# S99018 Det 2019 90 0423219694 JUL 22 2021 NOV 3 0 2021

CHANGE OF ACCOUNTING PERIOD

# **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.

Open to Public Inspection

		f the Treasury nue Service		cial security numbers o s.gov/Form990 for instr			<i>n</i> ~ <i>n</i>	Open to Public Inspection			
A F	or the	2018 calend	ar year, or tax year beginning	JUL 1, 2019			EP 30, 2019				
Вс	heck if policable	C Name of	organization				D Employer identif	lication number			
	Addres		SERVICE AGENCY								
	Name change		usiness as			<del>,</del>	86-0	0096792			
<u></u>	Initial return Final		and street (or P.O. box if mail is n	Room/suite	E Telephone numb						
L	/return/ -termin		CENTRAL AVENUE NO. 10	·	· · · · · · · · · · · · · · · · · · ·	<u> </u>		755,765.			
	ated ∏Amend		own, state or province, country,	and ZIP or foreign post	al code		<del></del>				
-	,_lreturn ∏Applice		nd address of principal officer C	TARICE DARUM			H(a) Is this a group return for subordinates? Yes X No				
	⊥tion pending		CENTRAL AVENUE NO. 101,		<del></del> -	· · · · · · · · · · · · · · · · · · ·	H(b) Are all subordinates				
			X 501(c)(3) 501(c) (	)◀ (insert no.)	4947(a)(1)	or 527		a list. (see instructions)			
			APHOENIX.ORG	<del> </del>			H(c) Group exempti				
		organization: Summary	X Corporation Trust	Association Oth	her	L Year	of formation: 1902	M State of legal domicile; AZ			
;e	1 [	Briefly describ	e the organization's mission or i	most significant activitie	S. TO PRO	VIDE SERV	VICES THAT				
Governance	-		. —		·		than 25% of its not as	- · · · ·			
ern		Check this bo		discontinued its operatio	or disper		FIVED 3	1			
go.			ing members of the goveming t ependent voting members of th	• •	VL line (16) s						
≪ರ			of individuals employed in calen		1.0		I ŠII 5	<del></del>			
Activities	1		of volunteers (estimate if necess	•	기위	MAY 3	t 7 2021 🕌 🔓	<del></del>			
tivi			business revenue from Part VI	,, , , , ,	,   _ [						
ĕ	İ		business taxable income from F		· ]	<u>OGDI</u>	EN. UT T				
				· 1			Prior Year	- Current Year			
	8 (	Contributions :	and grants (Part VIII, line 1h)	/ Λ	•		8,411.				
a e			ce revenue (Part VIII, line 2g)	~ ) .			3,202,614.	754,655.			
Revenue		•	ome (Part VIII, column (A), lines	3, 4, and 7d)			550	. 295.			
æ			(Part VIII, column (A), lines 5, 60				0.	. 0.			
			add lines 8 through 11 (must e				3,211,575.	. 755,765.			
	13 (	Grants and sin	nılar amounts paid (Part IX, colu	ımn (A), lines 1-3)			0.	0.			
	14 E	Benefits paid t	o or for members (Part IX, colur	nn (A), line 4)			0 .	. 0.			
s.	15 8	Salaries, other	compensation, employee bene	fits (Part IX, column (A),	lines 5-10)		2,328,375	582,939.			
Expenses	16a F	Professional fu	indraising fees (Part IX, column	(A), line 11e)			0 .	0.			
ê.	ь٦	Total fundraisi	ng expenses (Part IX, column (D	)), line 25) 🕨		0.					
ŵ	17 (	Other expense	s (Part IX, column (A), lines 11a	-11d, 11f-24e)			905,308	<del></del>			
	18 1	Total expenses	s Add lines 13-17 (must equal F	art IX, column (A), line 2	25) .	<u></u>	3,233,683				
$\rightarrow$	19 F	Revenue less e	expenses Subtract line 18 from	line 12			-22,108	-49,976.			
Net Assets or Fund Balances						Be	ginning of Current Year	<del></del>			
ase Base	20 1	Total assets (P	art X, line 16)		•	_	499,990				
₩	21 7		(Part X, line 26)		-	.	673,691.	<del></del>			
	22 1		und balances. Subtract line 21	from line 20	··		-173,701.	10,051.			
		Signature			<del></del>	<del></del>					
	•		declare that I have examined this re		•		•	ly knowledge and belief, it is			
true,	correct	, and complete.	Declaration of preparer (other than	officer) is based on all into	rmation of wi	nich preparer		-2020			
_	ľ	Signature	of officer	<del></del>		-	Date 1	- 2010			
Sign			E PARHAM, PRESIDENT/CEO				54.0				
Here			rint name and title	· · · · · · · · · · · · · · · · · · ·				<del> </del>			
	- +	<u> </u>		D			Date Check	PTIN			
Da:4	- 1	Print/Type prep FILL A. SHA		Preparer's signature			2 -61 -79711 1				
Paid Prep	-		HEINFELD, MEECH, & CO	O P C YKMAII	VINU						
Use	-	Firm's name Firm's address		<del></del>			Firm's EIN				
U35 (	~"" <b>,</b>	i ii iii 5 duuless	PHOENIX, AZ 85012	J.2. 500			Dhone on 60	2-277-9449			
Mari	the IP	S discuss the	<del></del>	above? /coo instruction	ne)	<del></del>	T Ellotte tio. 00				
ividy	are IM	o uiscuss triis	return with the preparer shown	above r (see instruction	19]	<del></del>		X Yes No			

Form	1990 (2018) FAMILY SERVICE AGENCY	86-0096792 Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	. $\square$
1	Bnefly describe the organization's mission:	
•	TO PROVIDE SERVICES THAT ADVOCATE FOR STRENGTHENING AND PERSERVING THE	
	INDIVIDUAL AND THE FAMILY	
	INDIVIDUAL AND THE PARITY	
		<del></del>
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
3		
	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 me	
	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 \$	s
	COUNSELING: PROVIDED 7,668 HOURS TO INDIVIDUALS AND FAMILIES IN NEED OF	
	BEHAVIORAL HEALTH AND SUBSTANCE ABUSE OUTPATIENT TREATMENT IN ORDER FOR	
	THEM TO OVERCOME THEIR PRESENTING ISSUES AND RETURN TO A PRO-SOCIAL	
	LIFE AND/OR IMPROVE THEIR CONDITION SO THAT THEY MAY MAINTAIN A LEVEL	
	OF INDEPENDENT FUNCTIONING IN SOCIETY. A MAJORITY OF THOSE INDIVIDUALS	
	ARE AT OR BELOW THE PEVERTY LEVEL AND DO NOT HAVE THE PERSONAL	
	RESOURCES TO OBTAIN SERVICES AND/OR TREATMENT WITHOUT FINANCIAL	
	ASSISTANCE.	
46	(Code ) (Expenses \$ including grants of \$ ) (Revenue	. \
4b	(Code) (Expenses \$) (Revenue :	•
		<del></del>
/		
4c	(Code ) (Expenses \$ including grants of \$) (Revenue	s )
		,
		<del></del>
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	
4e	Total program service expenses ▶ 481,794.	
		Form <b>990</b> (2018)

