF HOURS PARTICIPANTS ARE ABLE TO WORK DURING THE PROGRAM PARTICIPATION. COVID-19 SIGNIFICANTLY AFFECTED THE NUMBER OF REFERRALS TO THIS PROGRAM. COMMUNITY EMPLOYERS WHO EXPERIENCED SHUT DOWNS ALSO IMPACTED THE PLACEMENT OF YOUTH. EMERALD TRANSPORTATION - PROVIDES NON-EMERGENCY MEDICAL TRANSPORTATION, NON-MEDICAL TRANSPORTATION TO THE DD POPULATION, INDIVIDUAL, GROUP, AND SPECIAL EVENT TRANSPORTATION AND PROVIDED SERVICES TO 348 INDIVIDUALS LAST FISCAL YEAR. UNIFIED RESOURCES RECREATION - THIS PAST YEAR UNIFIED RESOURCES PLANNED AND IMPLEMENTED RECREATIONAL, SOCIAL, AND LEISURE ACTIVITIES FOR ADULTS WITH DEVELOPMENTAL DISABILITIES. WE SERVED 123 ADULTS IN PORTAGE COUNTY. THE PROGRAM HOSTED A BOWLING LEAGUE, STARTED A VIRTUAL COMPONENT AND ALSO RECRUITED OVER 75 VOLUNTEERS THAT SERVED FOR OVER 250 HOURS.

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ 3,149,682 including grants of \$ 420,230) (Revenue \$ 1,456,469)

HOUSING PROGRAMS HOUSING AND EMERGENCY SUPPORTIVE SERVICES (HESS) PROVIDES HOUSING STABILIZATION SUPPORT AND TEMPORARY FINANCIAL ASSISTANCE FOR FAMILIES AND INDIVIDUALS. A TOTAL OF 244 HOUSEHOLDS WERE SERVED THIS FISCAL YEAR. CTP - PROVIDES HOUSING STABILIZATION, CASE MANAGEMENT AND FINANCIAL ASSISTANCE TO INDIVIDUALS RECENTLY RELEASED FROM THE PRISON. A TOTAL OF 28 HOUSEHOLDS WERE SERVED THIS FISCAL YEAR. PORTAGE AREA TRANSITIONAL HOUSING PROVIDES TRANSITIONAL HOUSING AND SUPPORTIVE SERVICES FOR HOMELESS FAMILIES AND SINGLE ADULTS. HOUSING AND SERVICES WERE PROVIDED FOR 33 HOUSEHOLDS INCLUDING 20 CHILDREN. MILLER COMMUNITY HOUSE PROVIDES EMERGENCY HOUSING AND SUPPORTIVE SERVICES FOR HOMELESS MEN, WOMEN AND CHILDREN. LAST YEAR 130 HOUSEHOLDS WERE PROVIDED EMERGENCY SHELTER INCLUDING 135 ADULTS AND 53 CHILDREN. PERMANENT SUPPORTIVE HOUSING PROVIDES LONG-TERM HOUSING AND SUPPORTIVE SERVICES FOR HOMELESS FAMILIES AND SINGLE ADULTS WITH DISABILITIES. HOUSING AND SERVICES WERE PROVIDED FOR 21 HOUSEHOLDS INCLUDING 27 CHILDREN. NEXT STEP - IS A COMMUNITY BASED PROGRAM WHICH FOCUSES ON AT-RISK YOUNG ADULTS BETWEEN THE AGES OF 18 AND 24. HOUSING AND CASE MANAGEMENT SERVICES ARE AVAILABLE TO ASSIST WITH EMPLOYMENT, EDUCATION, AND LIFE SKILLS FOR THOSE WHO HAVE BEEN VICTIMIZED. THE GOAL IS TO ASSIST THESE YOUNG ADULTS TO SUCCESSFULLY TRANSITION TO INDEPENDENCE. FROM JULY 2019 TO JUNE 2020, 62 YOUTH WERE SERVED IN PORTAGE AND GEAGA COUNTIES. EIGHTEEN GEAGA COUNTY CLIENTS WERE PROVIDED WITH TRANSITIONAL HOUSING SERVICES AND THE TOTAL NUMBER WERE PROVIDED WITH CASE MANAGEMENT SERVICES. ALL CLIENTS ARE PROVIDED WITH ACCESS TO HEALTH CARE AND TRANSPORTATION IF NEEDED.

