

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

B Check if applicable:	C Name of organization FAMILY SERVICES, INC.	D Employer identification number 56-0689235
<input type="checkbox"/> Address change	Doing Business As	E Telephone number 336-722-8173
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	
<input type="checkbox"/> Initial return	1200 SOUTH BROAD STREET	G Gross receipts \$ 7,601,815.
<input type="checkbox"/> Terminated	City or town, state or province, country, and ZIP or foreign postal code	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return	WINSTON-SALEM, NC 27101	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Application pending	F Name and address of principal officer: ROBERT FEIKEMA SAME AS C ABOVE	If "No," attach a list. (see instructions)
I 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		H(c) Group exemption number ▶
J Website: WWW.FSIFAMILY.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1962 M State of legal domicile: NC

Part I Summary				
	1 Briefly describe the organization's mission or most significant activities: BUILDING TOMORROW BY STRENGTHENING OUR COMMUNITIES AND FAMILIES TODAY.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	14	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14	
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	189	
	6 Total number of volunteers (estimate if necessary)	6	411	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 6,878,664.	Current Year 6,434,733.
9 Program service revenue (Part VIII, line 2g)		1,400,074.	1,063,069.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		24.	3.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		63,381.	62,716.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,342,143.	7,560,521.	
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	25,979.	35,744.
		14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,835,225.	5,762,390.
		16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
		b Total fundraising expenses (Part IX, column (D), line 25) ▶ 292,576.		
		17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,335,887.	2,060,327.
		18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,197,091.	7,858,461.
19 Revenue less expenses. Subtract line 18 from line 12	145,052.	<297,940.>		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 5,583,217.	End of Year 5,315,105.	
	21 Total liabilities (Part X, line 26)	4,686,266.	4,479,317.	
	22 Net assets or fund balances. Subtract line 21 from line 20	896,951.	835,788.	

Part II Signature Block

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

Sign Here	Signature of officer ROBERT FEIKEMA, PRESIDENT & CEO	Date	
Paid Preparer Use Only	Print/Type preparer's name JANE R POTTER	Preparer's signature <i>Jane R Potter</i>	Date 12/31/14
	Firm's name ▶ BUTLER & BURKE, L.P.	Check if self-employed <input type="checkbox"/>	PTIN P01057495
	Firm's address ▶ 100 CLUB OAKS COURT, SUITE A WINSTON-SALEM, NC 27104	Firm's EIN ▶ 56-1138530	Phone no. (336) 768-2310

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: TO STRENGTHEN THE WELL-BEING AND DEVELOPMENT OF FAMILIES AND INDIVIDUALS THROUGH PROFESSIONAL HUMAN SERVICES PROGRAMS INCLUDING THERAPY, COUNSELING, EDUCATION, SPECIAL ASSISTANCE, AND ADVOCACY.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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

4a (Code:) (Expenses \$ 4,247,305. including grants of \$ 2,935.) (Revenue \$ 635,963.) CHILD DEVELOPMENT DIVISION - THE CHILD DEVELOPMENT DIVISION IS COMPRISED OF THE FEDERAL HEAD START PROGRAM AS WELL AS ADDITIONAL SERVICES FOR PRIVATE PAY DAY CHILD DEVELOPMENT SERVICES. THESE PRIVATE PAY SERVICES INCLUDE EXTENDED DAY, SUMMER ENRICHMENT, AND PRE-K SERVICES.

CHILD DEVELOPMENT PROGRAM - THESE SERVICES ARE OPEN TO ALL CHILDREN AND ARE SUPPORTED BY CLIENT FEES, DSS STIPENDS, AND/OR CONTRACTED STATE PRE-K FEES. THE SERVICES ALSO INCLUDE EXTENDED HOUR DAY CARE AND A SUMMER ENRICHMENT PROGRAM. IN 2013-14, 71 FAMILIES WERE SERVED IN THIS PROGRAM.

4b (Code:) (Expenses \$ 1,243,194. including grants of \$ 28,935.) (Revenue \$ 64,269.) SAFE RELATIONSHIPS - THE SAFE RELATIONSHIPS DIVISION OFFERS A COMPREHENSIVE ARRAY OF SERVICES INCLUDING COURT ADVOCACY FOR VICTIMS OF DOMESTIC VIOLENCE OR SEXUAL ASSAULT, A BATTERED WOMEN'S SHELTER WHICH PROVIDES EMERGENCY SHELTER, A DOMESTIC VIOLENCE OFFENDERS TREATMENT PROGRAM, CRISIS INTERVENTION, INDIVIDUAL AND FAMILY COUNSELING, AND DIFFERENT GROUP INTERVENTIONS FOR VICTIMS. COLLABORATIVE APPROACHES SUCH AS SAFE ON SEVEN HAVE INCREASED THE IMPACT OF THIS DIVISION.