Form 990 (2018) FAMILY SERVICE AGE
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	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	l		
	public office? If "Yes," complete Schedule C, Part I	3		X
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	4		X
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	5	L	Х
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	6		х
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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	İ		
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?		<u> </u>	
	If "Yes," complete Schedule D, Part IV	9		_X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	ļ		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable	}		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	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	11c		X
ď	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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		<u>,,</u>	
	Schedule D, Parts XI and XII	12a	Х	-
р	Was the organization included in consolidated, independent audited financial statements for the tax year?			
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			•
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
"	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	47		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
	1c and 8a? If "Yes," complete Schedule G, Part II	40		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		
15	· · · · · · · · · · · · · · · · · · ·	4.		x
20a	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		<u> </u>
	If "Yes," to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
4 I	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	0.4		x
	Some of the street of the stre	_21	l	

	THE 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			x
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22_		_
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? If "Yes," complete	23		x
24.	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
1	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	I Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25	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? If "Yes," complete Schedule L, Part I	25a		X
ł	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	İ		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	İ		
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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)			х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28ь		_
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c		х
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29		х
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
<b>3</b> 5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
t	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?			i
	If "Yes," complete Schedule R, Part V, line 2	36		_X
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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note. All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	L
ــــــــــــــــــــــــــــــــــــــ	Check if Schedule O contains a response or note to any line in this Part V			
			Vac	No
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	140
	Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1a 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
83200	4 12-31-18	_	990	(2018)
				/

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		V 1	N-							
٥.	Controller and an affirmation and an Early M.O. Transmitted of Microscott Transfer and Transfer		Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			l							
L	med for the calcindar year critishing with or within the year covered by this return	2h									
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b									
2-	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		x							
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O										
	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
4a		4-		x							
_	financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country	<u>4a</u>		<del>-</del>							
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			l							
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x							
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х							
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c									
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	<u> </u>									
Oa	any contributions that were not tax deductible as chantable contributions?	6a		x							
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Va		<u> </u>							
-	were not tax deductible?	6ь									
7	Organizations that may receive deductible contributions under section 170(c).	-00									
	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		х							
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b									
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	<del>,,,</del>									
-	to file Form 8282?	7c		x							
d	If "Yes," indicate the number of Forms 8282 filed during the year	<del>.</del> ,									
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <del>f</del>		х							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g									
	· · · · · · · · · · · · · · · · · · ·										
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	. 1								
9	Sponsoring organizations maintaining donor advised funds.										
а	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										
а	Initiation fees and capital contributions included on Part VIII, line 12	Ī									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities										
11	Section 501(c)(12) organizations. Enter		- 1								
а	Gross income from members or shareholders . 11a		İ								
b	Gross income from other sources (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)										
	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	-	İ								
	Section 501(c)(29) qualified nonprofit health insurance issuers.										
	s 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		I								
	Enter the amount of reserves the organization is required to maintain by the states in which the	ŀ	1								
	organization is licensed to issue qualified health plans		1								
	Enter the amount of reserves on hand	$\longrightarrow$									
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	$\longrightarrow$	X							
	f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b									
	s the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		ŀ								
	excess parachute payment(s) during the year?	15	<del> </del>	х							
	f "Yes," see instructions and file Form 4720, Schedule N.		- 1								
	s the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X							
	f "Yes," complete Form 4720, Schedule O.										

FAMILY SERVICE AGENCY 86-0096792 Form 990 (2018) Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b 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 X 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? х X 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a a The governing body? Х b Each committee with authority to act on behalf of the governing body? a8 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X 9 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.) Yes No х 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b 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? 11a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done X Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 14 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? a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b 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 NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records 20 CLARICE PARHAM - 602-264-9891

2400 N. CENTRAL AVE, NO. 101, PHOENIX, AZ

	_
-0096792	Page 7

orm 990 (2018)	PAMILY	SERVICE	AGENCY
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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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) Average hours per week	box offi	not c	ss per	nore rson i	than d s both r/trus	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustes or director	Institutional trustee	Ойсег	Кеу етріоусе	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) PAUL RODRIGUEZ	1,00									
CHAIR		x		х				0.	0.	0.
(2) JEFF GOESON	1.00								<del>-</del>	
SECRETARY/TREASURER		x		х				0.	0.	0.
(3) DEE SAGER	1.00									
BOARD MEMBER		х	İ					0.	0.	0.
(4) MILTON MASSON	1.00		Г							
BOARD MEMBER		х						0.	0.	0.
(5) CLARICE PARHAM	40.00		1							
PRESIDENT/CEO		x	l	х		1		0.	0.	0.
(6) LORETTA MITCHAM-WILLIAMS	1.00		T							<u> </u>
BOARD MEMBER		x	1					0.	0.	0.
(7) VERN BROWN	40.00									
CONTROLLER		1	ļ	х				0.	0.	0.
			_							
					-					
									<del></del>	
· · · · · · · · · · · · · · · · · · ·		-								
		-		$\vdash$		$\vdash$				

Pa	T VII Section A. Officers, Directors, Trus	1	ploy	ees,			ghes	st C	•					
	. (A)	(B)	(C) Position						(D)	(E)	1	(F)		
	Name and title	Average			heck	more	than (		Reportable	Reportable			stimate	
		hours per week					s both x/trus		compensation	compensation		ar	nount other	
		(list any					Γ	Ĺ	from the	from related organization		COM	pensa	
		hours for		]		ļ			organization	(W-2/1099-MI		L .	om th	
		related	5 6	stee			ısale		(W-2/1099-MISC)	(	,	1	anizat	
		organizations	Individual trustee or director	Institutional trustee		a A	Highest compensated employee		'			an	d relat	ed
		below	lagu	teto	5	Key employee	lesto	귤				org	anızati	ons
	·	line)	힐	lust	Officer	, Ke	至曹	Former				ļ		
			1											
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			<u> </u>			<u>L</u>	L	L						
	Sub-total								0.		0,	ļ		0.
С	Total from continuation sheets to Part VI	I, Section A							0.		0.	<b></b>		0.
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	0.		0.	<u> </u>		0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	oove	) wh	o re	eceived more than \$100,	000 of reportable	е			۸
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director, or tru	ıste	e ke	v en	olan	vee.	or i	highest compensated er	mplovee on			100	
_	line 1a? If "Yes," complete Schedule J for s			-,	,		,					3		х
4	For any individual listed on line 1a, is the su		е со	mpe	ensa	tion	and	oth	er compensation from t	he organization				
	and related organizations greater than \$150									-		4		X
5	Did any person listed on line 1a receive or a							elate	ed organization or individ	dual for services		_		
	rendered to the organization? If "Yes." contion B. Independent Contractors	plete Schedul	e <i>J f</i>	or su	ich.r	oers:	on_					5	l	X
1	Complete this table for your five highest co	mnensated inc	lene	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of com	oensa	tion fro	om	
	the organization Report compensation for													
	(A)								(B)			((		
	Name and business	address	NO	NE				_	Description of s	ervices		Compe	nsatio	<u> </u>
		<del></del>	-					寸	·					
			_					┥						
											<u> </u>			
2	Total number of independent contractors (i	ncluding but no	ot lin	nited	to t	thos	e lıs	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organi	zation 🕨											000 /	

