

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

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

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

C Name of organization
THE FAMILY CENTER INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
139 THOMPSON LANE

City or town, state or province, country, and ZIP or foreign postal code
NASHVILLE, TN 37211

D Employer identification number
62-1237360

E Telephone number
(615) 333-2644

G Gross receipts \$ 822,218

F Name and address of principal officer:
SUSAN M GALEAS
139 THOMPSON LANE
NASHVILLE, TN 37211

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.FAMILYCENTERTN.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1985

M State of legal domicile: TN

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE FAMILY CENTER'S (TFC) MISSION IS BREAKING MULTI-GENERATIONAL CYCLES OF CHILD ABUSE, NEGLECT, AND TRAUMA. SINCE 1985, TFC HAS SERVED MIDDLE TENNESSEE WITH PROGRAMS THAT HELP PREVENT AND MITIGATE CHILD ABUSE, NEGLECT, AND TRAUMA. IT IS LICENSED AND ACCREDITED AS A TENNESSEE CHILD ABUSE PREVENTION AGENCY AND HAS LOCATIONS IN NASHVILLE AND MURFREESBORO. DURING THE 2019/2020 FISCAL YEAR, THE FAMILY CENTER SERVED 2,075 ADULTS AND IMPACTED THE LIVES OF 1,692 CHILDREN THROUGH OUR PROGRAMS AND SERVICES. EMPOWERING PARENTS AND OUR COMMUNITY TO CREATE SAFE, STABLE, NURTURING RELATIONSHIPS IS KEY TO ENSURING CHILDREN HAVE NECESSARY OPPORTUNITIES TO BECOME RESILIENT ADULTS (EMOTIONALLY AND PHYSICALLY). THE FAMILY CENTER UTILIZES EVIDENCE INFORMED AND RESEARCH BASED CURRICULA THAT ENHANCE UNDERSTANDING OF DEVELOPMENTAL STAGES, BRAIN DEVELOPMENT, ADVERSE CHILDHOOD EXPERIENCES (ACES), TRAUMA INFORMED FRAMEWORKS, AND POSITIVE DISCIPLINE TECHNIQUES, ETC. TO ACHIEVE OUR MISSION. FAMILY FOCUSED PROGRA

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	22
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	36
6 Total number of volunteers (estimate if necessary)	6	74
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	785,769	725,103
9 Program service revenue (Part VIII, line 2g)	12,606	12,110
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,352	4,343
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	60,630	60,118
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	862,357	801,674

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	813,332	782,987
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 97,522		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	276,377	217,109
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,089,709	1,000,096
19 Revenue less expenses. Subtract line 18 from line 12	-227,352	-198,422

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	958,333	903,856
21 Total liabilities (Part X, line 26)	28,553	54,530
22 Net assets or fund balances. Subtract line 21 from line 20	929,780	849,326

Part II Signature Block

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

Sign Here

Signature of officer _____ Date 2021-01-27
SUSAN M GALEAS PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶ BLANKENSHIP CPA GROUP PLLC		2021-01-27		P00038531
Firm's address ▶ 215 WARD CIRCLE BRENTWOOD, TN 370272304			Firm's EIN ▶ 45-0491842	
			Phone no. (615) 373-3771	

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:

THE FAMILY CENTER'S (TFC) MISSION IS BREAKING MULTI-GENERATIONAL CYCLES OF CHILD ABUSE, NEGLECT, AND TRAUMA. SINCE 1985, TFC HAS SERVED MIDDLE TENNESSEE WITH PROGRAMS THAT HELP PREVENT AND MITIGATE CHILD ABUSE, NEGLECT, AND TRAUMA. IT IS LICENSED AND ACCREDITED AS A TENNESSEE CHILD ABUSE PREVENTION AGENCY AND HAS LOCATIONS IN NASHVILLE AND MURFREESBORO. DURING THE 2019/2020 FISCAL YEAR, THE FAMILY CENTER SERVED 2,075 ADULTS AND IMPACTED THE LIVES OF 1,692 CHILDREN THROUGH OUR PROGRAMS AND SERVICES. EMPOWERING PARENTS AND OUR COMMUNITY TO CREATE SAFE, STABLE, NURTURING RELATIONSHIPS IS KEY TO ENSURING CHILDREN HAVE NECESSARY OPPORTUNITIES TO BECOME RESILIENT ADULTS (EMOTIONALLY AND PHYSICALLY). THE FAMILY CENTER UTILIZES EVIDENCE INFORMED AND RESEARCH BASED CURRICULA THAT ENHANCE UNDERSTANDING OF DEVELOPMENTAL STAGES, BRAIN DEVELOPMENT, ADVERSE CHILDHOOD EXPERIENCES (ACES), TRAUMA INFORMED FRAMEWORKS, AND POSITIVE DISCIPLINE TECHNIQUES, ETC. TO ACHIEVE OUR MISSION. FAMILY FOCUSED PROGRA

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [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 \$ 776,992 including grants of \$) (Revenue \$ 12,110)
See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses 776,992

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	Yes	
11f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		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	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, and tax-exempt status.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Main form area containing questions 2a through 16b, including sub-sections for organizations receiving deductible contributions, sponsoring organizations, and health insurance issuers.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (22), 1b (22), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed TN
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: SUSAN M GALEAS CEO 139 THOMPSON LANE NASHVILLE, TN 37211 (615) 333-2644

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) PAUL STEELE BOARD CHAIR	2.50	X		X			0	0	0	
(2) JILL OBREMSKEY SECRETARY	0.50	X		X			0	0	0	
(3) MARTY FLANAGAN TREASURER	0.50	X		X			0	0	0	
(4) JERRE RICHARDS BOARD CHAIR	0.50	X		X			0	0	0	
(5) LAUREN CURRY IMMEDIATE PA	0.50	X		X			0	0	0	
(6) JACKLYN CLAIRE DIRECTOR	0.50	X					0	0	0	
(7) KAILEY HAND DIRECTOR	0.50	X					0	0	0	
(8) CLAY HART DIRECTOR	0.50	X					0	0	0	
(9) GORDON HOWEY DIRECTOR	0.50	X					0	0	0	
(10) ABHISHEK MATHUR DIRECTOR	0.50	X					0	0	0	
(11) TRICIA MCDOWELL DIRECTOR	0.50	X					0	0	0	
(12) DONALD MCKENZIE DIRECTOR	0.50	X					0	0	0	
(13) MAMIE MURPHY DIRECTOR	0.50	X					0	0	0	
(14) CAITLIN NOSSETT DIRECTOR	0.50	X					0	0	0	
(15) CORY OWEN DIRECTOR	0.50	X					0	0	0	
(16) GRACIE PORTER DIRECTOR	0.50	X					0	0	0	
(17) REBECCA RUTLEDGE DIRECTOR	0.50	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) BERNARD SALANDY DIRECTOR	0.50	X						0	0	0
(19) JENNIFER SHAIN DIRECTOR	0.50	X						0	0	0
(20) ANDREA SINCLAIR DIRECTOR	0.50	X						0	0	0
(21) WILLIAM SMALLMAN DIRECTOR	0.50	X						0	0	0
(22) JOHN SPENCE DIRECTOR	0.50	X						0	0	0
(23) TANISHA KIZER BOARD INTERN	0.50	X						0	0	0
(24) SUSAN M GALEAS PRESIDENT &	40.00			X				90,000	0	7,201
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								90,000		7,201

