

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 01-01-2019, and ending 12-31-2019

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

C Name of organization: FAMILY & CHILDREN SERVICES INC
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 1608 LAKE STREET
 City or town, state or province, country, and ZIP or foreign postal code: KALAMAZOO, MI 49001

D Employer identification number: 38-2118101
E Telephone number: (269) 344-0202
G Gross receipts \$ 13,257,669

F Name and address of principal officer:
 SHERRY THOMAS-CLOUD
 1608 LAKE STREET
 KALAMAZOO, MI 49001

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: ▶ FCSOURCE.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1903 **M** State of legal domicile: MI

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 FAMILY & CHILDREN SERVICES SUPPORTS, STRENGTHENS AND PRESERVES THE SAFETY, WELL BEING AND DIGNITY OF CHILDREN, INDIVIDUALS AND FAMILIES; ACCOMPLISHED BY PROVIDING A COMPREHENSIVE PROGRAM OF CRITICAL HUMAN SERVICES.

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)	22
4 Number of independent voting members of the governing body (Part VI, line 1b)	22
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	231
6 Total number of volunteers (estimate if necessary)	280
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 39	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	970,753	1,259,507
9 Program service revenue (Part VIII, line 2g)	9,580,916	9,977,586
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	706,124	691,803
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,030	6,056
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,259,823	11,934,952
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	254,604	285,012
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)	8,014,379	8,146,248
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 144,241		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,430,165	3,524,940
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	11,699,148	11,956,200
19 Revenue less expenses. Subtract line 18 from line 12	-439,325	-21,248

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	25,529,813	27,899,716
21 Total liabilities (Part X, line 26)	1,297,335	1,455,736
22 Net assets or fund balances. Subtract line 21 from line 20	24,232,478	26,443,980

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: 2020-09-04

SHERRY THOMAS-CLOUD CEO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Preparer's signature: Date: 2020-09-05
 Check if self-employed PTIN: P00047726

Firm's name ▶ JANSEN VALK THOMPSON & REAHM PC Firm's EIN ▶ 38-3186775

Firm's address ▶ 7171 STADIUM DR KALAMAZOO, MI 490094943 Phone no. (269) 381-7600

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

FAMILY & CHILDREN SERVICES SUPPORTS, STRENGTHENS AND PRESERVES THE SAFETY, WELL BEING AND DIGNITY OF CHILDREN, INDIVIDUALS AND FAMILIES; ACCOMPLISHED BY PROVIDING A COMPREHENSIVE PROGRAM OF CRITICAL HUMAN SERVICES.

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

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 [X] 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 \$ 4,607,006 including grants of \$ 55,256) (Revenue \$ 5,026,977) See Additional Data

4b (Code:) (Expenses \$ 1,052,752 including grants of \$ 10,081) (Revenue \$ 867,715) See Additional Data

4c (Code:) (Expenses \$ 927,658 including grants of \$ 10,959) (Revenue \$ 644,127) See Additional Data

(Code:) (Expenses \$ 3,785,694 including grants of \$ 208,716) (Revenue \$ 3,438,767)