Pa	rt VI	II Statement of Rever	nue					
	,	Check if Schedule O conf	tains a response	or note to any line		· · · · · · · · · · · · · · · · · · ·		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
	C	Fundraising events	1c	<del></del>				
Gift Jar	d	Related organizations	1d					İ
ıs, ini	е	Government grants (contribut				1		
tion S	f	All other contributions, gifts, gran						
ibu		similar amounts not included abo	ove 1f	815.				
d tr	g	Noncash contributions included in lines	1a-1f \$					
<u>0</u> 8	<u>h</u>	Total. Add lines 1a-1f	•	<u> </u>	815.			
			_	Business Code	550 054	750 071		1
8	2 a			900099	752,271.	752,271.	<del></del>	-
Program Service Revenue	b	MEDICAL RECORDS FEES	<del></del>	900099	2,384.	2,384.	····	
Sch	¢	·						
ran Sev	d							
<u>6</u> ,	е							
ŭ.	f	All other program service reve	enue					
		Total. Add lines 2a-2f		<b>&gt;</b> _	754,655.			<del></del>
	3	Investment income (including	dividends, inter	est, and	295.			295.
		other similar amounts)		•	293.		<del></del>	233.
	4	Income from investment of ta	x-exempt bond p	proceeds				
	5	Royalties	<del></del>					<del>-</del>
		_	(i) Real	(ii) Personal				
	6 a							1
	b	•						
	С	• • • • • • • • • • • • • • • • • • • •	L	L				-
		Net rental income or (loss)		<u> </u>			<del></del>	
	7 a	Gross amount from sales of	(i) Secunties	(ii) Other				
H		assets other than inventory	ļ	<del>                                     </del>				
	b	Less, cost or other basis						
		and sales expenses		<del> </del>				i
		Gain or (loss)	L					
		Net gain or (loss)						
힐	в а	Gross income from fundraisin	- :					
Other Revenue		including \$	of			1		
æ		contributions reported on line	•					
ĕ		Part IV, line 18	а					
8		Less direct expenses		·———				
		Net income or (loss) from fund	_					
	9 a	Gross income from gaming at		.]				1
	L	Part IV, line 19 Less direct expenses	a					
ı		<ul> <li>Net income or (loss) from garr</li> </ul>	t one estivities	, C				İ
		Gross sales of inventory, less	-					
	iu a	and allowances		.				1
	<b>h</b>	Less cost of goods sold	, a					
		Net income or (loss) from sale		,'		İ		
-	<u>c</u>	Miscellaneous Revenu		Business Code		<del> </del>		
	11 a			Dusiness Code				
	_				<del> </del>			<u> </u>
	b							1
	ی مہ	All other revenue						<del> </del>
		Total. Add lines 11a-11d						<del>                                     </del>
	12	Total revenue. See instructions			755,765.	754,655.	0	. 295.
1						<u> </u>		

# 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 (D) Fundraising (B) Do not include amounts reported on lines 6b, Program service expenses Management and general expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 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 Benefits paid to or for members 4 5 Compensation of current officers, directors, 60,499. 18,563. 41,936. trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 444,729. 278,121, 166,608. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 18,501. 18,501. Other employee benefits 59,210 21 143. 38,067. 10 Payroll taxes 11 Fees for services (non-employees) a Management 172. 172. b Legal c Accounting Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 15,149. 13,673. 1,476. column (A) amount, list line 11g expenses on Sch O.) 7,145. 7,145. Advertising and promotion 12 7,150. 6.678. Office expenses 13 Information technology 14 15 Royalties 25,337. 64,393. 89,730. 16 Occupancy . 4,320. 101. 4,219. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 2,091, 2,091. 19 Conferences, conventions, and meetings 237. 237. 20 Payments to affiliates 21 23,095. 18,233, 4,862. 22 Depreciation, depletion, and amortization 20,655. 9,602. 11,053. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a EQUIPMENT RENTAL/REPAIR 46,962. 45,294. 1,668. b C e All other expenses 6,096. 5,821. 275 805,741. 481,794. 323,947. σ. 25 Total functional expenses. Add lines 1 through 24e 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 following SOP 98-2 (ASC 958-720)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 17,225 83,269. 1 Cash - non-interest-bearing 56,821, 66,533. Savings and temporary cash investments 2 2 3 3 Pledges and grants receivable, net 331,397. 164,326. 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net 7 8 Inventories for sale or use 27,503. 9,024. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 490,829. basis. Complete Part VI of Schedule D 10a 460,835. 44,478. 29,994. b Less accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 12 12 Investments - other securities See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 12,854. 12,854. 15 15 Other assets. See Part IV, line 11 499,990. 356,288. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 249,980. 560,373. 17 17 Accounts payable and accrued expenses 18 Grants payable 18 101,272. 113,318. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 15,087. 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 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 673,691. 366,339. Total liabilities. Add lines 17 through 25 26 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances -179,751. 27 -16,101. 27 Unrestricted net assets 28 Temporanly restricted net assets 28 6,050. 6,050. Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 -173,701. -10.051. 33 33

356,288.

499,990.

34

Total net assets or fund balances

Total liabilities and net assets/fund balances

Förn	1990 (2018) FAMILY SERVICE AGENCY	86	-0096792		Pag	ge 12			
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI					Х			
		[ ]							
1	Total revenue (must equal Part VIII, column (A), line 12)	1			755,	765.			
2	Total expenses (must equal Part IX, column (A), line 25)			<u>`</u>	741. 976.				
3	Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			173,	701.			
5	Net unrealized gains (losses) on investments	5							
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			213,	626.			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,								
_	column (B))	10			-10,	051.			
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII	_	<u> </u>						
					Yes	No			
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		1	1					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	Ì	ŀ					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		ئا	2a		X			
	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		Ī						
	Separate basis Consolidated basis Both consolidated and separate basis			ľ	- 1				
b	Were the organization's financial statements audited by an independent accountant?		نا	2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	}	- 1					
	consolidated basis, or both			ŀ					
	X Separate basis Consolidated basis Both consolidated and separate basis		l						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	ļ	ł		1			
	review, or compilation of its financial statements and selection of an independent accountant?		ئا	2c	Х				
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.									
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	dit		1				
	Act and OMB Circular A-133?		ئےا	3a	l	х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	lit [		T	ı			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits .			3b					
			C.	٠ (	non	2010			