(Code:) (Expenses \$ 3,135,395 including grants of \$ 284,667) (Revenue \$ 1,449,862)

VETERANS PROGRAMS FREEDOM HOUSE PROVIDES TRANSITIONAL HOUSING AND SUPPORTIVE SERVICES FOR HOMELESS MALE VETERANS AND ANY OTHER VETERANS IN NEED. IN FY 2020, 31 VETERANS WERE PROVIDED TRANSITIONAL SHELTER AND CASE MANAGEMENT FOR A TOTAL OF 3,947 SHELTER NIGHTS. VALOR HOME SUMMIT PROVIDES TRANSITIONAL HOUSING TO HOMELESS VETERANS IN SUMMIT COUNTY. THE PROGRAM SERVED 70 VETERANS AND 10,338 BED NIGHTS IN FY20. VALOR HOME LORAIN PROVIDES TRANSITIONAL HOUSING TO HOMELESS VETERANS IN LORAIN COUNTY. THE PROGRAM SERVED 52 VETERANS AND 8,264 BED NIGHTS IN FY20. VETERAN'S HAVEN PROVIDES TRANSITION-IN-PLACE PERMANENT SUPPORTIVE HOUSING FOR SINGLE ADULTS WHO ARE HOMELESS VETERANS. THE PROGRAM SERVED 21 VETERANS AND 4,231 BED NIGHTS IN FY20. 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 161 HOUSEHOLDS WERE SERVED.

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ 2,614,522 including grants of \$ 12,330) (Revenue \$ 1,209,001)

COMMUNITY BASED PROGRAMSCHAGRIN FALLS PARK COMMUNITY CENTER THE YOUNG SCHOLARS PROGRAM PROVIDED 316 TUTOR/LEADERSHIP BUILDING SESSIONS AND 258 RECREATIONAL SESSIONS TO STUDENTS AT NO COST, PROMOTING INCREASED SELF-ESTEEM AND SUCCESS IN SCHOOL. THE EXCEL AND EXPLORE SUMMER DAY CAMP PROVIDED EDUCATION/LEADERSHIP AND RECREATIONAL SESSIONS. THE STRATEGIES FOR LIFE (SFL) PROGRAM PROVIDE EMERGENCY FOOD ASSISTANCE BETWEEN THE MONTHS OF JULY 2019-JUNE 2020 TO 1,470 CLIENTS. TOTAL MEALS PROVIDED TO FAMILIES AND CHILDREN TOTALED 35,095. IN ADDITION, WE SUPPLIED 120 STUDENTS WITH SCHOOL SUPPLIES. LASTLY, THE SUMMER DAY CAMP KEEPS STUDENTS ON TRACK ACADEMICALLY WHILE PROVIDING A SAFE RECREATIONAL ENVIRONMENT FOR GROWTH. IN FY20 SCHOOL YEAR, 91% OF THE STUDENTS SERVED BY CHAGRIN FALLS PARK COMMUNITY CENTER WERE ON FREE OR REDUCED LUNCH.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 20, 11,961 NUTRITIONAL MEALS WERE SERVED TO ADULTS/SENIORS AND 2,486 BREAKFAST, LUNCH & SNACKS WERE SERVED TO YOUTH. 168 DUPLICATED ADULTS/SENIORS SERVED IN ALL PROGRAMS/ACTIVITIES AND 100 YOUTH SERVED IN ALL PROGRAMS, ACTIVITIES, AND SPECIAL EVENTS.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 20, 9,641 NUTRITIONAL MEALS WERE SERVED TO ADULTS/SENIORS, 3,153 BREAKFAST, LUNCH & SNACKS SERVED TO YOUTH, 213 DUPLICATED ADULTS/SENIORS SERVED IN ALL PROGRAMS/ACTIVITIES, 244 DUPLICATED ADULTS/SENIORS SERVED IN SPECIAL EVENTS/HOLIDAYS AND 125 DUPLICATED YOUTH SERVED IN ALL PROGRAMS/ACTIVITIES, AND 171 DUPLICATED YOUTH SERVED IN SPECIAL EVENTS/HOLIDAYS.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 3,419 SENIORS IN FY20.PORTAGE COUNTY SENIOR CENTER - OFFERS DAILY LUNCHES TO SENIORS, AS WELL AS RECREATIONAL AND SOCIAL ACTIVITIES SUCH BINGO, TAI CHI, THEMED PARTIES, ART CLASS, AND LEARNING EVENTS. 196 SENIORS WERE SERVED IN FY20.