FOR 117 YEARS, FAMILY & CHILDREN SERVICES HAS RESPONDED TO THE NEEDS OF THE COMMUNITIES IT SERVES ACCOMPLISHING ITS MISSION TO "SUPPORT, STRENGTHEN AND PRESERVE THE SAFETY, WELL-BEING AND DIGNITY OF CHILDREN, INDIVIDUALS AND FAMILIES" THROUGH A COMPREHENSIVE PROGRAM OF CHILD WELFARE, BEHAVIORAL HEALTH AND CRISIS SERVICES. A CONTINUUM OF PROGRAMS IS OFFERED, SERVING 7,414 INDIVIDUALS IN 2019. 4,356 WERE CHILDREN. AGENCY CLIENTS WERE SERVED FROM 21 COUNTIES IN THE REGION: ALLEGAN, BARRY, BERRIEN, BRANCH, CALHOUN, CASS, GENESEE, INGHAM, KALAMAZOO, KENT, LAKE, MACOMB, MASON, MONROE, MUSKEGON, OCEANA, OAKLAND, OTTAWA, ST. JOSEPH, VAN BUREN, AND WAYNE COUNTIES. SERVICES ARE PROVIDED IN CLIENT HOMES, SCHOOLS, CRISIS RESIDENTIAL, RESPITE AND SHELTER HOMES, COMMUNITY CENTERS, AND AGENCY SERVICE SITES IN KALAMAZOO AND CALHOUN COUNTIES. SERVICE QUALITY IS ASSURED THROUGH STATE AND LOCAL REGULATORY BODIES, THE COUNCIL ON ACCREDITATION (COA), AND INTERNAL TRAINING AND QUALITY MANAGEMENT SYSTEMS DIRECTED AT BEST PRACTICES IN THE DELIVERY OF HUMAN SERVICES. THE AGENCY HAS BEEN ACCREDITED SINCE JUNE OF 1987 AND IS LICENSED FOR THE CARE OF CHILDREN BY THE STATE OF MICHIGAN. IN ADDITION TO FOSTER CARE AND ADOPTION, FAMILY AND COMMUNITY TREATMENT AND COUNSELING SERVICES, SERVICES TO THE COMMUNITY INCLUDE: CHILD WELFARE SERVICES: FAMILY PRESERVATION PROGRAMS SUCH AS FAMILIES FIRST, SERVE FAMILIES WHOSE CHILDREN ARE AT RISK OF OUT-OF-HOME PLACEMENT DUE TO ABUSE OR NEGLECT AND CHILDREN IN FOSTER CARE BEING REUNITED WITH THEIR FAMILIES. THE FAMILY ADVOCATE PROGRAM HELPS FAMILIES NEEDING IMMEDIATE SUPPORT AND PROVIDES SERVICES SUCH AS COUNSELING, LIFE SKILLS TRAINING AND PARENTING EDUCATION IN A FAMILY'S HOME FOR FAMILIES WHERE THERE HAS BEEN AN INVESTIGATION OF CHILD ABUSE OR NEGLECT. FAMILIES TOGETHER BUILDING SOLUTIONS IS AN IN-HOME PROGRAM THAT SERVES FAMILIES WHO ARE EXPERIENCING ISSUES RELATED TO CHILD AND FAMILY WELL-BEING AND ARE IN NEED OF SUPPORTIVE ASSISTANCE. SERVICES INCLUDE PROVIDING SUPPORT WITH BUDGETING, HOUSEHOLD MANAGEMENT, PARENTING SKILLS, CONNECTION WITH COMMUNITY RESOURCES, COMMUNICATION AND CONFLICT RESOLUTION SKILLS AND BUILDING POSITIVE RELATIONSHIPS. WHEN A CHILD MUST BE REMOVED FROM THEIR FAMILY, THE OVERARCHING GOAL IS TO RETURN THE CHILD TO THE HOME. FOSTER CARE SUPPORTIVE VISITATION/IN-HOME PARENT EDUCATION PROVIDES INTENSIVE INDIVIDUALIZED PARENT-CHILD VISITS CENTERED ON THE CHILD AND PARENT EDUCATION AND COACHING. THE PROGRAM UTILIZES EVIDENCE-BASED APPROACHES TO REPLACE OLD PATTERNS OF BEHAVIOR WITH NEW, HEALTHIER ONES. THE AGENCY ALSO OFFERS SUPERVISED PARENTING TIME TO IMPROVE PARENTING SKILLS AND INCREASE COMMUNICATION BETWEEN PARENTS AND THEIR CHILDREN IN A SAFE AND CONTROLLED ENVIRONMENT. BEHAVIORAL HEALTH SERVICES: COMMUNITY BASED MENTAL HEALTH SERVICES FOR YOUTH AND THEIR PARENTS ADDRESS BEHAVIORAL HEALTH ISSUES THAT LEFT UNTREATED, COULD OVERWHELM A CHILD OR FAMILY. FAMILY AND COMMUNITY TREATMENT AND PARENT INFANT PROGRAMS PROVIDE COMPREHENSIVE, HOME-BASED TREATMENT SERVICES PARTNERING WITH FAMILIES. SERVICES ARE PROVIDED TO FAMILIES WITH YOUTH EXPERIENCING A SERIOUS EMOTIONAL DISTURBANCE AND HAVING DIFFICULTIES IN MULTIPLE AREAS OF LIFE. IN ADDITION TO FAMILY AND COMMUNITY TREATMENT, PARENT INFANT PROGRAMS SERVE FAMILIES WHERE EITHER THE PARENT OR CHILD IS STRUGGLING WITH