# SCHEDULE A

Department of the Treasury Internal Revenue Service

(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

2018
Open to Public

Inspection

Name of the organization

Employer identification number

86-0096792

			ODITITED HOMICE					·					
Pa	rt I	Reason for Public (	Charity Status (	All organizations must co	mplete thi	s part.) Se	e instructions						
The o	organi	zation is not a private found											
1	Ŭ.	A church, convention of chi	•				)(A)(i).	7					
2	Ħ	A school described in secti					· ···	<b>,</b> ,					
3	Ħ	A hospital or a cooperative					n.						
	一	A medical research organiz						the hospital's name.					
4	لـــا		ation operated in cor	ijunodon with a nospitar	acsonoca	30000	in the old ( ) (A) (in) in E. its.	the free product of the free product of					
_		An organization operated for	- th - h 64 - 6 1		or operate	od by a go	vernmental unit describe	nd in					
5	Ш			lege or university owned	or operati	eu by a go	verimental unit describe	iu iii					
		section 170(b)(1)(A)(iv). (Complete Part II)											
6	닖	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X	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). (C	omplete Part II.)										
8		A community trust describe		• • • • •									
9	Ш	An agricultural research org	janization described	n section 170(b)(1)(A)(i	x) operate	ed in conju	nction with a land-grant	college					
		or university or a non-land-g	rant college of agrici	ulture (see instructions). I	Enter the r	name, city,	and state of the college	or					
		university:											
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from o	ontributio	ns, membership fees, an	d gross receipts from					
		activities related to its exem	npt functions - subjec	t to certain exceptions, a	and (2) no	more than	33 1/3% of its support t	rom gross investment					
		income and unrelated busin											
		See section 509(a)(2). (Cor		,									
11		An organization organized a		vely to test for public safe	ety. See	section 50	9(a)(4).						
12	一	An organization organized a	•	•				purposes of one or					
_		more publicly supported or											
		lines 12a through 12d that											
а		Type I. A supporting orga						aivina					
-	_	the supported organization											
					majority o	1 410 41100		.pp=g					
١.		organization. You must o			an with th	- cunnarta	d organization(s), by hav	una					
b	Ь	Type II. A supporting org											
		control or management o			me perso	ns mai coi	ittor or manage the supp	Jorted					
	_	organization(s). You mus	•					مانسين اس					
C		Type III functionally inte						o with,					
	_	its supported organization		-									
d		Type III non-functionally											
		that is not functionally int						veness					
		requirement (see instructi											
е		Check this box if the orga					Type I, Type II, Type III						
		functionally integrated, or	Type III non-function	nally integrated supporting	ig organiz	ation							
f	Ente	r the number of supported o	organizations	•				L					
g		ide the following information						· · · · · · · · · · · · · · · · · · ·					
	(i	Name of supported	(iı) EIN	(iii) Type of organization (described on lines 1-10	(iv) is the orga in your governi	ng document?	(v) Amount of monetary	(vi) Amount of other support (see instructions)					
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)					
							ı,						
								1					
		<del> </del>											

Page 2

	7	2	Cabadula for	Organizations	Described in	Continue	470/h\/4\/A\/;	1 and 170/b)/11	/A\/\
ran n	1 3	SUDDORE	Schedule for	<b>Organizations</b>	Described in	Sections	T/UIDII HARIV	i and i / vibit i i	(A)(VI)

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

Calendar year (or fixeal year beginning in)	Sec	ction A. Public Support						
membarship fees received. (Do not include any "unusual grants.")  2 Tax revenues levied for the organization or sepended 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, celumn (f)  7 Amounts from line 4  8 Gross income from interest, dividende, payments received on securities lones, rents, royalties, and income from smalfar sources  9 Net income from mentaled business activities, whether or not the business is regularly camed on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  11 Total support percentage for 2018 (line 6, column (f) divided by line 11, column (f))  12 Gross receipts from related activities, etc. (see instructions)  13 Total support percentage for 2018 (line 6, column (f) divided by line 11, column (f))  14 Public support percentage for 2017 Schedule A, Part II, line 14  15 Public support percentage for 2017 Schedule A, Part II, line 14  16 Sa 33 1/3% support test - 2018. (if the organization of direct heck the box on line 13, fad, or 16b, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization of lends the box on line 13, fad, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization of line to theck a box on line 13, fad, 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. The organization qualifies as a publicly supported 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. 2017.	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
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meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2017. 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	17a							
b 10% -facts-and-circumstances test - 2017. 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		and if the organization meets the "fac	ts-and-circumstanc	es" test, check the	s box and stop h	ere. Explain in Pai	t VI how the organi	zation
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the		meets the "facts-and-circumstances"	test. The organizat	on qualifies as a p	ublicly supported	organization		. ▶□
<b>~~</b>	b	10% -facts-and-circumstances test	- 2017. If the orga	anızatıon did not cl	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		more, and if the organization meets th	e "facts-and-circur	nstances" test, che	eck this box and	stop here. Explain	in Part VI how the	
——————————————————————————————————————		organization meets the "facts-and-circ	umstances" test. 1	he organization qu	alifies as a publicl	y supported organ	nization	▶□
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	18	Private foundation. If the organization	n did not check a t	oox on line 13, 16a	, 16b, 17a, or 17b,	check this box ar	nd see instructions	

Pa	rt III   Şupport Schedule for C	Organizations	Described in a	section 509(a)	(2)		
L	(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 b				·		
Se	ction A. Public Support					<del></del>	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and	ļ	,	ļ			
	membership fees received. (Do not			Ī			
	include any "unusual grants.")			<u> </u>	<u> </u>		<b> </b>
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					Ì	
	are not an unrelated trade or bus-			j			
	iness under section 513					<u> </u>	
4	Tax revenues levied for the organ- ization'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				<u> </u>	<u> </u>	
_8_	Public support. (Subtract line 7c from line 6)		L/	[	<u> </u>	<u> </u>	<u> </u>
Sec	tion R. Total Support						
	tion B. Total Support					<del></del>	Τ
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Cale 9	ndar year (or fiscal year beginning in)  Amounts from line 6	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Cale 9	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Gale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Gale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Cale 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line/10b,	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Gale 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Cale 9 10a b c 11 12 13	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line/10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c. 11, and 12)						
Cale 9 10a b c 11 12 13	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line/10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12) First five years: If the Form 990 is for						
Cale 9 10a b c 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line/10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here	the organization's	s first, second, thir				
Cale 9 10a b c 11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line/10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here	the organization's	s first, second, thir	d, fourth, or fifth to		n 501(c)(3) organiza	ation,
Cale 9 10a b c 111 12 13 14 Sec 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line/10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years: If the Form 990 is for check this box and stop here tion C. Computation of Publi	the organization's c Support Per ne 8, column (f), d	s first, second, thir centage ivided by line 13,	d, fourth, or fifth to		n 501(c)(3) organiza	ation, > 5%
Cale 9 10a b c 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line/10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Publi Public support percentage from 2017	the organization's  c Support Per ne 8, column (f), d Schedule A, Part	s first, second, thir centage ivided by line 13,	d, fourth, or fifth to		n 501(c)(3) organiza	ation,
Cale 9 10a 10a 11 12 13 14 Sec 15 16 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line/10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add)lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Public Public support percentage for 2018 (In Public support percentage from 2017 tion/D. Computation of Investigation in Public Support percentage from 2017 tion/D. Computation of Investigation in Public Support percentage from 2017	the organization's c Support Per ine 8, column (f), d Schedule A, Part tment Income	s first, second, thir centage livided by line 13, III, line 15 e Percentage	d, fourth, or fifth to		15 16	ation, > 96
Cale 9 10a 10a 11 12 13 14 Sec 15 16 Sec 17	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line/10b, whether or not the business is regularly carned on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add)Ines 9, 10c. 11, and 12) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Publi Public support percentage for 2018 (In Public support percentage from 2017 tion/D. Computation of Investing Investment income percentage for 2018 (Investment income percentage for 2018)	the organization's c Support Per ne 8, column (f), d Schedule A, Part tment Income 18 (line 10c, colur	s first, second, thir centage ivided by line 13, III, line 15 e Percentage nn (f), divided by li	d, fourth, or fifth to		n 501(c)(3) organiza	### ### ##############################
Cale 9 10a b 12 13 14 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line/10b, whether or not the business is regularly carned on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add)Ines 9, 10c. 11, and 12) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Public Public support percentage for 2018 (In Public/support percentage from 2017 tion/D. Computation of Investing Investment income percentage from 2017 the process of t	the organization's c Support Per ne 8, column (f), d Schedule A, Part tment Income 118 (line 10c, colur 2017 Schedule A,	s first, second, thir centage ivided by line 13, III, line 15 e Percentage nn (f), divided by li Part III, line 17	d, fourth, or fifth to	ax year as a section	15 16 17 18	### ### ##############################
Cale 9 10a 11 12 13 14 Sec 17 18 196	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line/10b, whether or not the business is regularly carned on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add)Ines 9, 10c. 11, and 12) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Publi Public support percentage for 2018 (In Public support percentage from 2017 tion/D. Computation of Investing Investment income percentage for 2018 (Investment income percentage for 2018)	the organization's  c Support Per  ne 8, column (f), d  Schedule A, Part  tment Income  18 (line 10c, colur  2017 Schedule A,  organization did n	s first, second, thin centage rivided by line 13, ill, line 15 Percentage nn (f), divided by line 17 not check the box	d, fourth, or fifth ta	ax year as a section	15 16 17 18 33 1/3%, and line 1	### ### ##############################
Cale 9 10a 11 12 13 14 Sec 17 18 196	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line/10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Publi Public support percentage for 2018 (in Public support percentage from 2017 tion/D. Computation of Investing 133 1/3% support tests - 2018. If the	c Support Per ne 8, column (f), d Schedule A, Part tment Income 18 (line 10c, colur 2017 Schedule A, organization did no d stop here. The	s first, second, thin centage rivided by line 13, Ill, line 15 Percentage nn (f), divided by line Part III, line 17 rot check the box organization quali	d, fourth, or fifth to	ax year as a section	15 16 17 18 33 1/3%, and line 1 ation	### ### #### #########################
Cale 9 10a 11 12 13 14 Sec 17 18 196	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line/10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Publi Public support percentage for 2018 (in Public support percentage from 2017 tion/D. Computation of Investing 133 1/3% support tests - 2018. If the more than 33 1/3%, check this box ar	the organization's  c Support Per  ne 8, column (f), d  Schedule A, Part  tment Income  118 (line 10c, colur  2017 Schedule A,  organization did n  id stop here. The  organization did n	s first, second, thin centage ivided by line 13, Ill, line 15 e Percentage mn (f), divided by li Part III, line 17 iot check the box organization qualitiot check a box or	d, fourth, or fifth to	ax year as a section e 15 is more than 3 supported organiza a, and line 16 is mo	15 16 17 18 33 1/3%, and line 1 ation ore than 33 1/3%, a	### ### #### #########################

