

**\*\* PUBLIC DISCLOSURE COPY \*\***

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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](http://www.irs.gov/Form990) for instructions and the latest information.

**2022**  
 Open to Public Inspection

**A** For the **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

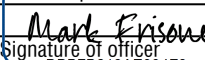
<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>FAMILY &amp; COMMUNITY SERVICES, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>705 OAKWOOD STREET 221</b> City or town, state or province, country, and ZIP or foreign postal code <b>RAVENNA, OH 44226</b> <b>F</b> Name and address of principal officer: <b>MARK FRISONE</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>34-1902451</b> <b>E</b> Telephone number <b>(330) 678-3911</b> <b>G</b> Gross receipts \$ <b>38,458,409.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: <b>WWW.FCSOHIO.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1941</b> <b>M</b> State of legal domicile: <b>OH</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO EMPOWER INDIVIDUALS AND FAMILIES THROUGH SERVICES THAT MEET THE NEEDS OF THE COMMUNITY.</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>16</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>16</b>
	<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>701</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>3074</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	<b>24,795,013.</b>	<b>25,372,663.</b>
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>12,940,736.</b>	<b>12,982,064.</b>
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>32,569.</b>	<b>63,260.</b>
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>60,684.</b>	<b>-9,374.</b>
<b>12</b>			<b>37,829,002.</b>	<b>38,408,613.</b>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>1,164,618.</b>	<b>918,529.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>19,388,720.</b>	<b>21,372,596.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	<b>44,149.</b>	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>11,135,560.</b>	<b>14,320,619.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>31,688,898.</b>	<b>36,611,744.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>6,140,104.</b>	<b>1,796,869.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>40,916,507.</b>	<b>41,902,777.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>9,231,356.</b>	<b>9,069,083.</b>
	<b>22</b>		<b>31,685,151.</b>	<b>32,833,694.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer  Signature of preparer (other than officer) is based on all information of which preparer has any knowledge. <b>MARK FRISONE, EXECUTIVE DIRECTOR</b> Type or print name and title	Date <b>5/10/2024</b>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JENNIFER COLEMAN</b> Preparer's signature <b>JENNIFER COLEMAN</b> Date <b>05/09/24</b> Check if self-employed <input type="checkbox"/> PTIN <b>P00743188</b> Firm's name <b>CLIFTONLARSONALLEN LLP</b> Firm's address <b>4334 MUNSON STREET, SUITE 200 CANTON, OH 44718</b> Firm's EIN <b>41-0746749</b> Phone no. (330) 497-2000	

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: FAMILY AND COMMUNITY SERVICES, INC. SEEKS TO STRENGTHEN AND EMPOWER INDIVIDUALS AND FAMILIES THROUGH A BROAD CONTINUUM OF COMMUNITY-BASED SERVICES THAT MEET THE NEEDS AND VALUES OF THE COMMUNITY. THE AGENCY IS GUIDED BY INDIVIDUAL DIGNITY, SERVICE, EXCELLENCE, ACCOUNTABILITY,

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 12,718,942. including grants of \$ 111,118. ) (Revenue \$ 7,521,937. ) CLINICAL PROGRAMS

CONSUMER CREDIT COUNSELING SERVICE PROVIDES BUDGET COUNSELING, FINANCIAL LITERACY EDUCATION, BANKRUPTCY EDUCATION AND CERTIFICATES, CREDIT COUNSELING, AND A DEBT MANAGEMENT PROGRAM. IN FISCAL YEAR 2023, APPROXIMATELY 206 INDIVIDUALS RECEIVED BUDGET COUNSELING SERVICES. IN ADDITION, 102 FINANCIAL LITERACY SEMINARS WERE PROVIDED TO 260 CLASS PARTICIPANTS.

VALLEY COUNSELING SERVICES (VCS) LOCATED IN WARREN, VCS IS A COMMUNITY BEHAVIORAL HEALTH PROVIDER PRIMARILY SERVING THE RESIDENTS OF TRUMBULL COUNTY, AND EXTENDING SERVICES TO THE RESIDENTS OF PORTAGE, MAHONING,

4b (Code: ) (Expenses \$ 5,038,982. including grants of \$ 358,111. ) (Revenue \$ 49,346. ) VETERANS PROGRAMS

FREEDOM HOUSE PROVIDES TRANSITIONAL HOUSING AND SUPPORTIVE SERVICES FOR HOMELESS MALE VETERANS AND ANY OTHER VETERANS IN NEED. IN FY 2023, 29 VETERANS WERE PROVIDED TRANSITIONAL SHELTER AND CASE MANAGEMENT FOR A TOTAL OF 2,417 BED NIGHTS.

VALOR HOME SUMMIT PROVIDES TRANSITIONAL HOUSING TO HOMELESS VETERANS IN SUMMIT COUNTY. THE PROGRAM SERVED 66 VETERANS AND 5,157 BED NIGHTS IN FY 2023.

VALOR HOME LORAIN PROVIDES TRANSITIONAL HOUSING TO HOMELESS VETERANS

4c (Code: ) (Expenses \$ 4,720,245. including grants of \$ 5,889. ) (Revenue \$ 703,940. ) FOOD & CLOTHING PROGRAMS

KENT SOCIAL SERVICES AND THE CENTER OF HOPE - PROVIDE NUTRITIOUS HOT MEALS, ASSISTANCE WITH EMERGENCY FOOD/TAXABLE NEEDS, OUTREACH AND ADVOCACY. DURING FY 2023, 16,772 HOT MEALS WERE SERVED, 892 THANKSGIVING BOXES AND 869 CHRISTMAS BOXES ALONG WITH 606 CHILDREN'S CHRISTMAS GIFTS.

MOBILE MEALS PROVIDES NUTRITIOUS HOME DELIVERED AND CONGREGATE MEALS TO RECIPIENTS IN SUMMIT, CUYAHOGA AND PORTAGE COUNTIES. IN FY23, 149,562 HOME-DELIVERED MEALS AND 50,221 CONGREGATE MEALS WERE SERVED TO 1,517 CLIENTS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 10,931,072. including grants of \$ 443,410. ) (Revenue \$ 4,706,841. )

4e Total program service expenses 33,409,241.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		<b>X</b>
<b>5</b> 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		<b>X</b>
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>X</b>	
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		<b>X</b>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>X</b>	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....		<b>X</b>
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....		<b>X</b>
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		<b>X</b>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		<b>X</b>
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>X</b>	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		<b>X</b>

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	X	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		X
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

**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 on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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 on Schedule O.		
	<b>1a</b> 16		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 16		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	X	
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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**

- 17** List the states with which a copy of this Form 990 is required to be filed OH
- 18** Section 6104 requires an organization to make its 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     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**GREG MUSCI - (330)297-7027**  
**705 OAKWOOD STREET, 221, RAVENNA, OH 44226**