(Code:) (Expenses \$ 1,816,393 including grants of \$ 132,266) (Revenue \$ 839,933)

DOMESTIC VIOLENCE & VISITATION PROGRAMSSAFER 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 2020, 73 FEMALES, 1 MALE AND 69 CHILDREN WERE SHELTERED AND RECEIVED SUPPORT SERVICES FOR A TOTAL OF 3,460 SHELTER NIGHTS, AND ANOTHER 485 SURVIVORS RECEIVED OUTREACH AND OTHER PROGRAM SERVICES. PLACE OF PEACE PROVIDES A SAFE ENVIRONMENT FOR FAMILIES EXPERIENCING DOMESTIC VIOLENCE TO ENGAGE IN SUPERVISED VISITATION WITH THEIR CHILDREN. NON-CUSTODIAL PARENTS CAN VISIT WITH THEIR CHILDREN AT THE CENTER IF THEY ARE COURT ORDERED TO HAVE VISITS SUPERVISED OR THEY CAN PICK THEM UP FOR STANDARD VISITATION. VICTIMS OF DOMESTIC VIOLENCE CAN FEEL SAFER BECAUSE THEY NEVER HAVE TO SEE OR SPEAK WITH THE ABUSER DURING THE EXCHANGE OR VISITATION OF CHILDREN. ARRIVAL AND DEPARTURE TIMES ARE STAGGERED SO THAT THE VICTIMS CAN ARRIVE AND DEPART SAFELY. IN 2020, 84 CHILDREN AND THEIR FAMILIES BENEFITED FROM THE SERVICES OF 395 SUPERVISED VISITS AND 95 SAFE EXCHANGES FOR VISITATION.SAFE PATH IS A TRANSITIONAL HOUSING PROGRAM THAT ALLOWS SURVIVORS OF DOMESTIC VIOLENCE AND THEIR CHILDREN TO PURSUE SAFE AND HEALTHY LIVES. THE SAFE PATH FACILITY IS AT AN UNDISCLOSED, SECURED LOCATION. IN 2020, 16 WOMEN AND 31CHILDREN RECEIVED SERVICES. SOMEPLACE SAFE - IS THE EXCLUSIVE PROVIDER OF COMPREHENSIVE SERVICES TO VICTIMS OF DOMESTIC VIOLENCE AND THEIR CHILDREN IN TRUMBULL COUNTY. WE PROVIDE AN EMERGENCY HOTLINE THAT IS STAFFED 24/7 WITH TRAINED PERSONNEL; OFFER LEGAL ADVOCACY INCLUDING ASSISTANCE WITH PROTECTION ORDERS AND COURT ACCOMPANIMENT; COMMUNITY EDUCATION; A WEEKLY SUPPORT GROUP FOR WOMEN WHO ARE INCARCERATED IN THE TRUMBULL COUNTY DETENTION FACILITY AND OFFER TEMPORARY, EMERGENCY SHELTER FOR VICTIMS OF DOMESTIC VIOLENCE AND THEIR CHILDREN. IN FY 2020, SOMEPLACE SAFE PROVIDED SHELTER TO 132 ADULTS AND 95 CHILDREN, RECEIVED 1,047 CRISIS CALLS, AND ASSISTED 452 CLIENTS WITH FILLING OUT PAPERWORK FOR CIVIL PROTECTION ORDERS, VICTIM'S RIGHTS AND COURT ACCOMPANIMENT. SOLACE CENTER - IS THE ONLY PRIVATE, NON-PROFIT SAFE-EXCHANGE, SUPERVISED VISITATION PROGRAM 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 2020 WE PROVIDED SERVICE TO 60 ADULTS AND 55 CHILDREN; THAT INCLUDED 120 VISITATIONS AND 21 EXCHANGES. OF THOSE FAMILIES SERVED 20 SUCCESSFULLY TRANSITIONED OUT OF OUR PROGRAM.