Page 4

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the chantable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	4 <u>a</u>		
	4b		
	4c_		
	5a		
	5b		
	5c		
	6		
	7		
!	8		
	3		
	9a		
	9b		
	9c		
	10a		
	10b		

	edule A (Form 990 or 990-EZ) 2018 FAMILY SERVICE AGENCY	86-0096792	P	age 5
Га	rt IV   Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		162	140
	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?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			Ţ <u> </u>
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			1
	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	1		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	<u> </u>	<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported	ļ		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	ŀ		
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	1		ĺ
	supervised, or controlled the supporting organization.		L	L
Sec	tion C. Type II Supporting Organizations		1	<del></del>
		<del></del>	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)? If "No," describe in Part VI how control	į		
	or management of the supporting organization was vested in the same persons that controlled or managed		1 1	
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			<u></u>
000	tion 5. Air Type in 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	<u> </u>	100	1,00
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		1	1
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	Ì		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	'	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		<u> </u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	ţ		
	supported organizations played in this regard.	3		<u> </u>
Sec	tion 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 instr	uctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see instructions		
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		<u> </u>	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	İ		
	how the organization was responsive to those supported organizations, and how the organization determined		1 :	
	that these activities constituted substantially all of its activities	<u>2a</u>	<del>                                     </del>	<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	1		1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	ļ		
	reasons for the organization's position that its supported organization(s) would have engaged in these	05	}	1
_	activities but for the organization's involvement	2b	<del> </del>	<b> </b>
3	Parent of Supported Organizations Answer (a) and (b) below.	1		1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		1
h	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	) <u>sa</u>	1	
U	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		1
	II 163. GOSCHOE III 1915 THE TOIL DIGITED DIVINE OF GRANDITITION TEGRIO.	<del></del>		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on I	Nov 20, 1970 (explain in F	art VI.) See instructions. A
_	other Type III non-functionally integrated supporting organizations must co			
Sect	ion A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recovenes 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		
Sect	ion B - Minimum Asset Amount		(A) Pnor 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)			
а	Average monthly value of securities	1a		
ь	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		
е	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		
Sect	ion 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	$\neg \neg$		
	emergency temporary reduction (see instructions)	6		<b>l</b>
7	Check here if the current year is the organization's first as a non-functional	ly integrate	d Type III supporting orga	nization (see
		. •	., ., 5-9-	•

Schedule A (Form 990 or 990-EZ) 2018

	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	rage 7
	ion D - Distributions	<u>.,, , , ,</u>	100//11/000/	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity	· · ·		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
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	ne organization is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
c	From 2015		ļ	
d	From 2016			
e	From 2017			
_ <u>f</u>	Total of lines 3a through e			
9	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i_	Carryover from 2013 not applied (see instructions)			
i_	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,		ļ	}
	line 7. \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
<u> </u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			}
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in		ĺ	İ
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
_8	Breakdown of line 7			
a	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A	(Form 990 or 990-EZ) 2018 FAMILY SERVICE AGENCY	86-0096792	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 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 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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6 Also complete this part for any addition	and 2, Part IV, Section Section B, line 1e, Pai.	C.
	(See instructions )		
PART II,	SHORT YEAR EXPLANATION:		<u>-</u>
THE 2018	FIGURES REFLECT THE PERIOD OF JULY 1, 2019 THROUGH SEPTEMBER		<del></del>
30, 2019	DUE TO THE ORGANIZATION CHANGING ITS FISCAL YEAR END.		
<del></del>			
		<del></del>	<u> </u>
		<del> </del>	
			<del></del> . <del></del>
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# SCHEDULE D

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

FAMILY SERVICE AGENCY

Employer identification number 86-0096792

Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, Iin	e 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 advis	sed 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 a	dvisors in writing that grant funds can be	used only		
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring		
	impermissible private benefit?		Yes No		
Pa	rt II   Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7		
1	Purpose(s) of conservation easements held by the organization				
	Preservation of land for public use (e.g., recreation or e	· <del>==</del>	torically important land area		
	Protection of natural habitat	Preservation of a cer	tified historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last		
	day of the tax year		Held at the End of the Tax Year		
а	Total number of conservation easements		2a		
ь	Total acreage restricted by conservation easements		2b		
С	Number of conservation easements on a certified historic stri	, ,	2c		
đ	Number of conservation easements included in (c) acquired a	ifter 7/25/06, and not on a historic structi	1 1		
	listed in the National Register	•	2d ]		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax		
	year -				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per	- · · · · · · · · · · · · · · · · · · ·			
	violations, and enforcement of the conservation easements it		L Yes L No		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation easements during the year		
_	·				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ition easements during the year		
			(EVAVDVC)		
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	(n)(4)(6)(i) Yes No		
_	and section 170(h)(4)(B)(ii)?		,		
9	In Part XIII, describe how the organization reports conservation				
	include, if applicable, the text of the footnote to the organizat	ion s financial statements that describes	the organization's accounting for		
Pa	conservation easements. rt III   Organizations Maintaining Collections of	Art. Historical Treasures, or Of	ther Similar Assets.		
	Complete if the organization answered "Yes" on Form	·			
12	If the organization elected, as permitted under SFAS 116 (AS		nent and halance sheet works of art		
,,,	historical treasures, or other similar assets held for public exh	•			
	the text of the footnote to its financial statements that describ		noe of public screed, provide, are are war,		
h	If the organization elected, as permitted under SFAS 116 (AS		and halance sheet works of art, historical		
-	treasures, or other similar assets held for public exhibition, ec	• •			
	relating to these items	racation, or research in faitherance of pa	blio service, provide are renoving amounts		
	(i) Revenue included on Form 900 Port VIII line 1		<b>▶</b> \$		
	(ii) Assets included in Form 990, Part X		<b>S S</b>		
2	If the organization received or held works of art, historical trea		l gain, provide		
٠	the following amounts required to be reported under SFAS 1:		a gan, provide		
а	Revenue included on Form 990, Part VIII, line 1	. The state of the	<b>▶</b> \$		
	Assets included in Form 990, Part X		<b>S</b> •		

