990-T	E	Exempt Orga	nization Bus	sines	s Income		'n	ОМВ	No 1545-0687
			nd proxy tax und			1906	110	2	018
	For ca	lendar year 2018 or other tax ye					<u> 19</u>	Z	.U 10
Department of the Treasury Internal Revenue Service	>	► Go to www • Do not enter SSN numbe	irs.gov/Form990T for ir rs on this form as it may					501(c)(3)	Public Inspection for Organizations Only
A Check box if address changed		Name of organization ((Em	oloyer ideni ployees' tri ructions)	itification number rust, see				
B Exempt under section	Print	FAMILY SOLU	TIONS, INC.) 1-2:	171585
X 501(c)(3)	or	Number, street, and room	n or suite no. If a P.O. bo	x, see ins	tructions.			elated busi instruction	iness activity code ns)
408(e)220(e)	Туре	1014 MAIN S	TREET				`		•
408A530(a) 529(a)		City or town, state or prov	•	r foreign	postal code		54:	1900	
C Book value of all assets		F Group exemption numb							
4,100,8	05.	G Check organization typ	e ► X 501(c) corp	poration	501(c) tru	ıst 401	(a) trust		Other trust
H Enter the number of the	organiza	ition's unrelated trades or t		1	Descr	ribe the only (or first)	unrelate	d	
trade or business here	► S1	EE STATEMENT	1		. If only o	one, complete Parts I-	V. If mor	e than or	ne,
describe the first in the b	lank spa	ice at the end of the previou	us sentence, complete Pa	arts I and					
business, then complete	Parts III	-V							
I During the tax year, was	the corp	oration a subsidiary in an	affiliated group or a parei	nt-subsid	liary controlled grou	ıp?	Y	res 🖸	X No
		tifying number of the paren			, ,				
		FAMILY SOLUT	•		Tele	ephone number 🕨	360-	-695	-1014
Part I Unrelated	d Trac	de or Business Inc			(A) Income	(B) Expens			(C) Net
1 a Gross receipts or sale	s								
b Less returns and allow	wances		c Ralance	1c					
2 Cost of goods sold (S	chedule	A. line 7)	•	2			-		
3 Gross profit. Subtract		-		3					
4a Capital gain net incon	ne (attac	h Schedule D)		4a					
• •	•	art II, line 17) (attach Form	1 4797)	4b	•			ļ	7
c Capital loss deduction		• • •	•	4c		RECE	IVE	Ф	Î
•		ship or an S corporation (a	ttach statement)	5				7	2
6 Rent income (Schedu			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6		32	1 20	1- 12	
7 Unrelated debt-finance		me (Schedule E)		7		El Jun (, 1 - 20	/	Ď.
		and rents from a controlled	organization (Schedule F)	8					<u>*</u>
		on 501(c)(7), (9), or (17) or				OGD	EN. 1	Tt	1
10 Exploited exempt acti				10					
11 Advertising income (S	•	` '		11					
12 Other income (See in		•		12					
পু.3 Total. Combine lines		•		13	(0.			
Part II Deductio	ns No	ot Taken Elsewher		or limitat	ions on deduction	ns)			
<u> </u>		rectors, and trustees (Sche	<u> </u>			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Т	
Salarios and wages	icers, uii	rectors, and trustees (Scrie	oule K)	r -	. 0 . 1	(00	14	+	
16 Renairs and mainten	2000	ame Instructions) Report instructions for limitation	en Kl	5/	UKN	PUR	16		
210 Repairs and mainten	ance	,	0		, ,		17	+	
SR Interest (attach sche	dula) /ei	ea instructions) Vel	roal of		Section	^	18	+	
Taves and licenses	uuic) (si	ee ilistructions)				`	19	+	
20 Charitable contribution	one (Sac	unetructions for limitation	rulae)	5/2	(a)(7)		20	1	
321 Depreciation (attach	Form Af	562)	ruics) ,				20	+	
22 Less denreciation els		n Schedule A and elsewher	e on return		22a		22b	1	
•	mileu oi	I Delicable A alla cisewilei	e on return		[224]			+	
23 Depletion24 Contributions to defe	arred oo	mnancation plane					23	 	
25 Employee benefit pro		mpensauun pians					25	+	
, ,	-	shadula IV					25	+	
		· · · · · · · · · · · · · · · · · · ·					<u> </u>	+	
•		•					27_	+	
28 Other deductions (at		•					28	+	0.
29 Total deductions A		-	logo doduotion Cutt	st line OO	from line 10		29	+	0.
		ncome before net operating					30	+	<u> </u>
		oss arising in tax years beg		ıy 1, 201	o (see instructions)		31	+	
32 Unrelated business t	axadie ii	ncome, Subtract line 31 fro	in time 30				32		0.