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ 317,609 including grants of \$ 377,688) (Revenue \$ 146,867)

VOLUNTEER AND SERVICE PROGRAMS RETIRED AND SENIOR VOLUNTEER PROGRAM THE 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 15 COUNTIES IN OHIO. IN FY 2020, 592 VOLUNTEERS SERVED 43,320 HOURS IN LOCAL NON-PROFITS AND SCHOOLS. VOLUNTEERS IN SERVICE TO AMERICA THE VISTA PROGRAM (FUNDED THRU THE CORPORATION FOR NATIONAL AND COMMUNITY SERVICE) 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 2020, 155 VOLUNTEERS WERE RECRUITED AND THEY SERVED 912 HOURS AT VARIOUS COMMUNITY ORGANIZATIONS AND EVENTS. THESE RESULTS ARE THROUGH THE EFFORTS OF THE 19 FULL YEAR AND 20 SUMMER VISTA MEMBERS WHO SERVED. SENIOR COMPANION PROGRAM THIS AMERICORPS SENIOR PROGRAM, THROUGH THE AMERICORPS (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 2020, 55 VOLUNTEERS PROVIDED COMPANIONSHIP AND RESPITE SERVICES FOR A TOTAL OF 48,303 HOURS OF SERVICE IN CLARK, GREENE, MONTGOMERY, MIAMI, PREBLE, PORTAGE, SUMMIT AND STARK COUNTIES. COVID RESTRICTIONS SEVERELY CURTAILED IN-PERSON SERVICE. SENIOR COMPANION PROGRAM HAD 30% OF VOLUNTEERS RETURNED TO SERVING IN-HOME BY JUNE 30, WITH THE REMAINING 70% PERFORMING TELEPHONE REASSURANCE, MAILING LETTERS, AND PARTICIPATING IN VOLUNTEER TRAINING. FOSTER GRANDPARENT PROGRAM - THIS AMERICORPS SENIOR PROGRAM, THROUGH THE AMERICORPS (CORPORATION FOR NATIONAL AND COMMUNITY SERVICE,) CONNECTS VOLUNTEERS AGE 55 AND OVER WITH CHILDREN AND YOUNG PEOPLE WITH EXCEPTIONAL NEEDS. FY 2020 SAW 99 VOLUNTEERS MENTOR, SUPPORT, AND HELP SOME OF THE MOST VULNERABLE CHILDREN IN MAHONING, MONTGOMERY, PORTAGE, STARK, TRUMBULL, GEAUGA, GREENE AND CLARK COUNTIES. THEY SERVED 90,586 HOURS. THE FOSTER GRANDPARENTS WERE NOT ABLE TO RETURN TO THE CLOSED SCHOOLS BY JUNE 30 DUE TO COVID, BUT ALL VOLUNTEERS PARTICIPATED IN VOLUNTEER TRAINING, AS WELL AS SOME CLASSROOM ZOOM CALLS AND LETTERS TO SCHOOLS. BIG BROTHERS & SISTERS 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 FY20, 31,122 HOURS OF VOLUNTEER SERVICE WERE PROVIDED TO 266 CHILDREN IN PORTAGE, JEFFERSON, MAHONING AND TRUMBULL COUNTIES.