**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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ERIN KLEKOT PSYCHIATRIST	40.00				X		215,373.	0.	7,802.	
(2) ZACH ALDRIDGE PSYCHIATRIST	40.00				X		156,386.	0.	11,062.	
(3) RENEE KLARIC DIRECTOR OF BEHAVIORAL HEALTH PROGRA	40.00				X		144,349.	0.	7,412.	
(4) WYLIE KEITH FLETCHER HR DIRECTOR	40.00				X		123,490.	0.	20,208.	
(5) MICHAEL JAMES BILLOCK PSYCHIATRIST	40.00				X		127,647.	0.	7,235.	
(6) GREG MUSCI FINANCE DIRECTOR	40.00			X			88,993.	0.	4,310.	
(7) MARK FRISONE EXECUTIVE DIRECTOR	40.00			X			84,063.	0.	8,828.	
(8) DEBBIE MANN PRESIDENT	1.00	X		X			0.	0.	0.	
(9) ERIC FINK VICE-PRESIDENT	1.00	X		X			0.	0.	0.	
(10) JACQUELINE PARSONS SECRETARY	1.00	X		X			0.	0.	0.	
(11) SAMANTHA STEPHENS TREASURER	1.00	X		X			0.	0.	0.	
(12) ALICE HURD PAST PRESIDENT	1.00	X		X			0.	0.	0.	
(13) JULIE BEACH TRUSTEE	1.00	X					0.	0.	0.	
(14) DENNIS CAMPBELL TRUSTEE	1.00	X					0.	0.	0.	
(15) ERICA DAVIS TRUSTEE	1.00	X					0.	0.	0.	
(16) JOE GIULITTO TRUSTEE	1.00	X					0.	0.	0.	
(17) FRAN HARDESTY TRUSTEE	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CHUCK HAUSER TRUSTEE	1.00	X						0.	0.	0.
(19) AARON HEAVNER TRUSTEE	1.00	X						0.	0.	0.
(20) PAUL HUCKOCK TRUSTEE	1.00	X						0.	0.	0.
(21) MARILYN SESSIONS TRUSTEE	1.00	X						0.	0.	0.
(22) PATRICIA TAYLOR TRUSTEE	1.00	X						0.	0.	0.
(23) WALTER WILLIAMS TRUSTEE	1.00	X						0.	0.	0.
<b>1b Subtotal</b> .....							940,301.	0.	66,857.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							940,301.	0.	66,857.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 7

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
TESTA BUILDERS, 2335 SECOND STREET, SUITE A, CUYAHOGA FALLS, OH 44221	CONSTRUCTION COMPANY	1,587,068.
THE GEOPFERT COMPANY 1024 HOME AVE., AKRON, OH 44310	CONSTRUCTION COMPANY	279,124.
HUMMEL CONSTRUCTION 127 E. MAIN STREET, RAVENNA, OH 44266	CONSTRUCTION COMPANY	216,640.
SKYLINE ROOFING 2760 ANDERSON AVE. NE, MINVERVA, OH 44657	CONSTRUCTION COMPANY	206,181.
MEDIC MANAGEMENT GROUP, LLC, 3201 ENTERPRISE PARKWAY, SUITE 370, BEACHWOOD,	BILLING SERVICE	168,038.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 10



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	392,149.				
	<b>1 b</b>	Membership dues					
	<b>1 c</b>	Fundraising events	49,106.				
	<b>1 d</b>	Related organizations					
	<b>1 e</b>	Government grants (contributions)	20,437,451.				
	<b>1 f</b>	All other contributions, gifts, grants, and similar amounts not included above	4,493,957.				
	<b>1 g</b>	Noncash contributions included in lines 1a-1f	\$ 1,581,550.				
	<b>1 h</b>	<b>Total.</b> Add lines 1a-1f	25,372,663.				
	Program Service Revenue	<b>2 a</b>	PROGRAM SERVICE FEES	624100	12,912,252.	12912252.	
<b>2 b</b>		OTHER OPERATING REVENUE	900099	69,812.	69,812.		
<b>2 c</b>							
<b>2 d</b>							
<b>2 e</b>							
<b>2 f</b>		All other program service revenue					
<b>2 g</b>		<b>Total.</b> Add lines 2a-2f		12,982,064.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		33,011.		33,011.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real				
			(ii) Personal				
	<b>6 b</b>	Less: rental expenses					
	<b>6 c</b>	Rental income or (loss)					
	<b>6 d</b>	Net rental income or (loss)					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other		61,752.		
	<b>7 b</b>	Less: cost or other basis and sales expenses	31,503.	0.			
	<b>7 c</b>	Gain or (loss)	-31,503.	61,752.			
<b>7 d</b>	Net gain or (loss)		30,249.		30,249.		
<b>8 a</b>	Gross income from fundraising events (not including \$ 49,106. of contributions reported on line 1c). See Part IV, line 18						
			8,919.				
			18,293.				
<b>8 b</b>	Less: direct expenses						
<b>8 c</b>	Net income or (loss) from fundraising events		-9,374.		-9,374.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19						
<b>9 b</b>	Less: direct expenses						
<b>9 c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances						
<b>10 b</b>	Less: cost of goods sold						
<b>10 c</b>	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>						
	<b>11 b</b>						
	<b>11 c</b>						
	<b>11 d</b>	All other revenue					
	<b>11 e</b>	<b>Total.</b> Add lines 11a-11d					
<b>12</b>	<b>Total revenue.</b> See instructions		38,408,613.	12982064.	0.	53,886.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	918,529.	918,529.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	182,531.		155,151.	27,380.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	18,220,917.	16,791,383.	1,429,534.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	189,921.	169,753.	20,168.	
<b>9</b> Other employee benefits .....	1,217,841.	1,061,918.	155,923.	
<b>10</b> Payroll taxes .....	1,561,386.	1,401,352.	160,034.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	67,751.		67,751.	
<b>c</b> Accounting .....	94,010.		94,010.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	5,175.		5,175.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	3,045,062.	3,045,062.		
<b>12</b> Advertising and promotion .....	74,221.	57,860.	16,361.	
<b>13</b> Office expenses .....	2,059,385.	1,943,210.	116,175.	
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	2,637,442.	2,447,136.	190,306.	
<b>17</b> Travel .....	746,759.	651,329.	95,430.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	39,633.	38,570.	1,063.	
<b>20</b> Interest .....	242,196.	113,038.	129,158.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	1,192,061.	917,437.	274,624.	
<b>23</b> Insurance .....	472,540.	416,236.	56,304.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>IN-KIND EXPENSES</b>	1,563,395.	1,563,395.		
<b>b</b> <b>EQUIPMENT MAINTENANCE</b>	621,928.	547,822.	74,106.	
<b>c</b> <b>TELEPHONE, CELL PHONE,</b>	604,263.	536,465.	67,798.	
<b>d</b> <b>VOLUNTEER EXPENSES</b>	455,210.	453,548.	1,662.	
<b>e</b> All other expenses	399,588.	335,198.	47,621.	16,769.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	36,611,744.	33,409,241.	3,158,354.	44,149.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	11,808,221.	<b>1</b>	9,422,559.
	<b>2</b> Savings and temporary cash investments .....	270,765.	<b>2</b>	1,394,089.
	<b>3</b> Pledges and grants receivable, net .....	349,472.	<b>3</b>	269,887.
	<b>4</b> Accounts receivable, net .....	6,333,475.	<b>4</b>	5,968,011.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	275,000.	<b>7</b>	775,000.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	360,513.	<b>9</b>	479,151.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 35,429,430.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 13,511,146.	20,420,320.	<b>10c</b> 21,918,284.
	<b>11</b> Investments - publicly traded securities .....	966,539.	<b>11</b>	1,113,946.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	1,500.	<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	130,702.	<b>15</b>	561,850.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	40,916,507.	<b>16</b>	41,902,777.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	3,097,897.	<b>17</b>	2,815,792.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	1,512,395.	<b>19</b>	1,313,693.
	<b>20</b> Tax-exempt bond liabilities .....	2,180,833.	<b>20</b>	1,968,241.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	123,545.	<b>21</b>	135,972.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	2,315,186.	<b>23</b>	2,700,147.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	1,500.	<b>25</b>	135,238.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	9,231,356.	<b>26</b>	9,069,083.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	30,994,229.	<b>27</b>	32,218,780.
	<b>28</b> Net assets with donor restrictions .....	690,922.	<b>28</b>	614,914.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	31,685,151.	<b>32</b>	32,833,694.
<b>33</b> Total liabilities and net assets/fund balances .....	40,916,507.	<b>33</b>	41,902,777.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	38,408,613.
2	Total expenses (must equal Part IX, column (A), line 25)	2	36,611,744.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,796,869.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	31,685,151.
5	Net unrealized gains (losses) on investments	5	129,305.
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 on Schedule O)	9	-777,631.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	32,833,694.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