Part III   Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets   Continued	Sche	dule D (Form 990) 2018 FAMILY SER	VICE AGENCY					8	6-009	6792	Page 2
conceck all that apply :   a	Pai	t III   Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, o	r Other S	Similar A	ssets	(contini	ued)
a Public exhibition d Loan or exchange programs b Scholarly research e Other c Preservation for future generations e Other c O	3	Using the organization's acquisition, accessi	ion, and other record	s, check	any of the f	following that	are a sign	ıficant use	of its co	ollection	tems
b Scholarly research e		(check all that apply):									
c Prevale a description of future generations 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 air, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of 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, line 21.  1b If Yes, "explain the arrangement in Part XIII and complete the following table  1c Beginning balance 1 Additions during the year 1 Distributions during the year 2 Distributions during the year 3 Distributions during the year 4 Ending balance 5 Distributions during the year 5 Distributions during the year 6 Distributions during the year 7 Ending balance 8 Distributions during the year 9 Distributions during the year 9 Distributions during the year 1 Distributions during the year 1 Distributions of the arrangement in Part XIII Check here if the explanation has been provided on Part XIII  1 Depart V Endowment Funds. Complete if the organization has been provided on Part XIII  1 Depart V Endowment Funds. Complete if the organization has been provided on Part XIII  1 Depart V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.  1 Depart XIII Depart Y Endowment Funds are provided in Part XIII Check here if the explanation has been provided on Part XIII Provided and Provided on Part XIII Provided and Provided on Part XIII Provided and Provided on Part XIII Provided and Provided on Part XIII Provided and Provided on Part XIII Provided on Part XIII Provided on Part XIII Provided on Part XIII Provided on Part XIII Provided organizations on the organization is listed as required on Schedule R?  2 Description of property 3 Description of property 4 Descripti	а	Public exhibition	c		Loan or exc	hange progra	ams				
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 are their than to be maintained as part of the organization's collection?    Part V  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.   Is it she organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21.   Is it she organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21, for escrow or outstodial account liability?   Is it is the organization include an amount on Form 990, Part X, line 21, for escrow or outstodial account liability?   Yes   No   If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII   Part V   Endowment Funds. Complete if the organization has been provided on Part XIII   Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.   Beginning of year balance   (a) Current year (b) Prior year   (c) Ivo years back   (d) Times years back   (e) Four y	b	Scholarly research	e		Other					_	
5 During the year, did the organization solicit or receive donations of art, histonical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?    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, flustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?    If "Yes," explain the arrangement in Part XIII and complete the following table    Beginning balance   Id.	С	Preservation for future generations									
to be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	e organizatio	n's exemp	t purpose	in Part )	XIII	
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, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  1b If "Yes," explain the arrangement in Part XIII and complete the following table  1c Beginning balance  1d Additions during the year  2d Dot the organizations during the year  2a Dot the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	5	During the year, did the organization solicit of	or receive donations of	of art, his	storical treas	sures, or othe	r sımılar as	ssets			
reported an amount on Form 980, Part X; Ine 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table  c Beginning balance d Additions during the year f Ending balance 2. 2a Did the organization include an amount on Form 990, Part X, Ine 21, for escrew or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII    Part Y   Endowment Funds. Complete if the organization has been provided on Part XIII.   Part Y   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance   Ga) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (e)		to be sold to raise funds rather than to be ma	aintained as part of t	he organ	nization's col	llection?				Yes	No
Ta Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  □ If "Yes," explain the arrangement in Part XIII and complete the following table  □ Beginning balance □ Additions during the year □ Distribut	Par		•	ete if the	organizatıo	n answered "	Yes" on Fo	orm 990, P	art IV, li	ne 9, or	
on Form 990, Part X?  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 and additions during the year g Ending balance and the arrangement in Part XIII Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization has been provided on Part XIII  Beginning of year balance and Complete if the organization answered "Yes" on Form 990, Part IV, Ine 10.  C Net investment earnings, gains, and losses of Grants or scholarships C Net investment earnings, gains, and losses of Grants or scholarships C Net investment earnings, gains, and losses of Grants or scholarships C Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment  A doministrative expenses G End of year balance P Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment  S Permanent endowment F S 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 b If "Yes" on line 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.  Describe in Part XIII the intended uses of the organization's endowment funds.  Describe of Part XIII the intended uses of the organization's endowment funds.  Describe of Part XIII the intended uses of the organization's endowment funds.  Describe of Part XIII the intended uses of the organization's endowment funds.  Describe of Part XIII the intended uses of the organization's endowment funds.  Describe of Part											<del></del>
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 belance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on 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 Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance b Permanent endowment   6 Permanent endowment   7 Semantistrative expenses g End of year balance b Permanent endowment   7 Semantistrative expenses g End of year balance b Permanent endowment   7 Semantistrative expenses g End of year balance b Permanent endowment   7 Semantistrative expenses g End of year balance b Permanent endowment   8 Selio   Selio   9 Selio   Selio   9 Selio   Selio   9 Selio   Selio   9 Selio   Selio   9 Selio   Selio   9 Selio   Selio   9 Selio   9 Selio   Selio   9 Selio   9 Selio   Selio   9 Selio   9 Selio   9 Selio   Selio   9 Selio   9 Selio   Selio   9 Selio   9 Selio   Selio   9 Selio   9 Selio   Selio   Selio   9 Selio   Selio   Selio   9 Selio   Selio   Selio   9 Selio   Selio   Selio   9 Selio   Selio   Selio   9 Selio   Selio   Selio   Selio   9 Selio   Selio   Selio   Selio   9 Selio   Selio   Selio   Selio   9 Selio   Selio   Selio   Selio   Selio   9 Selio   Selio   Selio   Selio   Selio   Sel	1a	Is the organization an agent, trustee, custodi	ian or other intermed	lary for o	contributions	s or other ass	ets not inc	luded	_	,	
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Distributions during the year f Ending balance 3 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?		on Form 990, Part X?	•						L	Yes	∟_ No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing t	able						
d Additions during the year  Distributions during the year  Ending balance  Do the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Do the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Can be continued to the explanation answered   Can be continued to the continu								<del>  </del>		Amount	
e Distributions during the year  f Ending balance 2 Dot the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Ves No b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on 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  to Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment  % b Permanent endowment  % 76 Temporarily restricted endowment  % 76 Temporarily restricted endowment  % 76 Temporarily restricted endowment  % 76 Temporarily restricted endowment  % 77 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 (iii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iii) related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  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.  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.  Gel Accumulated depreciation  1a Land b Buildings c Leasehold improvements 1 457,872, 450,334, 7,538.	C	Beginning balance									
## Ending balance    2a	d	Additions during the year						1d	<del></del>		
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  If 'Yes,' explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.  [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four y	e	<b>4</b> • • • • • • • • • • • • • • • • • • •				•					
b     1°Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII     Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, Inne 10.    1a   Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back     1a   Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back     1a   Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back     1a   Beginning of year balance   (a) Current year end balance   (a) Current year shack   (d) Three years back     1a   Beginning of year balance   (a) Current year end balance   (a) Current year end balance   (a) Current year end balance   (a) Current year end balance   (a) Current year end balance   (a) Current year end balance   (a) Current year end balance   (a) Current year end balance   (a) Current year end balance   (a) Current year end balance   (a) Current year end balance   (a) Current year end balance   (a) Current year end balance   (a) Current year end balance   (a) Current year end balance   (a) Current year end balance   (a) Provide the estimated percentages of the current year end balance   (a) Held as a Board designated or quasi-endowment   √8 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   (b) Unirelated organizations   (a) Sa(i)		•				•				1	<del></del>
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 yea		•					_	•	.∟	J Yes	⊢ No
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years   (e) Four year								<u> </u>			
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % 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 (iii) related organizations (iii) related organizations b If 'Yes' on line 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 Buildings c Leasehold improvements d Equipment 457, 872. 450, 334, 7, 538. e Other	Par	t v Endowment Funds. Complete	· · · · · · · · · · · · · · · · · · ·						o book	(-) Four	voore boek
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment		D	(a) Current year	(b) F	rior year	(c) Two year	S Dack (d	j i firee year	SDACK	(e) rour	years back
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶	_		ļ			ļ. ———			<del></del> }		
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶	ь					ļ <u>-</u>					
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment  % b Permanent endowment  % 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 b If "Yes" on line 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 (b) Cost or other (c) Accumulated depreciation  1a Land b Buildings c Leasehold improvements d Sau, 957, 10,501, 22,456. d Equipment 457,872, 450,334, 7,538. e Other	C	<u> </u>									
and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶		·	}	<b> </b>		ļ			<del></del>		
f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporanily 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 b If "Yes" on line 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  1a Land b Buildings c Leasehold improvements 32,957, 10,501, 22,456. d Equipment 457,872, 450,334, 7,538.	е	•									
g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as  a Board designated or quasi-endowment ▶ %  b Permanent endowment ▶ %  c Temporarily restricted endowment ▶ %  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations (ii) related organizations  b If "Yes" on line 3a(i), are the related organization's 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 Buildings  c Leasehold improvements  32,957. 10,501. 22,456. d Equipment  6 Other	_	· · ·	<del></del>			<del> </del>					
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as  Board designated or quasi-endowment	f	· · ·	<del></del>	<u> </u>		ļ					
Board designated or quasi-endowment		•	L	L		<u> </u>					
b Permanent endowment			rent year end balance		g, column (a)	)) held as					
Temporanly restricted endowment ▶				%							
The percentages on lines 2a, 2b, and 2c should equal 100%.  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  b If "Yes" on line 3a(ii), are the related organization's 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 Buildings  c Leasehold improvements  d Equipment  e Other		•									
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Second Part VI   Land, Buildings, and Equipment   Buildings   Capable of property   Capable of part X, line 10.   Capable of property   Capable of part X, line 10.   Capable of property   Capable of part X, line 10.   Capable of property   Capable of property   Capable of part X, line 10.   Capable of property   Capable of property   Capable of part X, line 10.   Capable of property   Capable of part X, line 10.   Capable of property   Capable of part X, line 10.   Capable of property   Capable of part X, line 10.   Capable of property   Capable of part X, line 10.   Capable of property   Capable of part X, line 10.   Capable	_										
(ii) unrelated organizations (iii) related organizations b If "Yes" on line 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 (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other	За	Are there endowment funds not in the posse	ession of the organiza	ation tha	t are neid an	na aaminister	ea for the	organizatio	n	Г.	<del></del>
(ii) related organizations b If "Yes" on line 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 (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  d Sa(ii)  3b  4b  4b  3c  4c  4c  4c  4c  4c  4c  4c  4c  4c											Yes No
b If "Yes" on line 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 Buildings  c Leasehold improvements  d Equipment  e Other				•							<del></del>
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)  Buildings  Leasehold improvements  Equipment  Other  Other  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  22,456.		•						•			
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 (other)  (b) Cost or other depreciation  1a Land  b Buildings  c Leasehold improvements  457,872.  450,334.  7,538.  e Other		• • • • • • • • • • • • • • • • • • • •	·							<u>3b</u>	
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 (other)  (b) Cost or other depreciation  1a Land  b Buildings  c Leasehold improvements  457,872.  450,334.  7,538.  e Other				wment f	unds.		<del></del>				
Description of property  (a) Cost or other basis (investment)  1a Land  b Buildings  c Leasehold improvements d Equipment e Other  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  32,957.  10,501. 22,456.	rai			) Dart ()	/ line 11e C	Farm 000	Dort V lin	0.10			
basis (investment)         basis (other)         depreciation           1a Land             b Buildings             c Leasehold improvements         32,957.         10,501.         22,456.           d Equipment         457,872.         450,334.         7,538.           e Other									Т	(d) Rook	value
1a Land          b Buildings          c Leasehold improvements       32,957. 10,501. 22,456.         d Equipment       457,872. 450,334. 7,538.         e Other		Description of property	1 ''							(d) Book	value
b Buildings c Leasehold improvements d Equipment e Other	12	land	2230 (11110011			,		- 3.4	+		
c Leasehold improvements       32,957.       10,501.       22,456.         d Equipment       457,872.       450,334.       7,538.         e Other	_	• • • • •			<del></del>						
d Equipment 457,872. 450,334. 7,538. e Other	2	• •				32,957.		10,50	1.		22,456.
e Other	ď	·									
<u> </u>		• • • • • • • • • • • • • • • • • • • •				· · · · · ·			_	-	
			oual Form 990. Part	X. colun	nn (B), line 10	0c.)		>			29,994.