MENTAL HEALTH CHALLENGES, OFFERING FAMILY SUPPORT FROM PREGNANCY THROUGH AGE THREE. SERVICES INCLUDE INDIVIDUAL, GROUP, FAMILY AND PLAY THERAPY, PARENTING EDUCATION AND SUPPORT, 24-HOUR ON-CALL AVAILABILITY, ADVOCACY AND REFERRALS TO COMMUNITY RESOURCES. CASE MANAGEMENT COORDINATES NECESSARY SERVICES FOR YOUNG ADULTS WITH A SERIOUS AND PERSISTENT MENTAL ILLNESS OR FAMILIES WHOSE CHILDREN HAVE A DEVELOPMENTAL DISABILITY OR SERIOUS EMOTIONAL DISTURBANCE. THESE SERVICES INCLUDE A COMPREHENSIVE MENTAL HEALTH ASSESSMENT AND DEVELOPMENT OF A PERSON-CENTERED PLAN, LINKAGE AND REFERRAL TO COMMUNITY RESOURCES, AND ONGOING COORDINATION TO ENSURE QUALITY OF SERVICES AND SUPPORTS. IN 2019, 711 INDIVIDUALS WERE SERVED - 369 WERE CHILDREN. LINK SOCIAL EMOTIONAL LEARNING PROGRAMS ARE PROVIDED YEAR ROUND TO CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCES AND/OR DEVELOPMENTAL DISABILITIES TO GIVE THEM THE OPPORTUNITY TO PARTICIPATE IN STRUCTURED ACTIVITIES DESIGNED TO PROMOTE THEIR SOCIAL, EMOTIONAL, EDUCATIONAL AND RECREATIONAL NEEDS INDIVIDUALLY OR IN A GROUP. THE PROGRAM IS TAILORED TO EACH CHILD'S INDIVIDUAL NEEDS IN A VARIETY OF COMMUNITY SETTINGS. WORKING WITH DIRECT CARE STAFF, GROUPS USE MUSIC, ART, SPORTS, ADVENTURE AND SCIENCE TO LEARN AND PRACTICE THEIR SOCIAL AND EMOTIONAL SKILLS. CRISIS SERVICES: MOBILE CRISIS RESPONSE IS A 24-HOUR RESPONSE TEAM FOR YOUTH IN KALAMAZOO COUNTY FACING A MENTAL HEALTH AND/OR SUBSTANCE USE CRISIS. AS A COMPREHENSIVE COMMUNITY-BASED PROGRAM, MOBILE CRISIS PROVIDES IMMEDIATE CRISIS INTERVENTION, CLINICAL ASSESSMENTS, ASSISTS FAMILIES IN DEVELOPING PRACTICAL SAFETY/CRISIS PLANS, AND PROVIDES FOLLOW UP SERVICES UNTIL THE YOUTH AND FAMILY ARE CONNECTED WITH ONGOING SERVICES. THIS SERVICE OPERATES 24-HOURS PER DAY, SEVEN DAYS PER WEEK IN SCHOOLS, HOMES AND IN THE COMMUNITY. GLEN'S HOUSE YOUTH CRISIS RESIDENTIAL SERVICES ARE FOR YOUTH AGES 5-17 WITH A PRIMARY MENTAL HEALTH DIAGNOSIS EXPERIENCING AN ACUTE PSYCHIATRIC CRISIS. GLEN'S HOUSE PROVIDES A SHORT-TERM (UP TO 14 NIGHTS) ALTERNATIVE TO INPATIENT PSYCHIATRIC SERVICES TO AVERT AN INPATIENT PSYCHIATRIC ADMISSION OR TO SHORTEN THE LENGTH OF AN INPATIENT STAY. CRISIS PLACEMENTS ARE ACCEPTED 24-HOURS, 365 DAYS A YEAR IN A LICENSED RESIDENTIAL FACILITY. YOUTH CRISIS RESPITE PROVIDES A SHORT-TERM PLACEMENT FOR YOUTH AGES 5-17 EXPERIENCING A MENTAL HEALTH CRISIS. SERVICES ARE TYPICALLY 2-14 DAYS AND ASSIST IN STABILIZING A CURRENT (NOT ON-GOING) CRISIS SITUATION. FOCUS IS ON THE TEMPORARY SEPARATION FROM YOUTH'S NATURAL ENVIRONMENT TO PREVENT DETERIORATION OR HARM TO THEMSELVES OR OTHERS. IN 2019, 262 CHILDREN/YOUTH WERE SERVED. GAIL'S HOUSE SHELTER FOSTER CARE PROVIDES A STRUCTURED, SAFE ENVIRONMENT FOR CHILDREN IN FOSTER CARE AS THEY AWAIT A PLACEMENT MATCH THAT WILL BEST MEET THEIR ONGOING NEEDS. PLACEMENT IN SHELTER CARE ALLOWS TIME TO ENSURE THE BEST POSSIBLE PLACEMENT. PLACEMENTS ARE ACCEPTED 24-HOURS, 365 DAYS A YEAR IN A LICENSED SIX BEDROOM HOME-LIKE RESIDENTIAL SETTING. DURING A YOUTH'S STAY, EMPHASIS IS PLACED ON CREATING AN ENVIRONMENT DESIGNED TO SUPPORT YOUTH IN TRAUMA RECOVERY. EACH YOUTH HAS A COMFORTABLE, PRIVATE ROOM. RESIDENTS ARE ENROLLED IN SCHOOL AND ENCOURAGED TO PARTICIPATE IN STRUCTURED ACTIVITIES SCHEDULED THROUGHOUT THE DAY. BALANCED NUTRITIONAL MEALS ARE PROVIDED IN A FAMILY-LIKE SETTING.