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

Form 990 (2022)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	20077211.	21128813.	21821050.	24795013.	25372663.	113194750
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	20077211.	21128813.	21821050.	24795013.	25372663.	113194750
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4.						113194750

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4	20077211.	21128813.	21821050.	24795013.	25372663.	113194750
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	43,016.	45,254.	25,855.	19,516.	33,012.	166,653.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				77,600.		77,600.
<b>11 Total support.</b> Add lines 7 through 10						113439003
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	66,903,111.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	<b>14</b>	99.78	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14	<b>15</b>	99.75	%
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2022

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2022</b>	<b>(iii) Distributable Amount for 2022</b>
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			

Schedule A (Form 990) 2022



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

**FAMILY & COMMUNITY SERVICES, INC.**

Employer identification number

**34-1902451**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization <b>FAMILY &amp; COMMUNITY SERVICES, INC.</b>	Employer identification number <b>34-1902451</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	_____	\$ <u>6,069,882.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	_____	\$ <u>1,400,763.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	_____	\$ <u>1,399,377.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	_____	\$ <u>719,199.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	_____	\$ <u>6,377,234.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	_____	\$ <u>592,853.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>FAMILY &amp; COMMUNITY SERVICES, INC.</b>	Employer identification number  <b>34-1902451</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization <b>FAMILY &amp; COMMUNITY SERVICES, INC.</b>	Employer identification number <b>34-1902451</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	



SCHEDULE D (Form 990)

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

2022

Open to Public Inspection

Name of the organization FAMILY & COMMUNITY SERVICES, INC. Employer identification number 34-1902451

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (X) Yes, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (X) Yes.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (a) Total number of conservation easements, (b) Total acreage restricted by conservation easements, (c) Number of conservation easements on a certified historic structure included in (a), (d) Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: \$. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

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

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> 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** Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> Unrelated organizations   | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land	8,200.	2,041,046.		2,049,246.
<b>b</b> Buildings		21,624,026.	8,685,958.	12,938,068.
<b>c</b> Leasehold improvements		7,665,265.	2,961,396.	4,703,869.
<b>d</b> Equipment		770,407.	680,129.	90,278.
<b>e</b> Other		3,320,486.	1,183,663.	2,136,823.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				21,918,284.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>OPERATING LEASE LIABILITIES</b>	<b>135,238.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>

**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 IV, LINE 2B:**

THE AGENCY IS A REPRESENTATIVE PAYEE FOR SOCIAL SECURITY AND SSI BENEFICIARIES. A SEPARATE CHECKING ACCOUNT IS MAINTAINED FOR THIS PURPOSE. SINCE THIS ACCOUNT DOES NOT BELONG TO THE AGENCY, INCOME AND EXPENSE TRANSACTIONS THAT RELATE TO THIS ACCOUNT ARE NOT INCLUDED IN THE CONSOLIDATED STATEMENT OF ACTIVITIES. ADDITIONALLY, AN EQUAL AND OFFSETTING LIABILITY IS MAINTAINED TO REMOVE THE VALUE OF THIS ASSET FROM THE NET ASSETS OF THE AGENCY.

THE AGENCY IS CUSTODIAN FOR FUNDS USED FOR VARIOUS EXPENDITURES OF CERTAIN INDIVIDUALS IN ITS CONSUMER CREDIT COUNSELING AND PAYEE PROGRAM. BECAUSE THESE FUNDS DO NOT BELONG TO THE AGENCY, THEY ARE INCLUDED AS AN ASSET AND

**Part XIII** Supplemental Information (continued)

**A LIABILITY IN THE CONSOLIDATED FINANCIAL STATEMENTS.**

PART X, LINE 2:

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



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		BBBS GOLF OUTING	HOPE IN A HANDBAG	NONE	
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	23,987.	34,038.	58,025.
	2	Less: Contributions	19,163.	29,943.	49,106.
	3	Gross income (line 1 minus line 2)	4,824.	4,095.	8,919.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	3,762.	8,316.	12,078.
	7	Food and beverages	3,041.		3,041.
	8	Entertainment			
	9	Other direct expenses	1,605.	1,569.	3,174.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			18,293.
11	Net income summary. Subtract line 10 from line 3, column (d)			-9,374.	

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

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

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

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_





**Part IV** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization **FAMILY & COMMUNITY SERVICES, INC.** Employer identification number **34-1902451**

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table \_\_\_\_\_

**3** Enter total number of other organizations listed in the line 1 table \_\_\_\_\_

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Schedule I (Form 990) 2022

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
VCS DIRECT ASSISTANCE	85	29,043.	0.		
NEXT STEP DIRECT ASSISTANCE & CLIENT HOUSING	24	4,106.	0.		
FAMILY ADOPTION CONSULTANTS DIRECT ASSISTANCE	366	79,516.	0.		
PARC WOMEN'S RECOVERY, ROOT HOUSE & REUNIFICATION HOUSE	11	2,374.	0.		
EMERGENCY ASSISTANCE	177	148,689.	0.		

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

FAMILY & COMMUNITY SERVICES, INC. REVIEWS ALL PAYROLL ON A MONTHLY BASIS TO ENSURE ACCURACY OF POSTINGS TO THE CORRECT PROGRAMS/GRANTS. ACCOUNTS PAYABLE INVOICES ARE REVIEWED BY ACCOUNTS PAYABLE STAFF FOR CODING ACCURACY BEFORE ENTERING INVOICE INTO ACCOUNTING SYSTEM. ACCOUNTS PAYABLE INVOICES ARE ALSO REVIEWED BY CFO FOR CODING ACCURACY ON A REGULAR BASIS. IN ADDITION, ON A MONTHLY BASIS, EVERY PROGRAM IS REVIEWED FOR ACCURACY AND COMPARED TO GRANT/PROGRAM BUDGET.

Schedule I (Form 990)

**FAMILY & COMMUNITY SERVICES, INC.**

34-1902451

Page 2

**Part III** Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
COMMUNITY TRANSITION PROGRAM DIRECT ASSISTANCE	259.	181,503.	0.		
HOMELESS/RENT ASSISTANCE-HCRP	116.	91,052.	0.		
SAFER FUTURES & SOMEPLACE SAFE WOMEN'S SHELTERS	21.	2,679.	0.		
MILLER COMMUNITY HOUSE/ESG	15.	918.	0.		
VETERANS ASSISTANCE	77.	12,177.	0.		
HOMELESS/RENT ASSISTANCE-SSVF	746.	345,934.	0.		
FOOD ASSISTANCE	4.	90.	0.		
CLIENT HOUSING	15.	3,534.	0.		
OTHER ASSISTANCE	40.	16,914.	0.		