FSI ALSO OFFERS TWO CRISIS HOTLINES, ONE FOR DOMESTIC VIOLENCE AND ONE FOR SEXUAL ASSAULT. A LARGE PART OF THIS SERVICE IS FOCUSED ON RAISING AWARENESS ABOUT DOMESTIC VIOLENCE AND SEXUAL ASSAULT, FACILITATED BY COMMUNITY EDUCATION AND COLLABORATIONS WITH OTHER AREA AGENCIES. ONE

4c (Code:) (Expenses \$ 1,076,296. including grants of \$ 3,874.) (Revenue \$ 362,837.) FAMILY SOLUTIONS - THE FAMILY SOLUTIONS CLUSTER OF SERVICES PROVIDES PROGRAMS THAT STRENGTHEN INDIVIDUALS AND FAMILIES CAPACITY IN RELATIONSHIPS AND SOCIETY. COUNSELORS ARE ALL MASTER'S LEVEL WITH MOST BEING LICENSED IN THEIR PROFESSION. ISSUES INCLUDE MARITAL/COUPLE CONFLICTS, FAMILY STRESS/ADJUSTMENT, GRIEF COUNSELING, PARENTING NEEDS, CHILD ADJUSTMENT PROBLEMS, WORK/FAMILY CONFLICTS, EMOTIONAL WELLNESS AND FINANCIAL LITERACY. THE STAFF IS MULTI-TALENTED, INCLUDING EXPERTISE IN THE AREAS OF CHILDREN, TRAUMA, FAMILY SYSTEMS AND/OR ADULT DEVELOPMENT. FEES ARE BASED ON AN INCOME BASED SCALE. FSI ALSO OFFERS CRISIS DE-BRIEFING AND EMPLOYEE ASSISTANCE COUNSELING.

THE STRENGTHENING FAMILIES PROGRAM FOR HIGH RISK STUDENTS SERVES AS A

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

4e Total program service expenses 6,566,795.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	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>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	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>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	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>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c	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>		X
d	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>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
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>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	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>	X	
19	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>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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
25b			X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
26			X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
27			X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28a			X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b			X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
29			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
32			X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
33			X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
34			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35a			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
37			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	
38		X	

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

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
			14
b	Enter the number of voting members included in line 1a, above, who are independent		14
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
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
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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 **NC**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **CLIFF CAMPBELL - 336-722-8173**
1200 SOUTH BROAD STREET, WINSTON-SALEM, NC 27101

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL CAMPANARO CHAIR	1.00	X		X				0.	0.	0.
(2) CAROLYN MCCULLOUGH VICE CHAIR	1.00	X		X				0.	0.	0.
(3) FLORENCE CORPENING MEMBER AT LARGE	1.00	X						0.	0.	0.
(4) PHILIP BATTEN BOARD MEMBER	1.00	X						0.	0.	0.
(5) CAREN GRICE BOARD MEMBER	1.00	X						0.	0.	0.
(6) MARTHA WHEELLOCK BOARD MEMBER	1.00	X						0.	0.	0.
(7) PATSY SQUIRE BOARD MEMBER	1.00	X						0.	0.	0.
(8) LISA VENABLE TREASURER	1.00	X		X				0.	0.	0.
(9) DONNA JONES BOARD MEMBER	1.00	X						0.	0.	0.
(10) KIP LARSON BOARD MEMBER	1.00	X						0.	0.	0.
(11) B. GORDON WATKINS, III BOARD MEMBER	1.00	X						0.	0.	0.
(12) DAISY RODRIGUEZ BOARD MEMBER	1.00	X						0.	0.	0.
(13) CHA'NA PERRY BOARD MEMBER	1.00	X						0.	0.	0.
(14) KATRINA TUCKER BOARD MEMBER	1.00	X						0.	0.	0.
(15) ROBERT FEIKEMA PRESIDENT & CEO	40.00			X			115,000.	0.	6,722.	
(16) CORKY CLODFELTER EX-OFFICIO	1.00						0.	0.	0.	