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 ▶

	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>		No
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	75,527				
	b Membership dues	1b					
	c Fundraising events	1c	44,400				
	d Related organizations	1d					
	e Government grants (contributions)	1e	223,866				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	381,310				
	g Noncash contributions included in lines 1a - 1f:\$	1g					
	h Total. Add lines 1a-1f			725,103			
Program Service Revenue	2a PROGRAM FEES	Business Code		12,110	12,110		
	b						
	c						
	d						
	e						
	f All other program service revenue.						
	g Total. Add lines 2a-2f.			12,110			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			4,343		4,343	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	7,200				
		(ii) Personal					
		b Less: rental expenses	6b				
		c Rental income or (loss)	6c	7,200			
	d Net rental income or (loss)			7,200		7,200	
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses	7b				
		c Gain or (loss)	7c				
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ 44,400 of contributions reported on line 1c). See Part IV, line 18						
		8a	72,850				
b Less: direct expenses		8b	20,544				
c Net income or (loss) from fundraising events			52,306		52,306		
9a Gross income from gaming activities. See Part IV, line 19							
	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code		612	612			
11a OTHER REVENUE							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			612				
12 Total revenue. See instructions			801,674	12,722	63,849		

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				
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	90,000	70,497	10,800	8,703
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	583,204	456,848	69,955	56,401
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	58,949	46,177	7,071	5,701
10 Payroll taxes	50,834	39,820	6,098	4,916
11 Fees for services (non-employees):				
a Management				
b Legal	11,430	1,883	9,315	232
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,043	501	2,480	62
12 Advertising and promotion	15,541	15,541		
13 Office expenses	26,563	26,098	138	327
14 Information technology				
15 Royalties				
16 Occupancy	18,650	16,408	686	1,556
17 Travel	10,476	8,360	1,092	1,024
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,019	4,715	722	582
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	27,586	23,503	1,273	2,810
23 Insurance	18,912	16,113	873	1,926
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 CONTRACT LABOR	24,542	7,249	12,844	4,449
b COMMUNICATIONS	17,115	14,430	1,176	1,509
c TECHNOLOGY	13,717	11,797	274	1,646
d EQUIPMENT RENTAL & MAINT	8,744	7,450	404	890
e All other expenses	14,771	9,602	381	4,788
25 Total functional expenses. Add lines 1 through 24e	1,000,096	776,992	125,582	97,522
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest-bearing		1		
	2 Savings and temporary cash investments	399,500	2	382,928	
	3 Pledges and grants receivable, net	36,247	3	13,847	
	4 Accounts receivable, net	28,521	4	24,171	
	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	6,313	9	567	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	803,408			
	b Less: accumulated depreciation	432,632	398,362	10c	370,776
	11 Investments—publicly traded securities	56,029	11	57,640	
	12 Investments—other securities. See Part IV, line 11	33,361	12	32,682	
	13 Investments—program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15	21,245	
16 Total assets. Add lines 1 through 15 (must equal line 34)	958,333	16	903,856		
Liabilities	17 Accounts payable and accrued expenses	28,553	17	33,285	
	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	21,245	
	26 Total liabilities. Add lines 17 through 25	28,553	26	54,530	
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	881,283	27	835,479	
	28 Net assets with donor restrictions	48,497	28	13,847	
	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	929,780	32	849,326		
33 Total liabilities and net assets/fund balances	958,333	33	903,856		

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	801,674
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,000,096
3	Revenue less expenses. Subtract line 2 from line 1	3	-198,422
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	929,780
5	Net unrealized gains (losses) on investments	5	-293
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	118,261
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	849,326

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: 62-1237360

Name: THE FAMILY CENTER INC

Form 990 (2019)

Form 990, Part III, Line 4a:

THE FAMILY CENTER (THE ORGANIZATION) IS A PRIVATE, NOT-FOR-PROFIT ORGANIZATION FOCUSED ON CHANGING LIVES, CHANGING FAMILIES, AND CHANGING FUTURES THROUGH ITS MISSION OF BREAKING MULTI-GENERATIONAL CYCLES OF CHILD ABUSE, NEGLECT, AND TRAUMA. IT IS A LICENSED TENNESSEE CHILD ABUSE PREVENTION AGENCY WITH LOCATIONS IN NASHVILLE AND MURFREESBORO AND SERVES INDIVIDUALS AND FAMILIES ACROSS MIDDLE TENNESSEE. DURING THE YEAR ENDING JUNE 30, 2020, THE ORGANIZATION SERVED 2,075 ADULTS AND IMPACTED 1,692 CHILDREN THROUGH ITS POSITIVE PARENTING PLUS, NURTURING FAMILY, CO-PARENTING, AND COMMUNITY RESILIENCE/TRAUMA INFORMED CULTURES PROGRAMS (DIRECT SERVICES). RESEARCH DEMONSTRATES THAT THE KEY TO MITIGATING MULTI-GENERATIONAL RISKS FOR NEGATIVE HEALTH, MENTAL HEALTH, SUBSTANCE ABUSE, EMOTIONAL, OR SOCIO- ECONOMIC OUTCOMES IS THROUGH A TRAUMA INFORMED LENS THAT PROMOTES RESILIENCE. THE ORGANIZATION WORKS WITH MYRIAD FAMILIES OF ALL RACES, ETHNICITIES, AND SOCIO-ECONOMICS (WITH AN EMPHASIS ON HIGHER RISK FAMILIES) TO INCREASE AWARENESS ABOUT ADVERSE CHILDHOOD EXPERIENCES/ADVERSE COMMUNITY ENVIRONMENTS (ACES) AND PROVIDE EDUCATION, SKILLS, SUPPORT, AND RESOURCES THAT INCREASE THE POTENTIAL FOR POSITIVE CHANGE. THE ORGANIZATION'S DIRECT SERVICE PROGRAMS, ALONG WITH ITS COMMUNITY OUTREACH, AWARENESS, AND ADVOCACY EFFORTS INCORPORATE EVIDENCE-INFORMED AND EVIDENCE-BASED CURRICULA AND EMERGING EVIDENCE IN RELATED FIELDS. IT IS A FOUNDING MEMBER OF AND ACTIVE PARTNER WITH ALL CHILDREN EXCEL (ACE) NASHVILLE, A COLLECTIVE IMPACT INITIATIVE AIMED AT REDUCING ACES THROUGH A PUBLIC HEALTH APPROACH. AS NEUROSCIENCE, PSYCHOLOGY, AND SOCIOLOGY CONVERGE TO BETTER UNDERSTAND THE DYNAMICS BEHIND BRAIN DEVELOPMENT, THE ORGANIZATION IS AT THE FOREFRONT OF INTEGRATING THIS KNOWLEDGE INTO ITS SERVICE DELIVERY. OUR PROGRAMS ARE EVOLVING TO BETTER MEET COMMUNITY AND FAMILY NEEDS, OFFERING CLIENTS BOTH MORE VOICE AND CHOICE IN HOW AND WHERE THEY PARTICIPATE. IN ADDITION, WE ARE USING MORE ANALYTICS IN DETERMINING EFFICACY AND IMPACT IN OUR PROGRAMS, INVOLVING CLIENTS AND VOLUNTEERS THROUGH EXPANDED PROGRAM OPPORTUNITIES, AND RAISING OUR PROFILE AMONG DONORS AND COMMUNITY PARTNERS. OUR STAFF AND BOARD OF DIRECTORS ARE COMMITTED TO OUR VALUES OF EXCELLENCE, INTEGRITY, INCLUSION, TRANSFORMATION, AND CONNECTION AS WE ALIGN THE ORGANIZATION TO FAMILY AND COMMUNITY NEEDS ACROSS MIDDLE TENNESSEE. THE ORGANIZATION IS FINANCIALLY SUPPORTED BY INDIVIDUAL DONATIONS, CORPORATE SUPPORT, FOUNDATION GRANTS, GOVERNMENT GRANTS, AREA EXCHANGE CLUBS, THE ECONOMIC CLUB OF NASHVILLE, THE UNITED WAY, VARIOUS SPECIAL EVENTS, AND CLIENT PROGRAM FEES.

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE FAMILY CENTER INC

Employer identification number
62-1237360

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.") . . .						
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						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	Public support. Subtract line 5 from line 4.						