Schedule I (Form 990)

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2022**

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

Name of the organization: **FAMILY & COMMUNITY SERVICES, INC.**  
 Employer identification number: **34-1902451**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                     | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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Schedule J (Form 990) 2022

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ERIN KLEKOT PSYCHIATRIST	(i)	215,373.	0.	0.	7,490.	312.	223,175.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ZACH ALDRIDGE PSYCHIATRIST	(i)	153,886.	2,500.	0.	5,553.	5,509.	167,448.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) RENEE KLARIC DIRECTOR OF BEHAVIORAL HEALTH PROGRA	(i)	144,349.	0.	0.	0.	7,412.	151,761.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
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**Part III Supplemental Information**

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

Horizontal lines for supplemental information input.

**SCHEDULE K**  
**(Form 990)**  
Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,  
explanations, and any additional information in Part VI.  
Attach to Form 990. Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2022**  
**Open to Public Inspection**

Name of the organization **FAMILY & COMMUNITY SERVICES, INC.** Employer identification number **34-1902451**

Part I Bond Issues											
SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
DEVELOPMENT FINANCE A AUTHORITY OF SUMMIT COUN	34-1765940	86607CDT3	11/30/16	2,624,984.	TO FINANCE CONSTRUCTION AN A		X		X		X
B											
C											
D											

Part II Proceeds										
	A		B		C		D			
1	Amount of bonds retired									
2	Amount of bonds legally defeased									
3	Total proceeds of issue		2,624,984.							
4	Gross proceeds in reserve funds		267,000.							
5	Capitalized interest from proceeds									
6	Proceeds in refunding escrows									
7	Issuance costs from proceeds		52,499.							
8	Credit enhancement from proceeds									
9	Working capital expenditures from proceeds									
10	Capital expenditures from proceeds		2,305,485.							
11	Other spent proceeds									
12	Other unspent proceeds									
13	Year of substantial completion									
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X							
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X							
16	Has the final allocation of proceeds been made?		X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?		X							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2022



**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X						
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....		X						
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....		X						
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X						
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		%		%		%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		%		%		%		%
<b>6</b> Total of lines 4 and 5 .....		%		%		%		%
<b>7</b> Does the bond issue meet the private security or payment test? .....		X						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....	X							

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X						
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? .....		X						
<b>b</b> Exception to rebate? .....		X						
<b>c</b> No rebate due? .....		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....		X						

**Part IV Arbitrage** (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X						
<b>b</b> Name of provider .....								
<b>c</b> Term of hedge .....								
<b>d</b> Was the hedge superintegrated? .....								
<b>e</b> Was the hedge terminated? .....								
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X						
<b>b</b> Name of provider .....								
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? .....		X						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....		X						

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? .....		X						

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions.

**SCHEDULE K, PART I, BOND ISSUES:**

**(A) ISSUER NAME: DEVELOPMENT FINANCE AUTHORITY OF SUMMIT COUNTY**

**(F) DESCRIPTION OF PURPOSE:**

**TO FINANCE CONSTRUCTION AN ADDITION TO BUILDING AT 143 GOUGLER, KENT, OH**

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization: **FAMILY & COMMUNITY SERVICES, INC.**  
Employer identification number: **34-1902451**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		407,520.	ESTIMATED FAIR VALUE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	397,506	1,152,545.	PRICE PER POUND
20	Drugs and medical supplies	X	666	3,330.	FAIR MARKET VALUE
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( <u>PRIZES &amp; AUCTION</u> )	X	181	18,155.	DONOR SUPPLIED VALUE
26	Other ( _____ )				
27	Other ( _____ )				
28	Other ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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 Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

**FAMILY & COMMUNITY SERVICES, INC.**

Employer identification number

**34-1902451**

**FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

**VOLUNTEERISM AND THE BELIEF IN THE SOLIDARITY OF THE HUMAN FAMILY.**

**FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:**

**AND COLUMBIANA COUNTIES. VALLEY COUNSELING SERVICES IS CERTIFIED TO**

**PROVIDE BOTH MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES BY THE**

**OHIO DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES. DURING**

**FY2023, VCS PROVIDED SERVICES TO 5,463 CHILDREN, ADOLESCENTS, AND**

**ADULTS THROUGH VARIOUS PROGRAMS AND SERVICE LINES AT THEIR FOUR**

**LOCATIONS. SOME OF THE SERVICES PROVIDED ARE DIAGNOSTIC ASSESSMENT,**

**INDIVIDUAL AND GROUP COUNSELING, INDIVIDUAL AND GROUP CASE MANAGEMENT,**

**CRISIS INTERVENTION, AND MEDICATION MANAGEMENT. VCS CONTINUES TO**

**INCREASE ACCESSIBILITY TO SERVICES BY CREATING WALK-IN CLINICS AND BY**

**STRATEGICALLY LOCATING SERVICES WITHIN SCHOOLS, THE LOCAL CHILDREN'S**

**SERVICES BOARD, THE JUVENILE AND FAMILY COURT SYSTEMS, THE LOCAL**

**DOMESTIC VIOLENCE SHELTER, AND MULTIPLE CHILD DAYCARE CENTERS.**

**ADDITIONALLY, COOPERATIVE RELATIONSHIPS HAVE BEEN ESTABLISHED WITH**

**PROBATE COURT, LOCAL COALITIONS TO END HOMELESSNESS AND WITH AREA**

**INPATIENT PSYCHIATRIC UNITS TO ASSIST CLIENTS IN REMAINING IN THEIR**

**LOCAL COMMUNITIES. THE INTENTION HAS BEEN TO BE AN ACTIVE PARTICIPANT**

**IN PROVIDING A CONTINUUM OF CARE FOR THE MENTALLY-ILL.**

**GOUGLER COUNSELING - FCS' COUNSELING DEPARTMENT OFFERS A LARGE ARRAY OF**

**SERVICES TO HELP FAMILIES AND INDIVIDUALS ATTAIN OPTIMUM MENTAL HEALTH**

**FUNCTIONING, INCLUDING INDIVIDUAL PSYCHOTHERAPY, GROUP COUNSELING, AND**

**PSYCHIATRIC SERVICES. THROUGH OUR FAMILY SOLUTIONS IN-HOME BEHAVIORAL**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