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	1 a	Federated campaigns	1a 1,184,152.				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 4,959,940.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 290,641.				
	g	Noncash contributions included in lines 1a-1f: \$	7,574.				
	h	Total. Add lines 1a-1f	▶ 6,434,733.				
	Program Service Revenue	2 a	COUNSELING FEES	Business Code 900099	427,106.	427,106.	
b		CHILD CARE FEES	900099	402,695.	402,695.		
c		SMART START CONTRACTIN	900099	233,268.	233,268.		
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f	▶ 1,063,069.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶	3.		3.	
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶				
	6 a	Gross rents	(i) Real (ii) Personal				
		Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)	▶				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		Less: cost or other basis and sales expenses					
		Gain or (loss)					
		Net gain or (loss)	▶				
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	90,052.			
		Less: direct expenses	b	41,294.			
		Net income or (loss) from fundraising events	▶	48,758.			48,758.
9 a	Gross income from gaming activities. See Part IV, line 19	a					
	Less: direct expenses	b					
	Net income or (loss) from gaming activities	▶					
10 a	Gross sales of inventory, less returns and allowances	a					
	Less: cost of goods sold	b					
	Net income or (loss) from sales of inventory	▶					
Miscellaneous Revenue			Business Code				
11 a	MISCELLANEOUS	900099	13,958.			13,958.	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d	▶	13,958.				
12	Total revenue. See instructions.	▶	7,560,521.	1,063,069.	0.	62,719.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	35,744.	35,744.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	121,596.		121,596.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,557,278.	3,925,869.	436,668.	194,741.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	144,447.	114,403.	21,532.	8,512.
9 Other employee benefits	662,253.	556,725.	77,338.	28,190.
10 Payroll taxes	276,816.	229,502.	33,151.	14,163.
11 Fees for services (non-employees):				
a Management				
b Legal	4,238.	117.	4,121.	
c Accounting	55,100.	33,302.	21,798.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	8,464.		8,464.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	151,492.	111,030.	40,325.	137.
12 Advertising and promotion	2,832.	2,567.		265.
13 Office expenses	375,163.	346,462.	16,864.	11,837.
14 Information technology	105,593.	33,512.	61,548.	10,533.
15 Royalties				
16 Occupancy	289,273.	263,549.	20,030.	5,694.
17 Travel	48,987.	45,737.	2,736.	514.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	61,800.	59,160.	895.	1,745.
20 Interest	128,204.	62,373.	65,831.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	249,820.	199,017.	38,716.	12,087.
23 Insurance	86,171.	74,947.	8,140.	3,084.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD & FOOD SERVICE SUP	192,854.	187,145.	4,957.	752.
b WAYS TO WORK LOSSES	148,086.	148,086.		
c PAYMENTS TO SUB-RECIPIE	120,778.	120,778.		
d MISCELLANEOUS	17,093.	11,080.	5,735.	278.
e All other expenses	14,379.	5,690.	8,645.	44.
25 Total functional expenses. Add lines 1 through 24e	7,858,461.	6,566,795.	999,090.	292,576.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here 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	
Assets	1 Cash - non-interest-bearing		1		
	2 Savings and temporary cash investments	109,938.	2	58,394.	
	3 Pledges and grants receivable, net	320,135.	3	229,022.	
	4 Accounts receivable, net	118,343.	4	84,617.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	61,381.	9	54,679.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,005,409.			
	b Less: accumulated depreciation	10b 3,047,137.	4,164,449.	10c	3,958,272.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11	808,971.	12	930,121.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,583,217.	16	5,315,105.		
Liabilities	17 Accounts payable and accrued expenses	716,993.	17	597,133.	
	18 Grants payable		18		
	19 Deferred revenue	29,814.	19	29,200.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	2,395,573.	23	2,446,816.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,543,886.	25	1,406,168.	
	26 Total liabilities. Add lines 17 through 25	4,686,266.	26	4,479,317.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	416,004.	27	384,854.	
	28 Temporarily restricted net assets	401,128.	28	371,115.	
	29 Permanently restricted net assets	79,819.	29	79,819.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	896,951.	33	835,788.		
34 Total liabilities and net assets/fund balances	5,583,217.	34	5,315,105.		