Form 990-	TIMIZET BODOTTONS / TINC:	91-2171585	Page 2
Part I	II Total Unrelated Business Taxable Income		<u> </u>
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34	Amounts paid for disallowed fringes	34	-6
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
	lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,		
	enter the smaller of zero or line 36	38	_0.
Part I	V Tax Computation		
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)	▶ 39	0.
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from:		
	Tax rate schedule or Schedule D (Form 1041)	▶ 40	
41	Proxy tax See instructions	▶ 41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See Instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.
Part \			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		
b	100		
C	General business credit. Attach Form 3800 45c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827) Table and the Add lines 45s through 45d		
	Total credits Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (at	46	0.
47 48	· · · · · · · · · · · · · · · · · · ·	ach schedule) 47	
40 49	Total tax Add lines 46 and 47 (see instructions) 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	48	0.
	Payments: A 2017 overpayment credited to 2018	49	<u> </u>
	2018 estimated tax payments 50b		
	Tax deposited with Form 8868 50c		
	Foreign organizations Tax paid or withheld at source (see instructions) 50d		
	Backup withholding (see instructions) 50e		
	Credit for small employer health insurance premiums (attach Form 8941) 50f		
a	Other credits, adjustments, and payments: Form 2439		
•	Form 4136 X Other 1,665. Total ▶ 50g	1,665.	
51	Total payments. Add lines 50a through 50g SEE STATEMENT 3		1,665.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	▶ 54	1,665.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	nded > 55	1,665.
Part \	Statements Regarding Certain Activities and Other Information (see Instruct	ons)	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Ycs No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country		i l
	here		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trust?	X
	If "Yes," see instructions for other forms the organization may have to file.		
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$		
Cian	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		elief, it is true,
Sign Here	Land Market 15 2/2022		cuss this return with
. 1616	Substitute of officery		
	Signatule of officer Date Title	instructions)?	X Yes No
		neck if PTIN	
Paid		If- employed	000100
Prepa	rer INC., P.S. 02/09/20		229193
Use C	1117	irm's EIN ► 91-	1304455
	P.O. BOX 268	125015	05 0000
			95-0068
823711 01	-U9-19	Fo	orm 990-T (2018)

Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory v	aluation N/A		- <u>-</u> -	_	
1 Inventory at beginning of year	1		6	Inventory at end of yea	ır		6	
2 Purchases	2		7	Cost of goods sold. Su	ıbtract l	ıne 6		
3 Cost of labor	3			from line 5. Enter here				
4 a Additional section 263A costs		- -		line 2			7	
(attach schedule)	4a		8	Do the rules of section	with respect to		Yes No	
b Other costs (attach schedule)	4b			property produced or a	acquired	I for resale) apply to		
5 Total Add lines 1 through 4b	5			the organization?				
Schedule C - Rent Income (F (see instructions)	rom Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	perty	v)
1 Description of property								
(1)								
(2)								
(3)								
(4)	2 Rent receiv	ed or accrued						
(a) From personal property (if the perce			and pers	onal property (if the percenta	200	3(a) Deductions directly		
rent for personal property is more the 10% but not more than 50%)	nan	of rent for	personal	property exceeds 50% or if ed on profit or income)	age .	columns 2(a) ar	id 2(b) (a	attach schedule)
(1)								
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income Add totals of columns 2(here and on page 1, Part I, line 6, column (ter			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Debt	-Financed	Income (see	ınstru	ctions)				
			2	Gross income from		3 Deductions directly con to debt-finance		
1. Description of debt-finar	nced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)			1					
(2)			T					,
(3)								
(4)				_				
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(8 Allocable deductions column 6 x total of columns 3(a) and 3(b))
(1)		•		%				
(2)				%				
(3)				%				
(4)				%				
						nter here and on page 1, Part I, line 7, column (A)		inter here and on page 1, Part I, line 7, column (B)
Totals						0		0.
Total dividends-received deductions incli	uded in column	18					1	0.