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. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
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						
12	Gross receipts from related activities, etc. (see instructions)					12	
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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.") . . .	781,978	926,204	907,680	785,769	725,103	4,126,734
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	320,230	19,122	11,836	12,606	12,110	375,904
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	1,102,208	945,326	919,516	798,375	737,213	4,502,638
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	64,296	43,590	65,354	164,540	112,244	450,024
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.	64,296	43,590	65,354	164,540	112,244	450,024
8 Public support. (Subtract line 7c from line 6.)						4,052,614

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.	1,102,208	945,326	919,516	798,375	737,213	4,502,638
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	2,915	3,123	5,852	10,552	11,543	33,985
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	2,915	3,123	5,852	10,552	11,543	33,985
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.)	58,148	84,075	75,053	113,093	73,462	403,831
13 Total support. (Add lines 9, 10c, 11, and 12.)	1,163,271	1,032,524	1,000,421	922,020	822,218	4,940,454

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	82.030 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	84.650 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	1.000 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	0 %

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 III, LINE 12	FUNDRAISING EVENTS (GROSS) 402,155 MISCELLANEOUS REVENUE 1,676

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
THE FAMILY CENTER INC
Employer identification number
62-1237360

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

- 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	33,361	33,236	32,503	30,974	32,793
b Contributions					605
c Net investment earnings, gains, and losses	1,138	1,832	2,450	3,371	-493
d Grants or scholarships	1,600	1,500	1,500	1,600	1,700
e Other expenditures for facilities and programs					
f Administrative expenses	217	207	217	242	231
g End of year balance	32,682	33,361	33,236	32,503	30,974

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

- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶ 100.000 %
 - 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:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)	Yes	No
3a(ii)	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		124,887		124,887
b Buildings		595,716	359,852	235,864
c Leasehold improvements				
d Equipment		82,805	72,780	10,025
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				370,776

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.)	21,245

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	953,174
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-293
b	Donated services and use of facilities	2b	16,845
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	147,138
e	Add lines 2a through 2d	2e	163,690
3	Subtract line 2e from line 1	3	789,484
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	12,190
c	Add lines 4a and 4b	4c	12,190
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	801,674

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	1,033,628
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	16,845
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	28,877
e	Add lines 2a through 2d	2e	45,722
3	Subtract line 2e from line 1	3	987,906
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	12,190
c	Add lines 4a and 4b	4c	12,190
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,000,096

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 62-1237360

Name: THE FAMILY CENTER INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	SPECIAL EVENT DIRECT COSTS 20,544 CHANGE IN VALUE OF BENEFICIAL INTEREST IN ENDOWMENT FUND -679 PPP LOAN 118,940 DONATED EXPENSES 6,931 DONATED SPECIAL EVENT COSTS 1,402

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 4B	DIRECT BENEFIT TO DONORS 12,190

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 2D	SPECIAL EVENT DIRECT COSTS 20,544 DONATED SPECIAL EVENT COSTS 1,402 DONATED EXPENSES 6,931

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 4B	DIRECT BENEFIT TO DONORS 12,190

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service
Name of the organization THE FAMILY CENTER INC

Employer identification number 62-1237360

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

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

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

Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	<u>CRAFTING CHANGE</u> (event type)	<u>CHANGE THE TUNE</u> (event type)	(total number)	(add col. (a) through col. (c))
1 Gross receipts	61,275	55,975		117,250
2 Less: Contributions	44,300	100		44,400
3 Gross income (line 1 minus line 2)	16,975	55,875		72,850
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	10,788	9,756		20,544
10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				20,544
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				52,306