4d Other program services (Describe in Schedule O.) (Expenses \$ 3,785,694 including grants of \$ 208,716) (Revenue \$ 3,438,767)

4e Total program service expenses 10,373,110

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		No
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	Yes	
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		No
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
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		No
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		No
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	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5 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	No
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	No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
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	
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 26	
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 Yes	

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 231

b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 2b Yes

3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a No

b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a No

b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a No

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b No

c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c

6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a No

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b

7 Organizations that may receive deductible contributions under section 170(c).

a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a No

b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c No

d If "Yes," indicate the number of Forms 8282 filed during the year 7d

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f No

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g No

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h No

8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8

9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b

10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b

11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b

13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b

c Enter the amount of reserves on hand 13c

14a Did the organization receive any payments for indoor tanning services during the tax year? 14a No b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b

15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 No If "Yes," see instructions and file Form 4720, Schedule N.

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 No If "Yes," complete Form 4720, Schedule O.

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 Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed; 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. Own website, Another's website, Upon request, Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: KATHLEEN HOMAN 1608 LAKE STREET KALAMAZOO, MI 49001 (269) 344-0202

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) SHERRY THOMAS-CLOUD CEO	40.00			X			154,714	0	4,213	
(2) KITTY SCHEFFERS DIR OF OPERA	40.00			X			35,942	0	0	
(3) KRIS BAHNER TRUSTEE	1.00	X					0	0	0	
(4) JAMES BRIDENSTINE TRUSTEE	1.00	X					0	0	0	
(5) FIONA DENNY TRUSTEE	1.00	X					0	0	0	
(6) MICHAEL EVANS TRUSTEE	1.00	X					0	0	0	
(7) DAVID FURGASON TRUSTEE	1.00	X					0	0	0	
(8) SUZANNE GONZALEZ TRUSTEE	1.00	X					0	0	0	
(9) ANNIE JOHNSTON HENN TRUSTEE	1.00	X					0	0	0	
(10) ALAN J HOVESTADT TRUSTEE	1.00	X					0	0	0	
(11) BRIAN HUDSON PRESIDENT	1.00	X		X			0	0	0	
(12) JEFF HUTCHISON TRUSTEE	1.00	X					0	0	0	
(13) CARMEN JAMES TRUSTEE	1.00	X					0	0	0	
(14) N DEAN MACVICAR TRUSTEE	1.00	X					0	0	0	
(15) CONNIE MCFEE VICE PRESIDE	1.00	X		X			0	0	0	
(16) ALBA MCKAY TRUSTEE	1.00	X					0	0	0	
(17) LINDA MILLER TREASURER	1.00	X		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) CARRIE R MORROW TRUSTEE	1.00	X					0	0	0	
(19) DR CHERYL DICKSON MPH TRUSTEE	1.00	X					0	0	0	
(20) CARLOS RANGEL TRUSTEE	1.00	X					0	0	0	
(21) VICTORIA REESE TRUSTEE	1.00	X					0	0	0	
(22) JEFF WALKER TRUSTEE	1.00	X					0	0	0	
(23) SARAH WILLEY TRUSTEE	1.00	X					0	0	0	
(24) DOUGLAS G WORGESS SECRETARY	1.00	X		X			0	0	0	
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶							190,656		4,213	

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 ▶ **1**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	169,403				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,090,104				
	g Noncash contributions included in lines 1a - 1f:\$	1g	164,883				
	h Total. Add lines 1a-1f			1,259,507			
Program Service Revenue	2a FOSTER CARE	Business Code					
		624100	5,026,977	5,026,977			
	b OTHER	624100	2,419,136	2,419,136			
	c FACT	624100	867,715	867,715			
	d CASE MANAGEMENT	624100	644,127	644,127			
	e FTBS	624100	548,497	548,497			
	f All other program service revenue		471,134	471,134			
g Total. Add lines 2a-2f.		9,977,586					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		346,810			346,810	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	1,292,710				
		(ii) Other	375,000				
		b Less: cost or other basis and sales expenses	1,062,699	260,018			
		c Gain or (loss)	230,011	114,982			
	d Net gain or (loss)		344,993	344,993			
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
		b Less: direct expenses					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19							
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances							
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
11a MISCELLANEOUS		6,056	6,056				
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d		6,056					
12 Total revenue. See instructions		11,934,952	10,328,635		346,810		

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	285,012	285,012		
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	154,714		154,714	
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	6,731,034	5,821,701	799,312	110,021
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	121,687	96,115	24,075	1,497
9 Other employee benefits	685,874	579,869	90,972	15,033
10 Payroll taxes	452,939	381,122	63,400	8,417
11 Fees for services (non-employees):				
a Management				
b Legal	8,818		8,818	
c Accounting	22,000	20,649	1,351	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	83,914	34,776	49,138	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	295,599	277,368	18,231	
12 Advertising and promotion	61,670	18,860	33,537	9,273
13 Office expenses	131,779	107,800	23,979	
14 Information technology	174,570	150,575	23,995	
15 Royalties				
16 Occupancy	523,195	460,388	62,807	
17 Travel	339,894	334,006	5,888	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	65,263	41,802	23,461	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	360,272	314,759	45,513	
23 Insurance	90,337	86,494	3,843	
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 RESPITE & FOSTER CARE	1,297,005	1,297,005		
b MISCELLANEOUS	41,284	35,469	5,815	
c PROGRAM FOOD/MATERIALS	29,340	29,340		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	11,956,200	10,373,110	1,438,849	144,241
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	242,989	1	595,076
	2 Savings and temporary cash investments	57,366	2	24,128
	3 Pledges and grants receivable, net	34,674	3	10,624
	4 Accounts receivable, net	1,171,156	4	1,079,912
	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		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	99,486	9	120,061
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	13,013,395		
	b Less: accumulated depreciation	5,134,595		
	11 Investments—publicly traded securities	15,331,670	11	17,956,061
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	204,365	15	235,054
16 Total assets. Add lines 1 through 15 (must equal line 34)	25,529,813	16	27,899,716	
Liabilities	17 Accounts payable and accrued expenses	1,297,335	17	1,455,736
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,297,335	26	1,455,736
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	10,575,780	27	11,087,832
	28 Net assets with donor restrictions	13,656,698	28	15,356,148
	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	24,232,478	32	26,443,980	
33 Total liabilities and net assets/fund balances	25,529,813	33	27,899,716	

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	11,934,952
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,956,200
3	Revenue less expenses. Subtract line 2 from line 1	3	-21,248
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,232,478
5	Net unrealized gains (losses) on investments	5	2,232,750
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	26,443,980

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		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 38-2118101

Name: FAMILY & CHILDREN SERVICES INC

Form 990 (2019)

Form 990, Part III, Line 4a:

FOSTER CARE OFFERS SAFETY AND STABILITY TO CHILDREN WHO HAVE EXPERIENCED ABUSE OR NEGLECT BY PROVIDING FAMILY CARE WHEN OUT-OF-HOME PLACEMENT BECOMES NECESSARY. FOSTER FAMILIES ARE LICENSED BY THE AGENCY AND TRAINED TO NURTURE AND PROMOTE THE DEVELOPMENT OF CHILDREN. CHILDREN'S TRAUMA TREATMENT AND PARENT COACHING ARE PROVIDED TO TREAT CHILDREN AND STRENGTHEN FAMILIES. SINCE 2009, PRIVATIZATION OF MICHIGAN'S CHILD WELFARE SYSTEM HAS INCREASED THE NUMBER OF CHILDREN COMING INTO THE AGENCY'S FOSTER CARE PROGRAM. IN 2019, 69,176 DAYS OF FOSTER CARE WERE PROVIDED TO CHILDREN. 68 CHILDREN WERE TRANSITIONED FROM FOSTER CARE INTO PERMANENT FAMILIES THROUGH ADOPTION AS PART OF A PERMANENCY PLAN WHEN THEY COULD NOT BE RETURNED TO THEIR FAMILIES.