Name of the organization <b>FAMILY &amp; COMMUNITY SERVICES, INC.</b>	Employer identification number <b>34-1902451</b>
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HEALTH COUNSELING AND CASE MANAGEMENT SERVICES, WE ASSIST IN FAMILY STABILIZATION. WE OFFER SEVERAL DIVERSION PROGRAMS, DRIVER INTERVENTION PROGRAM FOR OFFENDERS WITH OVI'S, THINK ABOUT YOUR FUTURE FOR ADULT OFFENDERS CHARGED WITH UNDER AGED DRINKING, AND BIC 60 FOR FIRST TIME MARIJUANA OFFENDERS. PARTICIPANTS IN THESE PROGRAMS ENGAGE IN DRUG AND ALCOHOL EDUCATION THROUGH INDIVIDUAL AND GROUP SESSIONS, PAY COURT COSTS AND ENGAGE IN COMMUNITY SERVICE AS THEIR SENTENCE FOR THEIR OFFENSES. SAFER SOLUTIONS AND PEACEFUL SOLUTIONS ARE TREATMENT GROUPS OF CLIENTS WITH DOMESTIC VIOLENCE ISSUES. PARTICIPANTS ENGAGE IN GROUP AND CAN BE REFERRED TO INDIVIDUAL SESSIONS AS WELL IF NEEDED. PARENTING TOWARDS SOLUTIONS IS A PARENTING PROGRAM THAT TEACHES NON-VIOLENT, NURTURING PARENTING TECHNIQUES TO PARTICIPANTS. GROUP AND INDIVIDUAL SESSIONS ARE OFFERED FOR THIS PROGRAM AS WELL. IN FISCAL YEAR 2023, GOUGLER SERVED APPROXIMATELY 1,750 INDIVIDUALS THROUGH ITS MENTAL HEALTH PROGRAMS.

WE ALSO OFFER EXTENSIVE PROGRAMMING FOR INDIVIDUALS IN RECOVERY, INCLUDING AN INTENSIVE OUTPATIENT PROGRAM, FOUR LEVEL-II RECOVERY HOUSES, A STEP DOWN HOUSING FACILITY, ON TRACK TO RECOVERY PROGRAM (OTTR), FOR MEN WHO ARE STRUGGLING WITH HOUSING AS THEY WORK ON THEIR SOBRIETY, AS WELL AS ROOT HOUSE, A 10-BED RESIDENTIAL PROGRAM FOR MEN, AND PARC, A 23-BED RECOVERY HOUSE FOR WOMEN. IN FY 2023, 1,600 INDIVIDUALS WERE HELPED THROUGH OUR RECOVERY PROGRAMS.

FAMILY ADOPTION CONSULTANTS IS A FULL SERVICE FOSTER CARE AND ADOPTION PROGRAM. CHILDREN (AGES 0-18), THEIR FAMILIES AND FOSTER FAMILIES ARE SERVED ON A DAILY BASIS IN MICHIGAN. DURING FISCAL YEAR 2023, APPROXIMATELY 275 CHILDREN (AND THEIR FAMILIES) WERE SERVICED FOR

Name of the organization <b>FAMILY &amp; COMMUNITY SERVICES, INC.</b>	Employer identification number <b>34-1902451</b>
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**FOSTER CARE PURPOSES, AND APPROXIMATELY 100 CHILDREN FOR ADOPTION PURPOSES.**

**FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:  
IN LORAIN COUNTY. THE PROGRAM SERVED 73 VETERANS AND 9,677 BED NIGHTS  
IN FY 2023.**

**VETERAN'S HAVEN PROVIDES TRANSITION-IN-PLACE PERMANENT SUPPORTIVE  
HOUSING FOR SINGLE ADULTS WHO ARE HOMELESS VETERANS. THE PROGRAM SERVED  
28 VETERANS AND 2,231 BED NIGHTS IN FY 2023.**

**SUPPORTIVE SERVICES FOR VETERAN FAMILIES (SSVF) - PROVIDES HOUSING  
STABILIZATION SUPPORT AND TEMPORARY FINANCIAL ASSISTANCE TO VETERAN  
FAMILIES AND INDIVIDUALS. IN FISCAL YEAR 2023, A TOTAL OF 198 ADULTS  
AND 30 CHILDREN WERE SERVED.**

**HONOR HOME - PROVIDES TRANSITIONAL HOUSING AND SUPPORTIVE SERVICES FOR  
HOMELESS SINGLE MALE VETERANS AND WOMEN VETERANS WITH AND WITHOUT  
CHILDREN IN NEED. IN FY 2023, 50 VETERANS WERE PROVIDED TRANSITIONAL  
SHELTER AND CASE MANAGEMENT FOR A TOTAL OF 3,489 SHELTER NIGHTS**

**FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:**

**COUNTY CLOTHING CENTER COLLECTS AND DISTRIBUTES USED CLOTHING TO NEEDY  
RESIDENTS. IN FISCAL YEAR 2023, 7,569 SHOPPERS WERE PROVIDED WITH  
97,854 POUNDS OF CLOTHING.**

**FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:**

Name of the organization <b>FAMILY &amp; COMMUNITY SERVICES, INC.</b>	Employer identification number <b>34-1902451</b>
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**YOUTH AND DISABILITY PROGRAMS**

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OHIO EARLY INTERVENTION: PORTAGE COUNTY EARLY INTERVENTION (EI) IS A STATEWIDE SYSTEM THAT PROVIDES COORDINATED EARLY INTERVENTION SERVICES TO PARENTS OF ELIGIBLE CHILDREN UNDER THE AGE OF THREE WITH DEVELOPMENTAL DELAYS OR DISABILITIES. EI IS GROUNDED IN THE PHILOSOPHY THAT YOUNG CHILDREN LEARN BEST FROM FAMILIAR PEOPLE IN FAMILIAR SETTINGS. 360 CHILDREN WERE INVOLVED IN THE PROGRAM IN FY 2023.

YOUTH DEVELOPMENT PROGRAM PROVIDES SERVICES TO AT-RISK YOUTH, INCLUDING STUDY SKILLS, PREPARATION FOR THE TRANSITION TO POST-SECONDARY EDUCATION, WORK EXPERIENCE/PAYROLL SERVICES, LIFE SKILLS, AND YOUNG ADULT MENTORING. FOR THE PERIOD 7/1/22 TO 6/30/23, THE PROGRAM SERVED ROUGHLY 80 YOUTH THROUGH WORK EXPERIENCE AND WAGE PROCESSING, 61 YOUTH IN MENTORING SERVICES, 6 YOUTH IN EDUCATIONAL SUPPORT SERVICES, AND 16 IN LIFE SKILLS. PROGRAM PARTICIPANT ARE ELIGIBLE TO WORK 20 HOURS PER WEEK, EARNING UP TO A MAXIMUM WAGE OF \$13.00 PER HOUR. 2000 HOURS IS THE MAXIMUM NUMBER OF HOURS PARTICIPANTS ARE ABLE TO WORK DURING THE PROGRAM PARTICIPATION.

UNIFIED RESOURCES RECREATION THIS PAST YEAR, UNIFIED RESOURCES PLANNED AND IMPLEMENTED RECREATIONAL, SOCIAL, AND LEISURE ACTIVITIES FOR ADULTS WITH DEVELOPMENTAL DISABILITIES. DURING FISCAL YEAR 2023, WE SERVED 139 ADULTS AND 29 TEENS IN PORTAGE COUNTY. THE PROGRAM HOSTED A BOWLING LEAGUE, CONTINUED A VIRTUAL COMPONENT AND ALSO RECRUITED 218 VOLUNTEERS THAT SERVED FOR 519 HOURS.

EXPENSES \$ 3,284,012. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,271,025.



Name of the organization

FAMILY &amp; COMMUNITY SERVICES, INC.