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

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

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury

Name of the organization
THE FAMILY CENTER INC

Employer identification number

62-1237360

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	<p>THE FAMILY CENTER'S (TFC) MISSION IS BREAKING MULTI-GENERATIONAL CYCLES OF CHILD ABUSE, NEGLECT, AND TRAUMA. SINCE 1985, TFC HAS SERVED MIDDLE TENNESSEE WITH PROGRAMS THAT HELP PREVENT AND MITIGATE CHILD ABUSE, NEGLECT, AND TRAUMA. IT IS LICENSED AND ACCREDITED AS A TENNESSEE CHILD ABUSE PREVENTION AGENCY AND HAS LOCATIONS IN NASHVILLE AND MURFREESBORO. DURING THE 2019/2020 FISCAL YEAR, THE FAMILY CENTER SERVED 2,075 ADULTS AND IMPACTED THE LIVES OF 1,692 CHILDREN THROUGH OUR PROGRAMS AND SERVICES. EMPOWERING PARENTS AND OUR COMMUNITY TO CREATE SAFE, STABLE, NURTURING RELATIONSHIPS IS KEY TO ENSURING CHILDREN HAVE NECESSARY OPPORTUNITIES TO BECOME RESILIENT ADULTS (EMOTIONALLY AND PHYSICALLY). THE FAMILY CENTER UTILIZES EVIDENCE INFORMED AND RESEARCH BASED CURRICULA THAT ENHANCE UNDERSTANDING OF DEVELOPMENTAL STAGES, BRAIN DEVELOPMENT, ADVERSE CHILDHOOD EXPERIENCES (ACES), TRAUMA INFORMED FRAMEWORKS, AND POSITIVE DISCIPLINE TECHNIQUES, ETC. TO ACHIEVE OUR MISSION, FAMILY FOCUSED PROGRAMS OFFER PARENTS (INCLUDING NON-CUSTODIAL PARENTS, GUARDIANS, AND OTHERS) GROUPS AND IN-HOME COACHING ENHANCING SKILLS, BEHAVIORS, AND OVERALL PARENTING PRACTICES. THE MAJORITY OF PARENTS SERVED ARE VULNERABLE TO PERPETUATING HISTORIES OF ABUSE, NEGLECT, AND/OR TRAUMA. PARENTS STRUGGLING WITH ADDICTION, INCARCERATION, LEGAL ISSUES, POVERTY, RACISM, AND FAMILY VIOLENCE ARE OFFERED ALTERNATIVES FOR PARENTING THEIR OWN CHILDREN WITH THE HOPE THEY CAN PLAY AN INTEGRAL PART IN BREAKING CYCLES OF TRAUMA. PARALLEL TO PARENT SPECIFIC PROGRAMS IS THE CHILDREN'S PROGRAM WHICH HELPS CHILDREN 0-12 LEARN HOW TO EFFECTIVELY IDENTIFY AND COMMUNICATE FEELINGS, UNDERSTAND CONCEPTS AROUND SAFETY, AND DEVELOP POSITIVE SENSES OF SELF. 94 CHILDREN WERE SERVED DIRECTLY IN THE CURRENT FISCAL YEAR. THE FAMILY CENTER ALSO PROVIDES SEMINARS FOR PARENTS RECENTLY DIVORCED OR SEPARATED, NEVER MARRIED, OR WITH A RECENTLY DEPLOYED PARENTING PARTNER AND PROFESSIONAL TRAINING/TRAUMA INFORMED CULTURE COACHING.