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Schedule F - Interest,		······································			Controlled O						
Name of controlled organization		2 Em Identifi num	cation	(loss) (see instructions) payments made inclu		Includ	rt of column 4 ded in the cont zation's gross	trolling	Deductions directly connected with income in column 5		
(1)							<u>-</u>				· · · · · · · · · · · · · · · · · · ·
(2)									-		
(3)											
(4)								Ī			
Nonexempt Controlled Organ	zations										
7 Taxable Income		related incor ee instruction		9. Total	of specified pay made	ments	10. Part of colu in the controll gross		nızatıon's		deductions directly connected th income in column 10
(1)											
(2)											
(3)											
(4)											
							Add colur Enter here and line 8,		e 1, Part I,	l	Add columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals						•			0.		0
Schedule G - Investme	ent Incor	ne of a	Section	501(c)(7), (9), or	(17) Oı	rganizatior	1			
(see inst	ructions)				T						
1 Desc	ription of incor	me			2. Amount of	income	3. Deduction directly connected (attach scheduler)	ected	4 Set-	asides schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)						,					
(4)									<u> </u>		
					Enter here and Part I, line 9, co						Enter here and on page Part I, line 9, column (B)
Totals				<u> </u>		0.					0
Schedule I - Exploited (see instru	-	Activity	Incom	e, Othe	r Than Ac	lvertisi	ing Income	•			
		·	3. Ex	penses	4 Net incom		_				7 Excess exempt
1 Description of exploited activity	2. Gi unrelated income trade or b	business from	directly of with pr of un	connected oduction related is income	from unrelated business (co minus colum gain, comput through	olumn 2 in 3) If a e cols 5	5. Gross inco from activity is not unrela- business inco	that ted	attribut	penses table to mn 5	expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)											
	Enter here page 1, line 10, d	Part I,	page ²	re and on 1, Part I, , col (B)						•	Enter here and on page 1, Part II, line 26
<u>Totals</u>		0.		0.			•				0
Schedule J - Advertisi	ng Incor	ne (see i	nstructioi	าร)							
Part I Income From	Periodic	als Rep	orted o	n a Con	solidated	l Basis					
1 Name of periodical		2. Gross advertising income	adv	3. Direct ertising costs	or (loss) (c col 3) If a g	tising gain ol 2 minus ain, compu hrough 7			6 Read cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)										_]
(3)					-						7
(4)										•	1
Totals (carry to Part II, line (5))	•		0.	0	.1						0

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

	J		•				
1 Name of periodical		2 Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (cot 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	-						-
(2)			_				
(3)						***************************************	
(4)		<u> </u>			-		
Totals from Part I	•	0.	0.		,	·	0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	•	0.	0.				0.
• • • • • •							

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT BUSINESS ACTIVITY

DISALLOWED EMPLOYEE PARKING JAN - JUNE 2018

TO FORM 990-T, PAGE 1

FOOTNOTES	STATEMENT	2
10011101111	D 1111 m11111	_

LINE 34 - AMOUNTS PAID FOR DISALLOWED FRINGES: CHANGED FROM \$8,871 TO \$-0-DUE TO REPEAL OF SECTION 512(A)(7).

0.

FORM 990-T	OTHER	CREDITS	AND	PAYMENTS	STATEMENT	3
DESCRIPTION					AMOUNT	
TAX PAID WITH ORIGINAL	RETURN				1,66	65.
TOTAL INCLUDED ON FORM	990-т, і	PAGE 2, I	PART	V, LINE 50G	1,66	65.