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
FAMILY & COMMUNITY SERVICES INC

Employer identification number
34-1902451

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

The organization is not a private foundation because it is: (For lines 1 through 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) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	13,444,099	15,868,986	20,456,684	20,077,211	21,128,813	90,975,793
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	13,444,099	15,868,986	20,456,684	20,077,211	21,128,813	90,975,793
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.						90,975,793

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .	13,444,099	15,868,986	20,456,684	20,077,211	21,128,813	90,975,793
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	21,377	31,318	58,809	43,016	45,254	199,774
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .	60,464					60,464
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .	1,835					1,835
11 Total support. Add lines 7 through 10						91,237,866
12 Gross receipts from related activities, etc. (see instructions)					12	58,336,303

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 2019 (line 6, column (f) divided by line 11, column (f))	14	99.710 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	99.450 %

- 16a 33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	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))? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	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.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

OMB No. 1545-0047 2019 Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year. Includes questions about donor notification.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, monitoring, and expenses. Includes a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for art and historical treasures.

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds.

Complete if the organization answered "Yes" 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
- (ii)** related organizations

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

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		1,876,375		1,876,375
b Buildings		21,624,026	6,681,533	14,942,493
c Leasehold improvements		3,515,001	2,203,190	1,311,811
d Equipment		734,201	596,590	137,611
e Other		1,574,703	827,010	747,693
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				19,015,983

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	
(2) PAYABLES TO RELATED THIRD PARTIES	1,500
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	1,500

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

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	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

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 X, LINE 2:	THE AGENCY IS A NONPROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND IS EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO SECTION 501(A) OF THE IRC. THE AGENCY HAS DETERMINED THAT IT IS NOT REQUIRED TO RECORD A LIABILITY RELATED TO UNCERTAIN TAX POSITIONS.

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

Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
	BBBS GOLF OUTING (event type)	HOPE IN A HANDBAG (event type)	2 (total number)	(add col. (a) through col. (c))	
1 Gross receipts	33,099	50,810	104,742	188,651	
2 Less: Contributions	23,919	42,810	82,242	148,971	
3 Gross income (line 1 minus line 2)	9,180	8,000	22,500	39,680	
Direct Expenses	4 Cash prizes	455		455	
	5 Noncash prizes	322		322	
	6 Rent/facility costs	3,941	5,426	11,481	20,848
	7 Food and beverages	1,215			1,215
	8 Entertainment				
	9 Other direct expenses	5,212	8,287	53,264	66,763
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				89,603
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-49,923	

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	13a	%
b An outside facility	13b	%

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

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

Schedule I (Form 990)

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2019

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 General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
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.

VCS RENT ASSISTANCE	58	19,396		
VCS RENT ASSISTANCE	58	19,396		
HOMELESS/RENT ASSISTANCE-SSVF	161	260,911		
COUNSELING DIRECT ASSISTANCE	20	1,318		
ADOPTION ASSISTANCE	151	30,424		
EMERGENCY ASSISTANCE	155	130,376		

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

CTP ASSISTANCE	35	172,704		
CTP ASSISTANCE	35	172,704		
HOMELESS/RENT ASSISTANCE-HCRP	75	156,404		
WOMEN'S SHELTER/MCH	37	2,379		
DV SHELTERS	44	1,890		
VETERANS ASSISTANCE	221	23,757		

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

COMMUNITY CENTERS ASSISTANCE	166	12,330		
COMMUNITY CENTERS ASSISTANCE	166	12,330		
FOSTERGRANDPARENT STIPENDS	97	246,371		
SENIOR COMPANION STIPENDS	55	131,315		
FOOD PROGRAMS	690	7,132		
CLIENT HOUSING	31	88,744		

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.				
OTHER ASSISTANCE	88	17,885		
OTHER ASSISTANCE	88	17,885		

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

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 border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</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 on Line 1a?</p>	2	Yes								
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <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 II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MARK FRISONE EXECUTIVE DIRECTOR	(i)	148,829 -----	0 -----	0 -----	5,252 -----	4,484 -----	158,565 -----	0 -----
	(ii)	0	0	0	0	0	0	0
2 ERIN KLEKOT VALLEY COUNSELING MEDICAL	(i)	185,050 -----	0 -----	0 -----	6,477 -----	272 -----	191,799 -----	0 -----
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

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

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990.