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	7,560,521.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,858,461.
3	Revenue less expenses. Subtract line 2 from line 1	3	<297,940.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	896,951.
5	Net unrealized gains (losses) on investments	5	136,578.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	100,199.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	835,788.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,774,098.	6,545,372.	6,622,990.	6,878,664.	6,434,733.	33,255,857.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	750,453.	801,103.	1,030,025.	1,400,074.	1,063,069.	5,044,724.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	7,524,551.	7,346,475.	7,653,015.	8,278,738.	7,497,802.	38,300,581.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6.)						38,300,581.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	7,524,551.	7,346,475.	7,653,015.	8,278,738.	7,497,802.	38,300,581.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	35,702.	33,375.	30,170.	14,274.	3.	113,524.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	35,702.	33,375.	30,170.	14,274.	3.	113,524.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				34,029.	13,958.	47,987.
13 Total support. (Add lines 9, 10c, 11, and 12.)	7,560,253.	7,379,850.	7,683,185.	8,327,041.	7,511,763.	38,462,092.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	99.58 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	99.59 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	.30 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	.32 %

19a 33 1/3% support tests - 2013. 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 - 2012. 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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

FAMILY SERVICES, INC.

Employer identification number

56-0689235

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization FAMILY SERVICES, INC.	Employer identification number 56-0689235
--	---

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 FAMILY SERVICES, INC.	Employer identification number 56-0689235
--	---

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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 information 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
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
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," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990**

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

FAMILY SERVICES, INC.

Employer identification number

56-0689235

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	808,971.	751,477.	794,600.	687,987.	605,405.
b Contributions					
c Net investment earnings, gains, and losses	128,116.	64,372.	<10,061.>	114,237.	90,990.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	6,966.	6,878.	33,062.	7,624.	8,408.
g End of year balance	930,121.	808,971.	751,477.	794,600.	687,987.

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

- a Board designated or quasi-endowment 51.63 %
- b Permanent endowment 8.58 %
- c Temporarily restricted endowment 39.79 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

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

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		409,514.		409,514.
b Buildings		3,871,549.	1,052,634.	2,818,915.
c Leasehold improvements		1,416,882.	954,830.	462,052.
d Equipment		817,696.	655,904.	161,792.
e Other		489,768.	383,769.	105,999.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,958,272.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to 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) INVESTMENTS	930,121.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	930,121.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

Complete if the organization answered "Yes" to 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) ACCRUED PENSION COST	1,406,168.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,406,168.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements	1	8,659,202.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	136,578.
b	Donated services and use of facilities	2b	829,089.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	141,478.
e	Add lines 2a through 2d	2e	1,107,145.
3	Subtract line 2e from line 1	3	7,552,057.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	8,464.
c	Add lines 4a and 4b	4c	8,464.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	7,560,521.

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

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

1	Total expenses and losses per audited financial statements	1	8,637,687.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	829,089.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	41,279.
e	Add lines 2a through 2d	2e	870,368.
3	Subtract line 2e from line 1	3	7,767,319.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	91,142.
c	Add lines 4a and 4b	4c	91,142.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	7,858,461.

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 V, LINE 4:

THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS IS TO
SUPPORT OPERATIONS AND TO MAKE BUILDING IMPROVEMENTS.

PART X, LINE 2:

THE AGENCY'S PRIMARY TAX POSITIONS RELATE TO ITS STATUS AS A
NOT-FOR-PROFIT ENTITY EXEMPT FROM INCOME TAXES AND CLASSIFICATION OF
ACTIVITIES RELATED TO ITS EXEMPT PURPOSE. IT IS THE OPINION OF MANAGEMENT
THAT THE AGENCY HAS NO UNCERTAIN TAX POSITIONS THAT WOULD BE SUBJECT TO
CHANGE UPON EXAMINATION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information (continued)

FUNDRAISING EXPENSES NETTED WITH REVENUE	41,279.
PENSION GAINS IN EXCESS OF NET PERIODIC PENSION COST	100,199.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	141,478.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RECLASS INVESTMENT FEES	8,464.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES NETTED WITH REVENUE	41,279.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

RECLASS INVESTMENT FEES	8,464.
INCREASE IN PROGRAM LOSSES FROM PRIOR PERIOD	82,678.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	91,142.

Part II Fundraising Events. Complete if the organization answered "Yes" to 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	
		WALK A MILE IN HER SHOES (event type)	HOME FREE (event type)	1 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	36,358.	33,250.	20,444.	90,052.
	2	Less: Contributions	0.	0.	0.	
	3	Gross income (line 1 minus line 2)	36,358.	33,250.	20,444.	90,052.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	7,779.	13,786.	19,714.	41,279.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				41,279.
	11	Net income summary. Subtract line 10 from line 3, column (d)				48,773.