Form 990, Part III, Line 4b:

FAMILY AND COMMUNITY TREATMENT (FACT) IS A COMPREHENSIVE HOME-BASED TREATMENT SERVICE PARTNERING WITH FAMILIES TO STRENGTHEN THEIR ABILITIES. THIS PROGRAM SERVES FAMILIES WITH A CHILD WHO HAS A DIAGNOSABLE MENTAL ILLNESS AND IS EXPERIENCING DIFFICULTIES IN MULTIPLE AREAS OF LIFE. THIS SERVICE MAY INCLUDE INDIVIDUAL, COUPLES, GROUP, FAMILY AND PLAY THERAPY, PARENTING SUPPORT, CASE MANAGEMENT SERVICES, 24-HOUR ON-CALL AVAILABILITY, ADVOCACY AND REFERRALS TO COMMUNITY SUPPORTS. STAFF WORK WITH THE ENTIRE FAMILY PROVIDING INDIVIDUALIZED SERVICES FOR BOTH THE YOUTH AND FAMILY MEMBERS BASED ON A NEEDS-DRIVEN, STRENGTH-BASED APPROACH. IN 2019, 763 INDIVIDUALS WERE SERVED - 462 WERE CHILDREN.

Form 990, Part III, Line 4c:

THE COUNSELING CENTER AT FAMILY & CHILDREN SERVICES WORKS WITH INDIVIDUALS EXPERIENCING EMOTIONAL HEALTH CHALLENGES. OUTPATIENT COUNSELING IS AVAILABLE FOR INDIVIDUALS FROM ALL SOCIOECONOMIC BACKGROUNDS. THERAPISTS PROVIDE A VARIETY OF PROFESSIONAL COUNSELING SERVICES INCLUDING INDIVIDUAL, COUPLE AND FAMILY THERAPY AND SUBSTANCE USE DISORDER SERVICES TO ENABLE CLIENTS TO UNDERSTAND THE SOCIAL, PSYCHOLOGICAL, AND INTERPERSONAL ISSUES THAT MAY BE INTERFERING WITH THEIR RELATIONSHIPS, JOB, SCHOOL AND SOCIAL FUNCTIONING. SCHOOL-BASED COUNSELING PROVIDES QUALITY OUTPATIENT COUNSELING AT KALAMAZOO PUBLIC SCHOOLS TO STUDENTS WHO MAY NOT OTHERWISE HAVE ACCESS TO SERVICES. CHILDREN'S SPECIALTY SERVICES OFFER TRAUMA THERAPY TO CHILDREN AND BI-LINGUAL, BI-CULTURAL OUTREACH SERVICES ARE OFFERED TO SPANISH SPEAKING YOUTH AND THEIR FAMILIES. IN 2019, 1,637 INDIVIDUALS WERE SERVED THROUGH THE COUNSELING CENTER.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
FAMILY & CHILDREN SERVICES INC

Employer identification number
38-2118101

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.") . . .	7,804,703	1,211,797	1,176,414	970,753	1,259,507	12,423,174
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	7,804,703	1,211,797	1,176,414	970,753	1,259,507	12,423,174
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) . . .						3,050,707
6 Public support. Subtract line 5 from line 4.						9,372,467

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. . .	7,804,703	1,211,797	1,176,414	970,753	1,259,507	12,423,174
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	200,597	180,920	279,516	316,064	346,810	1,323,907
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						13,747,081
12 Gross receipts from related activities, etc. (see instructions)					12	28,982,922

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	68.180 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	68.670 %

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.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, LINE 10	MISCELLANEOUS INCOME 0

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 & CHILDREN SERVICES INC

Employer identification number 38-2118101

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 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-4 about fund values and questions 5-6 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 1-9 about easement types, monitoring, and reporting. Includes a table for 'Held at the End of the Year' with rows 2a-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 1a-1b and 2a-2b about reporting on 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	12,544,244	13,870,518	12,534,103	12,229,564	11,595,821
b Contributions	111,752	425	700	825	1,001,401
c Net investment earnings, gains, and losses	2,812,308	-520,893	1,968,715	734,603	349
d Grants or scholarships					
e Other expenditures for facilities and programs	604,898	741,647	571,345	379,288	312,593
f Administrative expenses	83,914	64,159	61,655	51,601	55,414
g End of year balance	14,779,492	12,544,244	13,870,518	12,534,103	12,229,564

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 16.000 %
 - b** Permanent endowment ▶ 84.000 %
 - 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:
- | | Yes | No |
|--|-----|----|
| 3a(i) (i) unrelated organizations | Yes | No |
| 3a(ii) (ii) related organizations | No | No |
| 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		353,203		353,203
b Buildings		11,106,733	3,679,590	7,427,143
c Leasehold improvements				
d Equipment		1,553,459	1,455,005	98,454
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ 7,878,800