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 2	<p>WITH THE ONSET OF THE PANDEMIC AND THE MANDATE FOR "SAFER AT HOME," THE FAMILY CENTER PIVOTED QUICKLY TO BEGIN (IN APRIL, 2020) PROVIDING VIRTUAL PROGRAM DELIVERY. THROUGH THE VIRTUAL PLATFORM ZOOM AND WITH THE USE OF COASSEMBLE (A VIRTUAL TRAINING MODULE) WE'VE SUCCESSFULLY PROVIDED CONTINUITY FOR OUR POSITIVE PARENTING GROUPS, NURTURING FAMILIES 1:1 SESSIONS, CO-PARENTING & RESTORING CONNECTIONS SEMINARS, AND TRAUMA INFORMED CULTURE TRAININGS. ADDITIONALLY, WITH THE ONSET OF THE PANDEMIC MANY OF OUR CLIENTS WERE STRUGGLING WITH BASIC NEEDS AND ACCESS TO RESOURCES. THE FAMILY CENTER INITIATED SOCIAL MEDIA AND WEBSITE AWARENESS POSTS RELATED TO FOOD, DIAPER, FINANCIAL, AND OTHER RESOURCES. WE ALSO REACHED OUT TO PAST AND CURRENT CLIENTS AND PROVIDED DONATED CLOTHING, KROGER GIFT CARDS, AND DIAPERS, ETC. AS FY20 CONCLUDED, WE PREPARED FOR ONGOING ACTIVITIES AND FUNDRAISING THAT WERE VIRTUAL IN NATURE MOVING INTO THE NEW FISCAL YEAR WITH FLEXIBILITY AND A CONTINUING FOCUS ON OUR MISSION AND OUR CLIENTS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>THE FAMILY CENTER (THE ORGANIZATION) IS A PRIVATE, NOT-FOR-PROFIT ORGANIZATION FOCUSED ON CHANGING LIVES, CHANGING FAMILIES, AND CHANGING FUTURES THROUGH ITS MISSION OF BREAKING MULTI-GENERATIONAL CYCLES OF CHILD ABUSE, NEGLECT, AND TRAUMA. IT IS A LICENSED TENNESSEE CHILD ABUSE PREVENTION AGENCY WITH LOCATIONS IN NASHVILLE AND MURFREESBORO AND SERVES INDIVIDUALS AND FAMILIES ACROSS MIDDLE TENNESSEE. DURING THE YEAR ENDING JUNE 30, 2020, THE ORGANIZATION SERVED 2,075 ADULTS AND IMPACTED 1,692 CHILDREN THROUGH ITS POSITIVE PARENTING PLUS, NURTURING FAMILY, CO-PARENTING, AND COMMUNITY RESILIENCE/TRAUMA INFORMED CULTURES PROGRAMS (DIRECT SERVICES). RESEARCH DEMONSTRATES THAT THE KEY TO MITIGATING MULTI-GENERATIONAL RISKS FOR NEGATIVE HEALTH, MENTAL HEALTH, SUBSTANCE ABUSE, EMOTIONAL, OR SOCIO-ECONOMIC OUTCOMES IS THROUGH A TRAUMA INFORMED LENS THAT PROMOTES RESILIENCE. THE ORGANIZATION WORKS WITH MYRIAD FAMILIES OF ALL RACES, ETHNICITIES, AND SOCIO-ECONOMICS (WITH AN EMPHASIS ON HIGHER RISK FAMILIES) TO INCREASE AWARENESS ABOUT ADVERSE CHILDHOOD EXPERIENCES/ADVERSE COMMUNITY ENVIRONMENTS (ACES) AND PROVIDE EDUCATION, SKILLS, SUPPORT, AND RESOURCES THAT INCREASE THE POTENTIAL FOR POSITIVE CHANGE. THE ORGANIZATION'S DIRECT SERVICE PROGRAMS, ALONG WITH ITS COMMUNITY OUTREACH, AWARENESS, AND ADVOCACY EFFORTS INCORPORATE EVIDENCE-INFORMED AND EVIDENCE-BASED CURRICULA AND EMERGING EVIDENCE IN RELATED FIELDS. IT IS A FOUNDING MEMBER OF AND ACTIVE PARTNER WITH ALL CHILDREN EXCEL (ACE) NASHVILLE, A COLLECTIVE IMPACT INITIATIVE AIMED AT REDUCING ACES THROUGH A PUBLIC HEALTH APPROACH. AS NEUROSCIENCE, PSYCHOLOGY, AND SOCIOLOGY CONVERGE TO BETTER UNDERSTAND THE DYNAMICS BEHIND BRAIN DEVELOPMENT, THE ORGANIZATION IS AT THE FOREFRONT OF INTEGRATING THIS KNOWLEDGE INTO ITS SERVICE DELIVERY. OUR PROGRAMS ARE EVOLVING