Employer identification number

34-1902451

## COMMUNITY BASED PROGRAMS

CHAGRIN FALLS PARK COMMUNITY CENTER THE YOUNG SCHOLARS PROGRAM PROVIDED 328 TUTOR/LEADERSHIP BUILDING SESSIONS AND 296 RECREATIONAL SESSIONS TO STUDENTS AT NO COST, PROMOTING INCREASED SELF-ESTEEM AND SUCCESS IN SCHOOL. THE EXCEL AND EXPLORE SUMMER DAY CAMP PROVIDED EDUCATION/LEADERSHIP AND RECREATIONAL SESSIONS. THE STRATEGIES FOR LIFE (SFL) PROGRAM PROVIDE EMERGENCY FOOD ASSISTANCE BETWEEN THE MONTHS OF JULY 2022-JUNE 2023 TO 1,659 CLIENTS. MEALS PROVIDED TO FAMILIES AND CHILDREN TOTALED 49,770. IN ADDITION, WE SUPPLIED 72 STUDENTS WITH SCHOOL SUPPLIES. LASTLY, THE SUMMER DAY CAMP KEEPS STUDENTS ON TRACK ACADEMICALLY WHILE PROVIDING A SAFE RECREATIONAL ENVIRONMENT FOR GROWTH. IN FY23 SCHOOL YEAR, 91% OF THE STUDENTS SERVED BY CHAGRIN FALLS PARK COMMUNITY CENTER WERE ON FREE OR REDUCED LUNCHESES.

KING KENNEDY COMMUNITY CENTER - OFFERS TUTORING TO YOUTH, DAILY LUNCHESES FOR SENIORS, COMPUTER AND NUTRITION CLASSES, SUMMER PROGRAMMING AND COMMUNITY AND CULTURAL EVENTS. IN FY23, APPROXIMATELY 1,526 BREAKFASTS, LUNCHESES, AND SNACKS WERE SERVED TO YOUTH. IN TOTAL, 197 DUPLICATED YOUTH WERE SERVED IN ALL PROGRAMS, ACTIVITIES, AND SPECIAL EVENTS.

SKEELS-MATTHEWS COMMUNITY CENTER - OFFERS TUTORING TO YOUTH, DAILY LUNCHESES FOR SENIORS, COMPUTER AND NUTRITION CLASSES, SUMMER PROGRAMMING AND COMMUNITY AND CULTURAL EVENTS. IN FY23, 13,396 NUTRITIONAL MEALS WERE SERVED TO ADULTS/SENIORS, 197 DUPLICATED ADULTS/SENIORS SERVED IN ALL PROGRAMS/ACTIVITIES, AND 85 ADULTS/SENIORS SERVED IN THE ANNUAL

Name of the organization <b>FAMILY &amp; COMMUNITY SERVICES, INC.</b>	Employer identification number <b>34-1902451</b>
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THANKSGIVING DRIVE UP LUNCHEON. IN TOTAL, 100 DUPLICATED YOUTH SERVED IN ALL PROGRAMS/ACTIVITIES AND 2,192 BREAKFAST, LUNCH & SNACKS WERE SERVED TO YOUTH.

SCOPE SENIOR CENTERS - SCOPE SENIOR CENTERS OPERATES 5 CENTERS THROUGHOUT TRUMBULL COUNTY AND PROVIDES A WIDE VARIETY OF CHOICES FOR SENIORS RANGING FROM NUTRITION, HEALTH AND EXERCISE PROGRAMS SOCIAL FUNCTIONS AND A CLEAN, SAFE ENVIRONMENT FOR OLDER ADULTS TO CONVENE AND ENJOY LIFE WITH DIGNITY. SCOPE SERVED 3,340 SENIORS IN FY 2023.

PORTAGE COUNTY SENIOR CENTER - OFFERS DAILY LUNCHESES TO SENIORS, AS WELL AS RECREATIONAL AND SOCIAL ACTIVITIES SUCH BINGO, TAI CHI, THEMED PARTIES, ART CLASS, AND LEARNING EVENTS. 171 SENIORS WERE SERVED IN FY 2023. EXPENSES \$ 3,267,332. INCLUDING GRANTS OF \$ 17,054. REVENUE \$ 866,792.

HOUSING PROGRAMS

HOUSING AND EMERGENCY SUPPORTIVE SERVICES (HESS) PROVIDES HOUSING STABILIZATION SUPPORT AND TEMPORARY FINANCIAL ASSISTANCE FOR FAMILIES AND INDIVIDUALS. A TOTAL OF 126 HOUSEHOLDS WERE SERVED DURING FISCAL YEAR 2023.

CTP - PROVIDES HOUSING STABILIZATION, CASE MANAGEMENT AND FINANCIAL ASSISTANCE TO INDIVIDUALS RECENTLY RELEASED FROM THE PRISON. A TOTAL OF 29 HOUSEHOLDS WERE SERVED IN FISCAL YEAR 2023.

PORTAGE AREA TRANSITIONAL HOUSING PROVIDES TRANSITIONAL HOUSING AND

Name of the organization <b>FAMILY &amp; COMMUNITY SERVICES, INC.</b>	Employer identification number <b>34-1902451</b>
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SUPPORTIVE SERVICES FOR HOMELESS FAMILIES AND SINGLE ADULTS. IN FISCAL YEAR 2023, HOUSING SERVICES WERE PROVIDED FOR 6 HOUSEHOLDS INCLUDING 14 CHILDREN.

MILLER COMMUNITY HOUSE PROVIDES EMERGENCY HOUSING AND SUPPORTIVE SERVICES FOR HOMELESS MEN, WOMEN AND CHILDREN. DURING FISCAL YEAR 2023, 17 HOUSEHOLDS WERE PROVIDED EMERGENCY SHELTER.

PERMANENT SUPPORTIVE HOUSING PROVIDES LONG-TERM HOUSING AND SUPPORTIVE SERVICES FOR HOMELESS FAMILIES AND SINGLE ADULTS WITH DISABILITIES. HOUSING AND ADDITIONAL SERVICES WERE PROVIDED TO 16 HOUSEHOLDS, INCLUDING 20 ADULTS AND 10 CHILDREN.

NEXT STEP - IS A COMMUNITY BASED PROGRAM WHICH FOCUSES ON AT-RISK YOUNG ADULTS BETWEEN THE AGES OF 18 AND 24. HOUSING AND CASE MANAGEMENT SERVICES ARE AVAILABLE TO ASSIST WITH EMPLOYMENT, EDUCATION, AND LIFE SKILLS FOR THOSE WHO HAVE BEEN VICTIMIZED. THE GOAL IS TO ASSIST THESE YOUNG ADULTS TO SUCCESSFULLY TRANSITION TO INDEPENDENCE. FROM JULY 2022 TO JUNE 2023, 71 YOUTH WERE SERVED IN PORTAGE AND GEAUGA COUNTIES. TWENTY-TWO GEAUGA COUNTY CLIENTS WERE PROVIDED WITH TRANSITIONAL HOUSING SERVICES AND THE TOTAL NUMBER WERE PROVIDED WITH CASE MANAGEMENT SERVICES. ALL CLIENTS ARE PROVIDED WITH ACCESS TO HEALTH CARE AND TRANSPORTATION AS NEEDED.