Part III Gaming. Complete if the organization answered "Yes" to 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 operates gaming activities: _____
 a Is the organization licensed to operate 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: _____

**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" to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

OMB No. 1545-0047

2013

**Open to Public
Inspection**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990**

Name of the organization

FAMILY SERVICES, INC.

Employer identification number

56-0689235

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) 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 ▶ _____

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

Schedule I (Form 990) (2013)

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance
SAFE RELATIONSHIPS PROGRAM ASSISTANCE	75	28,935.	0.		
FAMILY SOLUTIONS PROGRAM ASSISTANCE	15	3,874.	0.		
CHILD DEVELOPMENT DIVISION	250	2,935.	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 SOLUTIONS- AGENCY FOSTER PARENTS ARE PAID ON A MONTHLY

BASIS FOR THE CARE OF INFANTS IN THEIR HOME. THE RATE OF PAYMENT IS

\$14/NIGHT PLUS REIMBURSEMENT FOR INFANT FORMULA AND PICTURES.

SAFE RELATIONSHIPS DIVISION- AN INDIVIDUAL REQUESTING FINANCIAL ASSISTANCE

MUST PROVIDE PROGRAM STAFF WITH A COPY OF THE BILL. AN ORDER FOR PAYMENT

IS WRITTEN WITH THE BILL ATTACHED. THE BILL OR INVOICE SHOULD BE IN THE

CLIENT'S NAME FOR CONSIDERATION OF FUNDS. THE CHECK IS WRITTEN DIRECTLY TO

THE COMPANY. IF THE CHECK IS GIVEN TO THE CLIENT FOR DELIVERY, THE CLIENT

Part IV Supplemental Information

SIGNS THE CHECK STUB ACKNOWLEDGING RECEIPT. DOCUMENTATION SHOWING THAT THE BILL HAS BEEN PAID IS ALSO REQUESTED FROM THE CLIENT. ON SOME OCCASIONS, THE STAFF WILL TRANSPORT THE CLIENT TO THE COMPANY TO PAY THE BILL. THIS DOCUMENTATION IS PLACED IN THE CLIENT'S RECORD.

HEAD START- THESE FUNDS CAN ONLY BE USED FOR PARENT EDUCATION ACTIVITIES SUCH AS, WORKSHOPS, EDUCATIONAL FIELD TRIPS, OR SPECIFIC TRAININGS SUCH AS CPR, FIRST AID. THE ACTIVITY IS FOR PARENTS ONLY AND CANNOT INVOLVE HS CHILDREN. THE FUNDS CAN PAY FOR CHILD CARE AND REFRESHMENTS FOR PARENT EDUCATION ACTIVITIES.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

FAMILY SERVICES, INC.

Employer identification number

56-0689235

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

HEAD START PROGRAM - THIS IS THE LARGEST DIVISION AND CONSTITUTES OVER HALF OF FAMILY SERVICES, INC'S TOTAL FUNDING BUDGET. THE FAMILY SERVICES, INC. HEAD START PROGRAM IS THE ONLY FREE PRE-SCHOOL CHILD DEVELOPMENT PROGRAM IN FORSYTH COUNTY, SERVING LOW-INCOME CHILDREN AND THEIR FAMILIES SINCE 1965.

THROUGH COLLABORATION EFFORTS WITH OTHER COMMUNITY AGENCIES AND THE LOCAL SCHOOL SYSTEM HEAD START HAS BEEN SUCCESSFUL IN MEETING THE NEEDS OF ITS ENROLLED FAMILIES. IN 2013-14, 503 FAMILIES WERE SERVED IN THIS PROGRAM. THE HEAD START OPERATIONS INCLUDE 31 CLASSROOMS FOR CHILDREN AGES 3 AND 4 YEARS OLD IN FOUR INDEPENDENT SITES, INCLUDING ONE SITE ON THE WSSU CAMPUS AND IN COLLABORATION WITH FIVE ELEMENTARY SCHOOLS THROUGH OUT THE COUNTY. THE FOUR INDEPENDENTLY OPERATED SITES HAVE A FIVE STAR CHILD CARE RATING FROM THE DIVISION OF CHILDREN DEVELOPMENT. THE HEAD START PROGRAM PROVIDES A RANGE OF COMPREHENSIVE SERVICES WHICH CONSIST OF EDUCATION AND EARLY CHILDHOOD DEVELOPMENT WITH THE OBJECTIVE OF PROVIDING ALL CHILDREN WITH A SAFE, NURTURING, ENGAGING, FUN, AND SECURE LEARNING ENVIRONMENT. CHILDREN GAIN AWARENESS, SKILLS, AND CONFIDENCE NECESSARY FOR SUCCESS IN SCHOOL AND LIFE. THE PROGRAM SUPPORTS A CONTINUUM OF CHILDREN'S GROWTH AND DEVELOPMENT, WHICH INCLUDE EACH CHILD'S PHYSICAL, SOCIAL, EMOTIONAL, AND COGNITIVE DEVELOPMENT. THE HEAD START PROGRAM MAINTAINS A STAFF OF WELL QUALIFIED EARLY CHILDHOOD TEACHERS.