Part VII Investments - Other Securities.			· · · · · · · · · · · · · · · · · · ·	
Complete if the organization answered "Yes" of	on Form 990, Part IV			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation Cost or end	l-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				· · · · · · · · · · · · · · · · · · ·
(B)				
(C)			<del></del>	
(D)				
(E)	·· ·· · · · · · · · · · · · · · · · ·			
(F)			<u></u>	
(G)			<del></del>	
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" o		, line 11c See Form 990,	Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of v	valuation Cost or end	f-of-year market value
(1)				<del></del>
(2)			<del></del>	
(3)			<del></del>	
(4)			<del></del>	
(5)				
			<del></del>	
				<del></del>
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.				<del></del>
<u></u>		4410	D 1 V P - 45	
Complete if the organization answered "Yes" o	n Form 990, Part IV Description	, line 11d. See Form 990,	Part X, line 15	(b) Book value
	rescription			(b) Book value
(1)		<del></del>		<del></del>
(2)			····	
(3)			<del></del> -	
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(5)			···	
(6)		<del></del>		
(8)		· <del>- · · · · · · · · · · · · · · · · · ·</del>	<del></del>	
(9)				
Total. (Column (b) must equal Form 990. Part X. col. (B) line				
Part X Other Liabilities.	15.1			
Complete if the organization answered "Yes" o	n Form 990 Part IV	line 11e or 11f See Form	n 990. Part X. line 25.	
1. (a) Description of liability		(b) Book value	1	
(1) Federal income taxes			1	
(2)			1	
(3)			1	
(4)				
(5)			1	
(6)			1	
			1	
(8)			1	
(9)			1	
Total. (Column (b) must equal Form 990. Part X. col. (B) line	25.)	<del></del>	1	
- I SAMULT IN THESE SAMULT OF THE ASS. FALL A. CO. (D) III G	<u> </u>			

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.