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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	14,167,702
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	2,232,750	
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	2,232,750
3	Subtract line 2e from line 1		3	11,934,952
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	11,934,952

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	11,956,200
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	11,956,200
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	11,956,200

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Additional Data

Software ID:

Software Version:

EIN: 38-2118101

Name: FAMILY & CHILDREN SERVICES INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	THE ORGANIZATION'S ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED FUNDS AND FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENT. THE ORGANIZATION HAS ADOPTED INVESTMENT AND ENDOWMENT POLICIES. THE INVESTMENT POLICY INCLUDES SPENDING GUIDELINES BASED ON A 4-5% SPENDING RATE APPLIED TO A 20-QUARTER ROLLING VALUE OF THE ENDOWMENT FUND. AMOUNTS AVAILABLE FROM THE SPENDING POLICY ARE USED TO SUPPLEMENT THE PROGRAMS AND OPERATIONS OF THE ORGANIZATION.

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 & CHILDREN SERVICES INC

Employer identification number

38-2118101

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 (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) HOUSEHOLD & LIVING NEEDS	1374	241,216	43,796	FMV	MISC GOODS
(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

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2019
Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
FAMILY & CHILDREN SERVICES INC

Employer identification number
38-2118101

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> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </p> <p> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </p>		
<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	
<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> <p> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </p> <p> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<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 SHERRY THOMAS-CLOUD CEO	(i)	154,714 -----	-----	-----	4,213 -----	-----	158,927 -----	-----
	(ii)							

Part III **Supplemental Information**

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

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 & CHILDREN SERVICES INC

Employer identification number
38-2118101

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	8	121,087	AVE HI/LOW DATE DONATION
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>SUPPLIES</u>)	X	136	43,796	FMV
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.**2019**
Open to Public Inspection

Department of the Treasury

Name of the Organization

FAMILY & CHILDREN SERVICES INC

Employer identification number

38-2118101

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	THE COUNSELING CENTER AT FAMILY & CHILDREN SERVICES WORKS WITH INDIVIDUALS EXPERIENCING EMOTIONAL HEALTH CHALLENGES. OUTPATIENT COUNSELING IS AVAILABLE FOR INDIVIDUALS FROM ALL SOCIOECONOMIC BACKGROUNDS. THERAPISTS PROVIDE A VARIETY OF PROFESSIONAL COUNSELING SERVICES INCLUDING INDIVIDUAL, COUPLE AND FAMILY THERAPY AND SUBSTANCE USE DISORDER SERVICES TO ENABLE CLIENTS TO UNDERSTAND THE SOCIAL, PSYCHOLOGICAL, AND INTERPERSONAL ISSUES THAT MAY BE INTERFERING WITH THEIR RELATIONSHIPS, JOB, SCHOOL AND SOCIAL FUNCTIONING. SCHOOL-BASED COUNSELING PROVIDES QUALITY OUTPATIENT COUNSELING AT KALAMAZOO PUBLIC SCHOOLS TO STUDENTS WHO MAY NOT OTHERWISE HAVE ACCESS TO SERVICES. CHILDREN'S SPECIALTY SERVICES OFFER TRAUMA THERAPY TO CHILDREN AND BI-LINGUAL, BI-CULTURAL OUTREACH SERVICES ARE OFFERED TO SPANISH SPEAKING YOUTH AND THEIR FAMILIES. IN 2019, 1,637 INDIVIDUALS WERE SERVED THROUGH THE COUNSELING CENTER.