PARENT INVOLVEMENT IN THE EDUCATION OF THEIR CHILDREN IS THE CORNER STONE FOR BUILDING A STRONG FOUNDATION FOR IMPLEMENTATION OF THE HEAD START PROGRAM. PARENTS ARE CONSIDERED THE PRIMARY EDUCATORS OF THEIR

Name of the organization FAMILY SERVICES, INC.	Employer identification number 56-0689235
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CHILDREN. HEAD START PARENTS ARE INVOLVED IN THE PLANNING AND DEVELOPMENT OF ACTIVITIES DESIGNED TO ENHANCE THEIR INTEREST AND KNOWLEDGE OF EDUCATION, COMMUNITY AWARENESS, AND PERSONAL GROWTH. PARENTS PARTICIPATE IN A SERIES OF FINANCIAL MANAGEMENT TRAININGS TAUGHT BY LOCAL FINANCIAL EXPERTS. ADDITIONALLY PARENTS RECEIVE EDUCATIONAL TRAINING. PARENTS HAVE AN OPPORTUNITY TO INFLUENCE THE DECISION MAKING PROCESS FOR PROGRAM OPERATION AS AN ELECTED MEMBER OF THE POLICY COUNCIL.

HEALTH SERVICES FOR CHILDREN INCLUDE DENTAL, VISION, SPEECH AND HEARING. NUTRITIONAL NEEDS ARE MET BY PROVIDING A NUTRITIOUS BREAKFAST AND LUNCH DAILY. MENTAL WELLNESS SUPPORT FOR CHILDREN AND FAMILIES ARE OFFERED ON SITE. CHILDREN WITH SPECIAL NEEDS ARE IDENTIFIED AND REFERRALS TO SUPPORTING AGENCIES ENSURE FOLLOW-UP AND SUPPORT SERVICES. TEN PERCENT OF THE PROGRAM'S ENROLLMENT IS CHILDREN WITH A DIAGNOSED DISABILITY. THROUGH THE FAMILY PARTNERSHIP COMPONENT, FAMILIES ARE ENCOURAGED TO DEVELOP FAMILY GOALS THAT WOULD MOVE THEM TOWARD SELF-SUFFICIENCY THROUGH JOB TRAINING AND EDUCATION.

THE HEAD START PROGRAM HAS A SPECIAL INTEREST IN SERVICE TO THE HOMELESS FAMILIES WITH PRE-SCHOOL CHILDREN. THE PROGRAM HAS INCREASED ENROLLMENT OF HOMELESS FAMILIES, AS WELL AS HISPANIC FAMILIES.

SINCE 2009-10, FAMILY SERVICES, INC., EXPANDED SERVICES FOR WORKING PARENTS, PROVIDING FEE-BASED EXTENDED DAY CARE UP TO 10 HOURS. THESE SERVICES WERE PROVIDED FOR A FEE PAID BY DSS OR BY THE PARENT.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

COLLABORATION INITIATED BY FSI IS THE DOMESTIC VIOLENCE COMMUNITY COUNCIL (DVCC), WHICH DRAWS TOGETHER REPRESENTATIVES FROM ALL AGENCIES SERVICING THE DOMESTIC VIOLENCE POPULATION IN FORSYTH COUNTY. THE DVCC

Name of the organization

FAMILY SERVICES, INC.

Employer identification number

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HAS BEEN SUCCESSFUL IN STREAMLINING SERVICES AND COORDINATING COMMUNITY WIDE EFFORTS.