NEW FRONTIER HOMES - IS A LOW BARRIER, HOUSING FIRST, PERMANENT SUPPORTIVE HOUSING PROJECT FOR FAMILIES WITH CHILDREN IN SUMMIT COUNTY. THE PROJECT HAS 37 UNITS OF NEWLY CONSTRUCTED SINGLE FAMILY HOMES THROUGHOUT THE CITY OF AKRON. WHILE HOUSING STABILITY IS THE PRIMARY

Name of the organization <b>FAMILY &amp; COMMUNITY SERVICES, INC.</b>	Employer identification number <b>34-1902451</b>
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GOAL IN PSH CASE MANAGEMENT SERVICES, OTHER GOALS COULD INCLUDE SOBRIETY PLANS, BUDGETING, COUNSELING, ASSISTANCE WITH FINDING AND MAINTAINING EMPLOYMENT, ACCESSING BENEFITS, FAMILY REUNIFICATION, PARENTING INTERVENTION, DAYCARE REFERRALS, RESOURCE MANAGEMENT, HELP WITH OPENING AND MAINTAINING A CHECKING/SAVINGS ACCOUNT, AND OBTAINING FOOD STAMPS OR OTHER MAINSTREAM BENEFITS. IN FISCAL YEAR 2023, NEW FRONTIER HOMES SERVED A TOTAL OF 37 HOUSEHOLDS THAT CONSISTED OF 55 ADULTS AND 99 CHILDREN.

EXPENSES \$ 2,466,479. INCL GRANTS OF \$ 423,253. REVENUE \$ 1,540,873.

#### DOMESTIC VIOLENCE & VISITATION PROGRAMS

SAFER FUTURES - OFFERS EMERGENCY SHELTER, OUTREACH, CASE MANAGEMENT, SUPPORT GROUPS, CLIENT ADVOCACY, CHILD ADVOCACY AND SERVICES FOR BOTH CHILDREN AND ADULT VICTIMS OF DOMESTIC VIOLENCE. IN 2023, 29 ADULTS AND 34 CHILDREN WERE SHELTERED AND RECEIVED SUPPORT SERVICES WITH A TOTAL OF OVER 3,502 SHELTER NIGHTS, AND ANOTHER 964 SURVIVORS RECEIVED OUTREACH AND OTHER PROGRAM SERVICES.

PLACE OF PEACE PROVIDES A SAFE ENVIRONMENT FOR FAMILIES EXPERIENCING DOMESTIC VIOLENCE TO ENGAGE IN SUPERVISED VISITATION WITH THEIR CHILDREN. NON-CUSTODIAL PARENTS CAN VISIT WITH THEIR CHILDREN AT THE CENTER IF THEY ARE COURT ORDERED TO HAVE VISITS SUPERVISED OR THEY CAN PICK THEM UP FOR STANDARD VISITATION. VICTIMS OF DOMESTIC VIOLENCE CAN FEEL SAFER BECAUSE THEY NEVER HAVE TO SEE OR SPEAK WITH THE ABUSER DURING THE EXCHANGE OR VISITATION OF CHILDREN. ARRIVAL AND DEPARTURE TIMES ARE STAGGERED SO THAT THE VICTIMS CAN ARRIVE AND DEPART SAFELY.

IN 2023, 68 CHILDREN AND THEIR 42 FAMILIES BENEFITED FROM THE SERVICES

Name of the organization <b>FAMILY &amp; COMMUNITY SERVICES, INC.</b>	Employer identification number <b>34-1902451</b>
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OF 452 SUPERVISED VISITS AND 97 SAFE EXCHANGES FOR VISITATION.

SAFE PATH IS A TRANSITIONAL HOUSING PROGRAM THAT ALLOWS SURVIVORS OF DOMESTIC VIOLENCE AND THEIR CHILDREN TO PURSUE SAFE AND HEALTHY LIVES. THE SAFE PATH FACILITY IS AT AN UNDISCLOSED, SECURED LOCATION. IN 2023, 13 WOMEN AND 11 CHILDREN RECEIVED SERVICES WITH A TOTAL OF 4,975 BED NIGHTS.

SOMEPLACE SAFE - IS THE EXCLUSIVE PROVIDER OF COMPREHENSIVE SERVICES TO VICTIMS OF DOMESTIC VIOLENCE AND THEIR CHILDREN IN TRUMBULL COUNTY. WE PROVIDE AN EMERGENCY PHONE HOTLINE AND ONLINE SAFE CHAT THAT IS STAFFED 24/7 WITH TRAINED PERSONNEL; OFFER LEGAL ADVOCACY INCLUDING ASSISTANCE WITH PROTECTION ORDERS AND COURT ACCOMPANIMENT; COMMUNITY EDUCATION; IN HOUSE AND OUTREACH CASE MANAGEMENT SERVICES AND OFFER EMERGENCY AND TRANSITIONAL SHELTER FOR VICTIMS OF DOMESTIC VIOLENCE AND THEIR CHILDREN. IN FY 2023, SOMEPLACE SAFE PROVIDED SHELTER TO 9,926 BED NIGHTS TO ADULTS AND CHILDREN, RECEIVED 645 HOTLINE CALLS, 254 SAFE CHATS, AND ASSISTED 500 CLIENTS WITH FILLING OUT PAPERWORK FOR CIVIL PROTECTION ORDERS, VICTIM'S RIGHTS AND COURT ACCOMPANIMENT.

SOLACE CENTER - IS THE ONLY PRIVATE, NON-PROFIT SAFE-EXCHANGE, SUPERVISED VISITATION PROGRAM IN TRUMBULL COUNTY. VISITS AND EXCHANGES ARE CURRENTLY FACILITATED ON THE CAMPUS OF VALLEY COUNSELING'S CHILDREN AND YOUTH SERVICES OFFICE LOCATED IN WARREN. IN FY 2023 WE PROVIDED SERVICES TO 73 FAMILIES INCLUDING 147 ADULTS AND 93 CHILDREN. WE HAD 798 SUPERVISED VISITATIONS, 180 SUPERVISED EXCHANGES, AND OF THOSE 22 FAMILIES SUCCESSFULLY TRANSITIONED OUT OF THE PROGRAM.

EXPENSES \$ 1,832,542. INCLUDING GRANTS OF \$ 3,103. REVENUE \$ 651.

Name of the organization <b>FAMILY &amp; COMMUNITY SERVICES, INC.</b>	Employer identification number <b>34-1902451</b>
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**VOLUNTEER AND SERVICE PROGRAMS**


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RETIREED AND SENIOR VOLUNTEER PROGRAM (RSVP) THIS AMERICORPS SENIORS PROGRAM (FUNDED THRU THE CORPORATION FOR NATIONAL AND COMMUNITY SERVICE) RECRUITS AND PLACES INDIVIDUALS AGE 55 AND OLDER IN MEANINGFUL VOLUNTEER POSITIONS TO ADDRESS IMPORTANT COMMUNITY NEEDS IN 15 COUNTIES IN OHIO. THE BENEFITS OF THE PROGRAM INCLUDE BUILDING COMMUNITY ASSETS AND THE VOLUNTEERS ARE SHOWN TO EXHIBIT BETTER HEALTH PARAMETERS THAN NON-VOLUNTEERS OF THE SAME AGE GROUP. IN FY 2023, 526 VOLUNTEERS SERVED 80,601 HOURS ADDRESSING THE NEEDS OF 21,388 CLIENTS IN LOCAL NON-PROFITS AND SCHOOLS.