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

OMB No. 1545-0047

2019

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

Table with columns (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Row 1: 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

Table with columns 1-13 and sub-columns A-D. Rows 1-13: Amount of bonds retired, Amount of bonds legally defeased, Total proceeds of issue (2,624,984), Gross proceeds in reserve funds (267,000), Capitalized interest from proceeds, Proceeds in refunding escrows, Issuance costs from proceeds (52,499), Credit enhancement from proceeds, Working capital expenditures from proceeds, Capital expenditures from proceeds (2,305,485), Other spent proceeds, Other unspent proceeds, Year of substantial completion. Rows 14-17: Questions about bond issuance and record keeping.

Part III Private Business Use

Table with columns 1-2 and sub-columns A-D. Row 1: Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? (X). Row 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

2019

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization FAMILY & COMMUNITY SERVICES INC

Employer identification number

34-1902451

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

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

Part II Loans to and/or From Interested Persons.

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

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

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) RICK COE	RICK COE IS A TRUSTEE AND IS THE CEO OF PORTAGE COMMUNITY BANK	411,182	FAMILY & COMMUNITY SERVICES (FCS) MAINTAINS A DEPOSITORY FUND ACCOUNT AT PORTAGE COMMUNITY BANK (PCB). DEPOSITS INTO AND WITHDRAWALS FROM THIS ACCOUNT ARE DONE IN THE ORDINARY COURSE OF BUSINESS AND ARE ON THE SAME TERMS AS THE BANK OFFERS TO THE GENERAL PUBLIC.FCS HAS LOANS OUTSTANDING DUE TO PCB. AT JUNE 30, 2020, \$411,182 WAS OUTSTANDING ON THE LOANS. DURING FY2020, PRINCIPAL PAYMENTS OF \$371,171 AND INTEREST PAYMENTS OF \$39,234 WERE MADE ON LOANS. DURING FY2020, TWO ADDITIONAL COMMERCIAL LOANS OF \$66,202 WAS 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
2019
Open to Public Inspection

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

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	X	2	5,150	KELLY BLUE BOOK
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	15	2,060	FMV
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	X	2	175,000	FMV
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				
PRIZES & AUCTION	X	202	60,431	DONOR SUPPLIED VALUE
25 Other ▶ (ITEMS)				
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

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 isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No
31		No
32a		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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't 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
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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.

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

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

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

2019

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

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
(1) PORTAGE INDUSTRIES INC 7008 STATE ROUTE 88 RAVENNA, OH 44266 34-1329830	SHELTERED WORKSHOPS	OH	501(C)(3)	LINE 7	FAMILY & COMMUNITY SERVICES INC	Yes	
(2) RESIDENTIAL RESOURCES FOR THE DEVELOPMENTALLY CHALLENGED INC 705 OAKWOOD STREET STE 108 RAVENNA, OH 44266 34-1944953	DEVELOPMENTALLY CHALLENGED LIVING EXPENSES	OH	501(C)(3)	LINE 10	FAMILY & COMMUNITY SERVICES INC	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) POM GROUP INC 705 OAKWOOD STREET SUITE 215 RAVENNA, OH 44266 34-1720991	INDIVIDUAL TRANSPORTATION	OH	FAMILY & COMMUNITY SERVICES INC	S	-33,448	1,498,162	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		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)	Yes	
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		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	1,024,332	INTERCOMPANY RECEIVABLE
(2) POM GROUP INC	E	3,318,279	INTERCOMPANY PAYABLE

Part VII **Supplemental Information**

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

Return Reference	Explanation