FSI ALSO WORKS IN COORDINATION WITH THE POLICE DEPARTMENT AND THE SCHOOL SYSTEM TO PROVIDE DOMESTIC VIOLENCE AND SEXUAL ASSAULT EDUCATION WITHIN THE SCHOOL SYSTEM AND COLLEGES. SPECIALIZED SERVICES ALSO INCLUDE A FORENSIC INTERVIEWING FACILITY FOR CHILDREN WHO HAVE BEEN EXPOSED TO OR ARE VICTIMS OF VIOLENCE. THIS FACILITY, THE VANTAGE POINTE CENTER, IS HOUSED IN THE BATTERED WOMEN'S SHELTER, AND IS THE FIRST STEP TOWARD DEVELOPING A COMPREHENSIVE CHILD ADVOCACY CENTER IN WINSTON-SALEM.

SAFE RELATIONSHIP SERVICES RECEIVE SUBSTANTIAL SUPPORT FROM GOVERNMENTAL FUNDING AS WELL AS UNITED WAY, FOUNDATIONS, FEES AND CONTRIBUTIONS. SERVICES LIST: CRIME VICTIMS' SERVICES, DOMESTIC VIOLENCE AND SEXUAL ASSAULT: COURT ADVOCACY, DOMESTIC VIOLENCE AND SEXUAL ASSAULT: CRISIS RESPONSE, FAMILY VIOLENCE SHELTER (BATTERED WOMEN'S SHELTER), TIME-OUT (ABUSER TREATMENT PROGRAM FOR MEN AND WOMEN), COMMUNITY COLLABORATIONS INCLUDING DOMESTIC VIOLENCE COMMUNITY COUNCIL, (DVCC) SEXUAL ASSAULT RESPONSE TEAM (SART), VANTAGE POINTE MULTI-DISCIPLINARY TEAM (MDT).

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
BEST PRACTICES PROGRAM IN THE GRADUATING OUR FUTURES COLLABORATIVE OF UNITED WAY.

ANOTHER SELF-SUFFICIENCY PROGRAM OFFERED IN THIS SERVICE AREA IS THE WAYS TO WORK PROGRAM WHICH WAS ESTABLISHED IN 2000. THIS NATIONALLY

Name of the organization

FAMILY SERVICES, INC.

Employer identification number

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RECOGNIZED PROGRAM OFFERS SMALL LOANS TO LOW-INCOME FAMILIES FOR CAR PURCHASE OR REPAIR. IT HELPS FAMILIES SECURE A NEEDED RESOURCE WHILE HELPING THEM ESTABLISH A CREDIT AND BANKING HISTORY, AND INCREASES THEIR ACCESSIBILITY INTO AND AVAILABILITY IN THE JOB MARKET.

THE ADOPTION AND PREGNANCY COUNSELING SERVICE PROVIDES COUNSELING & SUPPORT SERVICES FOR WOMEN FACING AN UNPLANNED PREGNANCY, AS WELL OFFERS ADOPTION PLACEMENT/SERVICES FOR FAMILIES AND INDIVIDUALS. THE ADOPTION SERVICE INCLUDES INDIVIDUAL CONSULTATIONS TO HELP FAMILIES SELECT THE TYPE OF ADOPTION SITUATION THAT IS MOST APPROPRIATE FOR THEM, PRE-PLACEMENT ASSESSMENTS (HOME STUDIES), LIFELONG SUPPORTIVE SERVICES FOR ALL PARTICIPANTS IN AN ADOPTION, AND RECRUITMENT OF FAMILIES FOR CHILDREN WITH SPECIAL NEEDS. THE AGENCY IS A MEMBER OF THE COALITION OF LICENSED PRIVATE ADOPTION AGENCIES (COPLAA).

VOLUNTEERS PROVIDE FRAIL ELDERLY AND HOMEBOUND PERSONS A DAILY CALL TO OFFER A SHORT SOCIAL CONTACT, REDUCE ISOLATION AND CHECK ON CURRENT NEEDS. MANY STUDIES CONTINUE TO RECOGNIZE THE VITAL IMPORTANCE OF HAVING A LISTENING RELATIONSHIP AT ALL POINTS IN LIFE. WHETHER IT IS FOR A CHILD, ADULT, ELDERLY, MALE OR FEMALE, SOMEONE WHO IS THERE TO LISTEN REMAINS A SIGNIFICANT FACTOR IN ONE'S LIFE.