VOLUNTEERS IN SERVICE TO AMERICA (VISTA) THIS AMERICORPS PROGRAM (FUNDED THRU THE CORPORATION FOR NATIONAL AND COMMUNITY SERVICE) PLACES VOLUNTEERS, WHO SERVE EITHER A SUMMER TERM OR A FULL YEAR TERM, WITH NON-PROFITS AND SCHOOLS TO ADDRESS POVERTY, INCREASE CAPACITY AND DEVELOP PROGRAM SUSTAINABILITY. IN FY 2023, THE PERFORMANCE OF VISTA MEMBERS RESULTED IN 1,303 VOLUNTEERS RECRUITED OR MANAGED AND THEY SERVED 1,912 HOURS AT VARIOUS COMMUNITY ORGANIZATIONS AND EVENTS. THESE RESULTS ARE THROUGH THE EFFORTS OF THE 21 FULL YEAR AND 12 SUMMER VISTA MEMBERS WHO SERVED.

SENIOR COMPANION PROGRAM - THE SENIOR COMPANION PROGRAM (SCP) IS A NATIONAL SERVICE AMERICORPS SENIORS PROGRAM THAT RECRUITS INDIVIDUALS 55 AND BETTER TO PROVIDE COMPANIONSHIP SERVICES TO SENIORS WHO EXPERIENCE FEELINGS OF LONELINESS AND SOCIAL ISOLATION AS WELL AS RESPITE SERVICES FOR CAREGIVERS. IN FY 2023, 43 VOLUNTEERS PROVIDED

Name of the organization <b>FAMILY &amp; COMMUNITY SERVICES, INC.</b>	Employer identification number <b>34-1902451</b>
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COMPANIONSHIP AND RESPITE SERVICES FOR A TOTAL OF 43,242 HOURS OF SERVICE IN CLARK, GREENE, MONTGOMERY, MIAMI, PREBLE, PORTAGE, SUMMIT AND STARK.

FOSTER GRANDPARENT PROGRAM - THE FOSTER GRANDPARENT PROGRAM (FGP) IS A NATIONAL SERVICE AMERICORPS SENIORS PROGRAM THAT RECRUITS INDIVIDUALS 55 AND BETTER TO CONNECT WITH STUDENTS WITH EXCEPTIONAL NEEDS. FY 2023 SAW 70 VOLUNTEERS MENTOR, SUPPORT, AND TUTOR SOME OF THE MOST VULNERABLE CHILDREN IN MAHONING, MONTGOMERY, PORTAGE, STARK, TRUMBULL, GEAUGA, GREENE AND CLARK COUNTIES. FGP VOLUNTEERS SERVED 54,895 HOURS.

SENIOR SUPPORT ACTION GROUP (SSAG) - THE SENIOR SUPPORT ACTION GROUP IS A PROGRAM THAT IS DESIGNED TO BRING HEALTH AND WELLNESS TO SENIORS IN THEIR OWN HOMES. BEING HOMEBOUND CAN BE AN ISOLATING EXPERIENCE, AND WE STRIVE TO ALLEVIATE SENIOR LONELINESS AND CHALLENGES PRESENTED BY BEING HOMEBOUND. THE PROGRAM AIMS TO BRING BOTH PHYSICAL AND MENTAL WELLNESS TO EACH HOMEBOUND SENIOR SERVED. IN FISCAL YEAR 2023, SSAG SERVED 370 INDIVIDUALS IN MAHONING, TRUMBULL, AND COLUMBIANA COUNTIES.

BIG BROTHERS & SISTERS - PROVIDES A ONE-TO-ONE MENTORING PROGRAM, MATCHING YOUTH AGED 6-17, WITH ADULT VOLUNTEERS WHO ACT AS FRIENDS, ROLE MODELS AND MENTORS IN RELATIONSHIPS FACILITATED BY PROFESSIONAL STAFF. DURING FY 2023, 12,804 HOURS OF VOLUNTEER SERVICE WERE PROVIDED TO 275 CHILDREN IN PORTAGE, MAHONING AND TRUMBULL COUNTIES. EXPENSES \$ 80,707. INCLUDING GRANTS OF \$ 0. REVENUE \$ 27,500.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WILL BE REVIEWED WITH THE ORGANIZATION'S FINANCE DEPARTMENT

Name of the organization <b>FAMILY &amp; COMMUNITY SERVICES, INC.</b>	Employer identification number <b>34-1902451</b>
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AND EXECUTIVE DIRECTOR BEFORE IT IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ON AN ANNUAL BASIS, ANY DIRECTOR, PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE WITH GOVERNING BOARD-DELEGATED POWERS ARE REQUIRED TO DISCLOSE ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST THAT MAY ARISE DUE TO DIRECT OR INDIRECT FINANCIAL INTERESTS. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTEREST PERSON, HE OR SHE SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD INITIATES THE COMPENSATION ADJUSTMENTS AND PERIODICALLY GATHERS COMPARABLE INFORMATION TO PROVIDE BENCHMARKS FOR COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS WILL BE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

RESTATEMENT FOR ACCRUED LIABILITIES -777,631.



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization **FAMILY & COMMUNITY SERVICES, INC.** Employer identification number **34-1902451**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
VCT MEMBER CORP. - 47-4903258 705 OAKWOOD STREET, STE 221 RAVENNA, OH 44266	HOLDING COMPANY	OHIO	0.	0.	FAMILY & COMMUNITY SERVICES, INC.

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
PORTAGE INDUSTRIES, INC. - 34-1329830 7008 STATE ROUTE 88 RAVENNA, OH 44266	SHELTERED WORKSHOPS	OHIO	501(C)(3)	LINE 7	FAMILY & COMMUNITY SERVICES, INC	<input checked="" type="checkbox"/>	
RESIDENTIAL RESOURCES FOR THE DEVELOPMENTALLY CHALLENGED, INC. - 34-1944953, 705 OAKWOOD STREET, STE 108,	DEVELOPMENTALLY CHALLENGED LIVING EXPENSES	OHIO	501(C)(3)	LINE 10	FAMILY & COMMUNITY SERVICES, INC	<input checked="" type="checkbox"/>	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2022

**SEE PART VII FOR CONTINUATIONS**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
POM GROUP, INC - 34-1720991 705 OAKWOOD STREET SUITE 215 RAVENNA, OH 44266	INDIVIDUAL TRANSPORTATION	OH	FAMILY & COMMUNITY SERVICES, INC	S CORP	-120.	1,550,324.	100%	X	
NFH MEMBER CORP - 87-3925573 705 OAKWOOD STREET, STE 221 RAVENNA, OH 44266	HOLDING COMPANY FOR A LITC FOR PROFIT ENTITY	OH	FAMILY & COMMUNITY SERVICES, INC	C CORP	-818.	-818.	100%	X	

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	X	
<b>e</b> Loans or loan guarantees by related organization(s) .....	X	
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) POM GROUP, INC	D	3,393,295.	INTERCOMPANY RECEIVABLE
(2) POM GROUP, INC	E	1,032,223.	INTERCOMPANY PAYABLE
(3)			
(4)			
(5)			
(6)			



**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

**RESIDENTIAL RESOURCES FOR THE DEVELOPMENTALLY CHALLENGED,  
INC.**

**EIN: 34-1944953**

**705 OAKWOOD STREET, STE 108**

**RAVENNA, OH 44266**