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4D</p>	<p>FOR 117 YEARS, FAMILY & CHILDREN SERVICES HAS RESPONDED TO THE NEEDS OF THE COMMUNITIES IT SERVES ACCOMPLISHING ITS MISSION TO "SUPPORT, STRENGTHEN AND PRESERVE THE SAFETY, WELL-BEING AND DIGNITY OF CHILDREN, INDIVIDUALS AND FAMILIES" THROUGH A COMPREHENSIVE PROGRAM OF CHILD WELFARE, BEHAVIORAL HEALTH AND CRISIS SERVICES. A CONTINUUM OF PROGRAMS IS OFFERED, SERVING 7,414 INDIVIDUALS IN 2019, 4,356 WERE CHILDREN. AGENCY CLIENTS WERE SERVED FROM 21 COUNTIES IN THE REGION: ALLEGAN, BARRY, BERRIEN, BRANCH, CALHOUN, CASS, GENESEE, INGHAM, KALAMAZOO, KENT, LAKE, MACOMB, MASON, MONROE, MUSKEGON, OCEANA, OAKLAND, OTTAWA, ST. JOSEPH, VAN BUREN, AND WAYNE COUNTIES. SERVICES ARE PROVIDED IN CLIENT HOMES, SCHOOLS, CRISIS RESIDENTIAL, RESPITE AND SHELTER HOMES, COMMUNITY CENTERS, AND AGENCY SERVICE SITES IN KALAMAZOO AND CALHOUN COUNTIES. SERVICE QUALITY IS ASSURED THROUGH STATE AND LOCAL REGULATORY BODIES, THE COUNCIL ON ACCREDITATION (COA), AND INTERNAL TRAINING AND QUALITY MANAGEMENT SYSTEMS DIRECTED AT BEST PRACTICES IN THE DELIVERY OF HUMAN SERVICES. THE AGENCY HAS BEEN ACCREDITED SINCE JUNE OF 1987 AND IS LICENSED FOR THE CARE OF CHILDREN BY THE STATE OF MICHIGAN. IN ADDITION TO FOSTER CARE AND ADOPTION, FAMILY AND COMMUNITY TREATMENT AND COUNSELING SERVICES, SERVICES TO THE COMMUNITY INCLUDE: CHILD WELFARE SERVICES: FAMILY PRESERVATION PROGRAMS SUCH AS FAMILIES FIRST, SERVE FAMILIES WHOSE CHILDREN ARE AT RISK OF OUT-OF-HOME PLACEMENT DUE TO ABUSE OR NEGLECT AND CHILDREN IN FOSTER CARE BEING REUNITED WITH THEIR FAMILIES. THE FAMILY ADVOCATE PROGRAM HELPS FAMILIES NEEDING IMMEDIATE SUPPORT AND PROVIDES SERVICES SUCH AS COUNSELING, LIFE SKILLS TRAINING AND PARENTING EDUCATION IN A FAMILY'S HOME FOR FAMILIES WHERE THERE HAS BEEN AN INVESTIGATION OF CHILD ABUSE OR NEGLECT. FAMILIES TOGETHER BUILDING SOLUTIONS IS AN IN-HOME PROGRAM THAT SERVES FAMILIES WHO ARE EXPERIENCING ISSUES RELATED TO CHILD AND FAMILY WELL-BEING AND ARE IN NEED OF SUPPORTIVE ASSISTANCE. SERVICES INCLUDE PROVIDING SUPPORT WITH BUDGETING, HOUSEHOLD MANAGEMENT, PARENTING SKILLS, CONNECTION WITH COMMUNITY RESOURCES, COMMUNICATION AND CONFLICT RESOLUTION SKILLS AND BUILDING POSITIVE RELATIONSHIPS. WHEN A CHILD MUST BE REMOVED FROM THEIR FAMILY, THE OVERARCHING GOAL IS TO RETURN THE CHILD TO THE HOME. FOSTER CARE SUPPORTIVE VISITATION/IN-HOME PARENT EDUCATION PROVIDES INTENSIVE INDIVIDUALIZED PARENT-CHILD VISITS CENTERED ON THE CHILD AND PARENT EDUCATION AND COACHING. THE PROGRAM UTILIZES EVIDENCE-BASED APPROACHES TO REPLACE OLD PATTERNS OF BEHAVIOR WITH NEW, HEALTHIER ONES. THE AGENCY ALSO OFFERS SUPERVISED PARENTING TIME TO IMPROVE PARENTING SKILLS AND INCREASE COMMUNICATION BETWEEN PARENTS AND THEIR CHILDREN IN A SAFE AND CONTROLLED ENVIRONMENT. BEHAVIORAL HEALTH SERVICES: COMMUNITY BASED MENTAL HEALTH SERVICES FOR YOUTH AND THEIR PARENTS ADDRESS BEHAVIORAL HEALTH ISSUES THAT LEFT UNTREATED, COULD OVERWHELM A CHILD OR FAMILY. FAMILY AND COMMUNITY TREATMENT AND PARENT INFANT PROGRAMS PROVIDE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4D</p>	<p>E COMPREHENSIVE, HOME-BASED TREATMENT SERVICES PARTNERING WITH FAMILIES. SERVICES ARE PROVIDED TO FAMILIES WITH YOUTH EXPERIENCING A SERIOUS EMOTIONAL DISTURBANCE AND HAVING DIFFICULTIES IN MULTIPLE AREAS OF LIFE. IN ADDITION TO FAMILY AND COMMUNITY TREATMENT, PARENT INFANT PROGRAMS SERVE FAMILIES WHERE EITHER THE PARENT OR CHILD IS STRUGGLING WITH MENTAL HEALTH CHALLENGES, OFFERING FAMILY SUPPORT FROM PREGNANCY THROUGH AGE THREE. SERVICES INCLUDE INDIVIDUAL, GROUP, FAMILY AND PLAY THERAPY, PARENTING EDUCATION AND SUPPORT, 24-HOUR ON-CALL AVAILABILITY, ADVOCACY AND REFERRALS TO COMMUNITY RESOURCES. CASE MANAGEMENT COORDINATES NECESSARY SERVICES FOR YOUNG ADULTS WITH A SERIOUS AND PERSISTENT MENTAL ILLNESS OR FAMILIES WHOSE CHILDREN HAVE A DEVELOPMENTAL DISABILITY OR SERIOUS EMOTIONAL DISTURBANCE. THESE SERVICES INCLUDE A COMPREHENSIVE MENTAL HEALTH ASSESSMENT AND DEVELOPMENT OF A PERSON-CENTERED