THE FAMILY SOLUTIONS CLUSTER OF SERVICES PROVIDES SERVICES FOR THE ENTIRE FAMILY AND HAS SUPPORT FROM UNITED WAY, FEES, FOUNDATION AND GOVERNMENT GRANTS. SERVICES LIST: ADULT SURVIVORS OF ABUSE, CHILDREN & FAMILY TREATMENT, ELDER CARE SERVICES, MARRIAGE & RELATIONSHIP, PARENTING, WAYS TO WORK, ADOPTION SERVICES, FOSTER HOME SERVICES, PREGNANCY COUNSELING, POST-ADOPTION SERVICES, AND TELEPHONE

Name of the organization

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REASSURANCE.

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

FORM 990 IS DISTRIBUTED TO ALL BOARD MEMBERS ELECTRONICALLY

PRIOR TO BEING FILED. ANY DISCUSSION AND/OR QUESTIONS ARE FORWARDED TO THE
TREASURER OR BOARD CHAIR AND REVIEWED/REVISED BY THE EXECUTIVE COMMITTEE.

SUBSEQUENTLY, THE TREASURER PROVIDES A REPORT TO THE BOARD ON THE FORM 990.

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

FSI'S CONFLICT OF INTERESTS POLICIES AND PROCEDURES INCLUDE:

(1) NEW BOARD MEMBERS ARE REQUIRED TO ACKNOWLEDGE RECEIPT OF THE CONFLICT
OF INTEREST POLICY AND COMPLETE A CONFLICT OF INTEREST CERTIFICATION; (2)
FSI PROVIDES PERIODIC TRAINING RELATIVE TO CONFLICT OF INTERESTS; AND (3)
BOARD MEMBERS AND MEMBERS OF THE SENIOR MANAGEMENT STAFF ARE REQUIRED TO
COMPLETE AN ANNUAL CONFLICT OF INTEREST CERTIFICATION IN WHICH THEY CERTIFY
THAT THEY: HAVE RECEIVED A COPY OF THIS POLICY, HAVE THOROUGHLY READ AND
COMPLETELY UNDERSTANDS THIS POLICY AND HAVE AGREED TO COMPLY WITH THIS
POLICY.

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

THE PRESIDENT/CEO'S COMPENSATION IS DETERMINED ANNUALLY BASED

UPON AN EVALUATION BY THE MEMBERS OF THE EXECUTIVE COMMITTEE OF THE BOARD
OF DIRECTORS. THE PROCESS INCLUDES A REVIEW OF THE AGENCY OPERATING

PERFORMANCE; AND INCLUDES THE ACHIEVEMENT OF GOALS AND OBJECTIVES

PREVIOUSLY ESTABLISHED. IN ESTABLISHING THE COMPENSATION LEVEL, A

COMPARISON IS MADE OF OTHER COMPARABLE ORGANIZATIONS IN THE AREA AS WELL AS
REGIONAL AND NATIONAL DATA PROVIDED BY THE AGENCY'S TRADE ORGANIZATION AND

LEVELS ESTABLISHED BY GOVERNMENTAL FUNDING SOURCES. THE COMPENSATION LEVELS

Name of the organization FAMILY SERVICES, INC.	Employer identification number 56-0689235
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OF MEMBERS OF THE SENIOR MANAGEMENT TEAM ARE DETERMINED ANNUALLY BY THE PRESIDENT/CEO BASED UPON PERIODIC EVALUATIONS, AND SUBSEQUENTLY APPROVED BY THE BOARD OF DIRECTORS AS PART OF THE APPROVAL OF THE OPERATING BUDGET. THE PROCESS INCLUDES A REVIEW OF THE ORGANIZATIONAL ACHIEVEMENT AND ACCOMPLISHMENTS AS WELL AS ACHIEVEMENTS OF GOALS AND OBJECTIVES PREVIOUSLY ESTABLISHED. IN ESTABLISHING THE COMPENSATION LEVEL, A COMPARISON IS MADE OF OTHER COMPARABLE ORGANIZATIONS IN THE AREA AS WELL AS REGIONAL AND NATIONAL DATA PROVIDED BY THE AGENCY'S TRADE ORGANIZATION AND LEVELS ESTABLISHED BY GOVERNMENTAL FUNDING SOURCES.

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

REQUESTS FOR GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC BY SUBMITTING A WRITTEN REQUEST TO:

PRESIDENT, CEO

FAMILY SERVICES, INC.

1200 SOUTH BROAD ST.

WINSTON-SALEM, NC 27101

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

PENSION EXPENSE IN EXCESS OF NET PERIODIC PENSION COST 100,199.

FORM 990, PART XII, LINE 2C:

THE OVERSIGHT/SELECTION PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.