Schedule D (Form 990) 2018 FAMILY SERVICE AGENCY	86-0096792 Page 4
Part XI   Reconciliation of Revenue per Audited Financial Statements With Rever	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1 ` Total revenue, gains, and other support per audited financial statements	1 755,765.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities 2b	
c Recoveries of prior year grants 2c	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	2e 0.
3 Subtract line 2e from line 1	3 755,765.
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	i
	4c 0.
c Add lines 4a and 4b	5 755,765.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)  Part XII   Reconciliation of Expenses per Audited Financial Statements With Expe	
	mood por trotain.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1 805,741.
1 Total expenses and losses per audited financial statements	1 805,741.
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	
c Other losses 2c	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	2e U.
3 Subtract line 2e from line 1	3 805,741.
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	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	4c 0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 805,741.
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.	
PART X, LINE 2:	
THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3)	
OF SUR THERESE. PRINCES CORP. AND CHARLES CO. ADVICED AND ADVICTORS	
OF THE INTERNAL REVENUE CODE AND SIMILAR STATE OF ARIZONA TAX PROVISIONS.	
THE ADDITION OF ADJANTANTAN AND TRACE BAD MITE CHARTMAN E CAMBRICITATION	
IN ADDITION, THE ORGANIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION	
DEDITORION INDER SECRICAL 170/D)/1)/A) AND DAS REEN CLASSIETED AS AN	
DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN	
ORGANIZATION OTHER THAN A PRIVATE FOUNDATION UNDER SECTION 509(A)(1). THE	
ORGANIZATION CHIER THAN A PRIVATE POUNDATION CROEK SECTION 303(A)(1), 146	
ORGANIZATION'S FORM 990 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAXES	
onditional of the state of the	
IS GENERALLY SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR	
THREE YEARS AFTER THE DATE FILED. MANAGEMENT HAS EVALUATED THE TAX	
POSITIONS TAKEN OR EXPECTED TO BE TAKEN, IF ANY, ON ITS EXEMPT	
ORGANIZATION FILINGS, AND THE LIKELIHOOD THAT UPON EXAMINATION THOSE	
POSITIONS WOULD BE SUSTAINED. BASED ON THE RESULTS OF THIS EVALUATION.	
	Schedule D (Form 990) 2018
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Schedule D (Form 990) 2018 FAMILY SERVICE AGENCY	86-0096792	Page 5
Schedule D (Form 990) 2018 FAMILY SERVICE AGENCY  Part XIII   Supplemental Information (continued)		
MANAGEMENT BELIEVES THERE ARE NO UNCERTAIN TAX POSITIONS.		
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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.

Open to Public

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FAMILY SERVICE AGENCY

Employer identification number 86-0096792

FORM 990, PART VI, SECTION A, LINE 8B:
THERE ARE NO OTHER COMMITTEES WHO HAVE AUTHORITY TO ACT ON BEHALF OF THE
GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11B:
CEO, CONTROLLER, AND CONTRACT CPA WILL REVIEW IN DETAIL. BOARD MEMBERS WILL
BE GIVEN AN ELECTRONIC COPY PRIOR TO FILING WITH THE IRS AND WILL HAVE AN
OPPORTUNITY TO ASK QUESTIONS.
FORM 990, PART VI, SECTION B, LINE 12C:
EMPLOYEES, PAID CONSULTANTS, AND BOARD MEMBERS MAY NOT HAVE ANY DIRECT OR
INDIRECT FINANCIAL INTEREST IN THE ASSETS, LEASES, BUSINESS TRANSACTIONS,
OR PROFESSIONAL SERVICES OF THE AGENCY. BOARD MEMBERS AND PAID CONSULTANTS
WHO INDIVIDUALLY OR AS A PART OF A PROFESSIONAL FIRM ARE INVOLVED IN
BUSINESS TRANSACTIONS OR CURRENT PROVESSIONAL SERVICES OF THE AGENCY MUST
FULLY DISCLOSE THIS RELATIONSHIP. BOARD MEMBERS SHALL NOT PARTICIPTATE IN
ANY VOTE TAKEN IN RESPECT TO SUCH TRANSACTIONS OR SERVICES.
FORM 990, PART VI, SECTION B, LINE 15A:
THE BOARD OF DIRECTORS ARE RESPONSIBLE FOR SETTING COMPENSATION FOR THE CEO
AND REVIEWS COMPENSATION ANNUALLY BY CONDUCTING A PERFORMANCE REVIEW AND
AWARDING ANY PAY INCREASE BASED ON ATTAINMENT OF STATED GOALS AND
OBJECTIVES. ANY PAY INCREASE IS SUPPORTED BY REVIEW OF AVAILABLE
COMPENSATION STUDIES, OTHER 990S, AND RECOMMENDATION FROM THE COMPENSATION
COMMITTEE. THE CEO IS RESPONSIBLE FOR ESTABLISHING COMPENSATION RATES FOR
ALL STAFFS. EACH STAFF RECIEVES AN ANNUAL PERFORMANCE EVALUATION AND ANY

Name of the organization  FAMILY SERVICE AGENCY	Employer identification number 86-0096792
. PAY INCREASE IS CONTINGENT OF ATTAINMENT OF STATED GOALS AND OBJECTIVES	
WITHIN A MERIT POOL BASE (0-5%) AS APPROVED BY THE BOARD OF DIRECTORS WITH	
THE ADOPTION OF THE ANNUAL OPERATING BUDGET. INITIAL PAY RATES ARE BASED	
ON PREVAILING WAGES RATES FOR LIKE POSITIONS WITHIN THE LOCAL COMMUNITY,	
AVAILABLE COMPENSATION STUDIES/SURVEYS, WITH EXTRA CREDIT GIVEN FOR	
JOB-SPECIFIC CREDENTIALS (I.E. BI-LINGUAL ENGLISH/SPANISH, ATTAINMENT AND	
MAINTENANCE OF REQUIRED PROFESSIONAL LICENSURE, CREDENTIALING, ETC.)	
FORM 990, PART VI, SECTION C, LINE 19:	
UPON SPECIFIC REQUEST, ALL DOCUMENTS OPEN TO PUBLIC INSPECTION WILL BE MADE	<del></del>
AVAILABLE EITHER ELECTRONICALLY OR AVAILABLE FOR ON-SITE REVIEW.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN ACCRUED EXPENSES 213,626.	