TO BETTER MEET COMMUNITY AND FAMILY NEEDS, OFFERING CLIENTS BOTH MORE VOICE AND CHOICE IN HOW AND WHERE THEY PARTICIPATE. IN ADDITION, WE ARE USING MORE ANALYTICS IN DETERMINING EFFICACY AND IMPACT IN OUR PROGRAMS, INVOLVING CLIENTS AND VOLUNTEERS THROUGH EXPANDED PROGRAM OPPORTUNITIES, AND RAISING OUR PROFILE AMONG DONORS AND COMMUNITY PARTNERS. OUR STAFF AND BOARD OF DIRECTORS ARE COMMITTED TO OUR VALUES OF EXCELLENCE, INTEGRITY, INCLUSION, TRANSFORMATION, AND CONNECTION AS WE ALIGN THE ORGANIZATION TO FAMILY AND COMMUNITY NEEDS ACROSS MIDDLE TENNESSEE. THE ORGANIZATION IS FINANCIALLY SUPPORTED BY INDIVIDUAL DONATIONS, CORPORATE SUPPORT, FOUNDATION GRANTS, GOVERNMENT GRANTS, AREA EXCHANGE CLUBS, THE ECONOMIC CLUB OF NASHVILLE, THE UNITED WAY, VARIOUS SPECIAL EVENTS, AND CLIENT PROGRAM FEES.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI	LINE 3 - MANAGEMENT DELEGATED THERE ARE TWO "CONTRACT STAFF" WHO UNDER THE DIRECT SUPERVISION OF THE CEO PROVIDE SERVICES. ONE IS A CLINICAL SUPERVISOR WHO WORKS WITH PROGRAM DIRECTORS AND MANAGERS TO OVERSEE CLINICAL FIDELITY, ASSIST WITH GRANT PREPARATIONS, AND PROGRAM EVALUATIONS/METRICS. THE OTHER IS THE BOOKKEEPER WHO OVERSEES FISCAL MANAGEMENT INCLUDING BUDGET & REVENUE RECONCILIATIONS, FINANCE REPORTS, AND ASSISTS WITH THE ANNUAL AUDIT PROCESS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	PRIOR TO FILING THE FORM 990, A DRAFT OF THE DOCUMENT IS PRESENTED TO THE FULL BOARD OF DIRECTORS ALLOWING FOR ANY QUESTIONS OR CONCERNS TO BE VOICED IN SUFFICIENT TIME FOR THOSE TO BE ADDRESSED PRIOR TO SUBMISSION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	ALL MEMBERS OF THE BOARD ARE REQUIRED TO ANNUALLY REVIEW, COMPLETE, AND SIGN THE CONFLICT OF INTEREST DISCLOSURE FORM. AN ANNUAL REVIEW OF THE POLICY AND ONGOING COMPLIANCE ALSO TAKES PLACE AS PART OF THE ORGANIZATION'S GOVERNING PRACTICES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	A COMPENSATION STUDY IS PERFORMED EVERY 2-3 YEARS WITH THE COMPENSATION COMMITTEE ANNUALLY REVIEWING THE INFORMATION AND THE CEO'S PERFORMANCE AND MAKING RECOMMENDATIONS REGARDING COMPENSATION TO THE BOARD.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 18	THE ANNUAL FORM 990 IS AVAILABLE ON THE WEBSITES FOR GIVING MATTERS, GUIDESTAR AND THE FAMILY CENTER. FORMS 1023 AND 990-T ARE AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. THE FORM 990 IS POSTED ON GIVING MATTERS, GUIDESTAR, AND PROVIDED WITH FUNDING REQUESTS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PAYCHECK PROTECTION PROGRAM (PPP) LOAN 118,940 CHANGE IN VALUE OF BENEFICIAL INT IN ENDOWMENT FND -679 TOTAL 118,261