PLAN, LINKAGE AND REFERRAL TO COMMUNITY RESOURCES, AND ONGOING COORDINATION TO ENSURE QUALITY OF SERVICES AND SUPPORTS. IN 2019, 711 INDIVIDUALS WERE SERVED - 369 WERE CHILDREN. LINK SOCIAL EMOTIONAL LEARNING PROGRAMS ARE PROVIDED YEAR ROUND TO CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCES AND/OR DEVELOPMENTAL DISABILITIES TO GIVE THEM THE OPPORTUNITY TO PARTICIPATE IN STRUCTURED ACTIVITIES DESIGNED TO PROMOTE THEIR SOCIAL, EMOTIONAL, EDUCATIONAL AND RECREATIONAL NEEDS INDIVIDUALLY OR IN A GROUP. THE PROGRAM IS TAILORED TO EACH CHILD'S INDIVIDUAL NEEDS IN A VARIETY OF COMMUNITY SETTINGS. WORKING WITH DIRECT CARE STAFF, GROUPS USE MUSIC, ART, SPORTS, ADVENTURE AND SCIENCE TO LEARN AND PRACTICE THEIR SOCIAL AND EMOTIONAL SKILLS. CRISIS SERVICES: MOBILE CRISIS RESPONSE IS A 24-HOUR RESPONSE TEAM FOR YOUTH IN KALAMAZOO COUNTY FACING A MENTAL HEALTH AND/OR SUBSTANCE USE CRISIS. AS A COMPREHENSIVE COMMUNITY-BASED PROGRAM, MOBILE CRISIS PROVIDES IMMEDIATE CRISIS INTERVENTION, CLINICAL ASSESSMENTS, ASSISTS FAMILIES IN DEVELOPING PRACTICAL SAFETY/CRISIS PLANS, AND PROVIDES FOLLOW UP SERVICES UNTIL THE YOUTH AND FAMILY ARE CONNECTED WITH ONGOING SERVICES. THIS SERVICE OPERATES 24-HOURS PER DAY, SEVEN DAYS PER WEEK IN SCHOOLS, HOMES AND IN THE COMMUNITY. GLEN'S HOUSE YOUTH CRISIS RESIDENTIAL SERVICES ARE FOR YOUTH AGES 5-17 WITH A PRIMARY MENTAL HEALTH DIAGNOSIS EXPERIENCING AN ACUTE PSYCHIATRIC CRISIS. GLEN'S HOUSE PROVIDES A SHORT-TERM (UP TO 14 NIGHTS) ALTERNATIVE TO INPATIENT PSYCHIATRIC SERVICES TO AVERT AN INPATIENT PSYCHIATRIC ADMISSION OR TO SHORTEN THE LENGTH OF AN INPATIENT STAY. CRISIS PLACEMENTS ARE ACCEPTED 24-HOURS, 365 DAYS A YEAR IN A LICENSED RESIDENTIAL FACILITY. YOUTH CRISIS RESPITE PROVIDES A SHORT-TERM PLACEMENT FOR YOUTH AGES 5-17 EXPERIENCING A MENTAL HEALTH CRISIS. SERVICES ARE TYPICALLY 2-14 DAYS AND ASSIST IN STABILIZING A CURRENT (NOT ON-GOING) CRISIS SITUATION. FOCUS IS ON THE TEMPORARY SEPARATION FROM YOUTH'S NATURAL ENVIRONMENT TO PREVENT DETERIORATION OR HARM TO THEMSELVES OR OTHERS. IN 2019, 262 CHILDREN/YOUTH WERE SERVED. GAIL'S HOUSE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	SHELTER FOSTER CARE PROVIDES A STRUCTURED, SAFE ENVIRONMENT FOR CHILDREN IN FOSTER CARE AS THEY AWAIT A PLACEMENT MATCH THAT WILL BEST MEET THEIR ONGOING NEEDS. PLACEMENT IN SHELTER CARE ALLOWS TIME TO ENSURE THE BEST POSSIBLE PLACEMENT. PLACEMENTS ARE ACCEPTED 24-HOURS, 365 DAYS A YEAR IN A LICENSED SIX BEDROOM HOME-LIKE RESIDENTIAL SETTING. DURING A YOUTH'S STAY, EMPHASIS IS PLACED ON CREATING AN ENVIRONMENT DESIGNED TO SUPPORT YOUTH IN TRAUMA RECOVERY. EACH YOUTH HAS A COMFORTABLE, PRIVATE ROOM. RESIDENTS ARE ENROLLED IN SCHOOL AND ENCOURAGED TO PARTICIPATE IN STRUCTURED ACTIVITIES SCHEDULED THROUGHOUT THE DAY. BALANCED NUTRITIONAL MEALS ARE PROVIDED IN A FAMILY-LIKE SETTING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	DRAFT FORM 990 IS PROVIDED TO THE INDEPENDENT AUDIT COMMITTEE AND EXECUTIVE COMMITTEE FOR APPROVAL. COMPLETED FORM 990 IS PROVIDED BY EMAIL TO ENTIRE GOVERNING BODY BEFORE SUBMITTAL.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	CONFLICT OF INTEREST QUESTIONNAIRES ARE REQUESTED AND COMPLETED BY ALL MEMBERS OF THE GOVERNING BODY AND KEY MANAGEMENT PERSONNEL. THESE ARE REQUIRED TO BE UPDATED ANNUALLY AS WELL AS OTHER TIMES AS A CHANGE WARRANTS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE BOARD OF DIRECTORS ANNUALLY REVIEWS THE COMPENSATION OF THE CEO. THE BOARD CONSIDERS RELEVANT MARKET INFORMATION PLUS INDIVIDUAL PERFORMANCE AND WEIGHS THOSE FACTORS AGAINST THE AGENCY'S FISCAL VIABILITY WHEN DETERMINING ANY CHANGES TO THE CEO'S COMPENSATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	NO LESS THAN ANNUALLY, THE PERSONNEL COMMITTEE OF THE BOARD REVIEWS MARKET SALARY INFORMATION FOR ALL POSITIONS. THE COMMITTEE APPROVES RECOMMENDATIONS FOR SALARY STRUCTURE AND RATE CHANGES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, TAX RETURNS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE FOR REVIEW UPON REQUEST.