

Return of Organization Exempt From Income Tax

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

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

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

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return/terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>C Name of organization FAMILY SERVICES, INC.</p> <p>Doing business as</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1200 SOUTH BROAD STREET</p> <p>City or town, state or province, country, and ZIP or foreign postal code WINSTON-SALEM, NC 27101</p> <p>F Name and address of principal officer: ROBERT FEIKEMA SAME AS C ABOVE</p>	<p>D Employer identification number 56-0689235</p> <p>E Telephone number 3367228173</p> <p>G Gross receipts \$ 12,372,965.</p> <p>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</p> <p>H(c) Group exemption number</p>
<p>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</p>		
<p>J Website: WWW.FSIFAMILY.ORG</p>		
<p>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</p>		<p>L Year of formation: 1962 M State of legal domicile: NC</p>

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	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	182
	6 Total number of volunteers (estimate if necessary)	6	1151
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b Net unrelated business taxable income from Form 990-T, line 38	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	11,099,473.
9 Program service revenue (Part VIII, line 2g)		849,104.	792,663.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		250,368.	16,744.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		91,668.	218,838.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,290,613.	12,315,552.
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,301.
	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)	7,806,997.	7,760,362.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	120,000.	75,000.
	b Total fundraising expenses (Part IX, column (D), line 25)	540,642.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,851,701.	3,357,122.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,791,999.	11,220,777.
19 Revenue less expenses. Subtract line 18 from line 12	1,498,614.	1,094,775.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	10,831,461.	11,834,449.
	21 Total liabilities (Part X, line 26)	4,356,141.	3,798,625.
	22 Net assets or fund balances. Subtract line 21 from line 20	6,475,320.	8,035,824.

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.

<p>Sign Here</p>	<p>Signature of officer: </p> <p>ROBERT FEIKEMA, PRESIDENT & CEO</p> <p>Type or print name and title</p>	<p>Date: 4/30/2020</p>
<p>Paid Preparer Use Only</p>	<p>Print/Type preparer's name: JANE R POTTER</p> <p>Firm's name: BUTLER + BURKE, LLP</p> <p>Firm's address: 100 CLUB OAKS COURT WINSTON-SALEM, NC 27104</p>	<p>Preparer's signature: </p> <p>Date: 4/23/20</p> <p>Firm's EIN: 56-1138530</p> <p>Phone no. 336-768-2310</p>
	<p>Check if self-employed: <input type="checkbox"/></p> <p>PTIN: P01057495</p>	

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 \$ 7,244,583. including grants of \$ 4,847.) (Revenue \$ 387,545.) 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 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. IN 2018-19, 30 FAMILIES WERE SERVED IN THIS PROGRAM.

HEAD START PROGRAM - THIS IS THE LARGEST DIVISION AND CONSTITUTES OVER HALF OF FAMILY SERVICES, INC'S TOTAL FUNDING BUDGET. THE FAMILY

4b (Code:) (Expenses \$ 1,095,863. including grants of \$ 9,201.) (Revenue \$ 0.) 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, 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.

4c (Code:) (Expenses \$ 1,056,121. including grants of \$ 14,245.) (Revenue \$ 405,118.) 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 IS AN

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

4e Total program service expenses 9,396,567.

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?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 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>	23	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>	24a	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), 501(c)(4), and 501(c)(29) 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>	25a	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>	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? <i>If "Yes," complete Schedule L, Part II</i>	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>	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>	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>	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>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	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>	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>	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>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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>	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>	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	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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 19	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		182
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
If "Yes," complete Form 4720, Schedule O.			

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.		
	1a 18		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 18		
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 (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 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, address, and telephone number of the person who possesses the organization's books and records **▶**
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) ERIC TOMLINSON BOARD MEMBER (EFFECTIVE 9/2018)	1.00	X					0.	0.	0.	
(2) DEAN CLIFFORD BOARD MEMBER	1.00	X					0.	0.	0.	
(3) NATHAN SCOVENS BOARD MEMBER (EFFECTIVE 9/2018)	1.00	X					0.	0.	0.	
(4) WILLIAM REINGOLD CHAIR	1.00	X		X			0.	0.	0.	
(5) LINDA JACKSON-BARNES BOARD MEMBER	1.00	X					0.	0.	0.	
(6) DAISY RODRIGUEZ BOARD MEMBER (EFFECTIVE 9/2018)	1.00	X					0.	0.	0.	
(7) CHA'NA PERRY BOARD MEMBER	1.00	X					0.	0.	0.	
(8) DONALD MCMILLAN BOARD MEMBER	1.00	X					0.	0.	0.	
(9) DAVID PLYLER BOARD MEMBER	1.00	X					0.	0.	0.	
(10) JIM ROSENBERGER BOARD MEMBER	1.00	X					0.	0.	0.	
(11) PHILIP BATTEN, PH.D BOARD MEMBER	1.00	X					0.	0.	0.	
(12) LIA ERICKSON BOARD MEMBER (EFFECTIVE 9/2018)	1.00	X					0.	0.	0.	
(13) GLORIA YSASI-DIAZ BOARD MEMBER	1.00	X					0.	0.	0.	
(14) AMBER KOGER MEMBER AT LARGE	1.00	X		X			0.	0.	0.	
(15) MICHAEL TRAWICK TREASURER	1.00	X		X			0.	0.	0.	
(16) CARA MCKEOWN BOARD MEMBER	1.00	X					0.	0.	0.	
(17) CANDACE FRIEL BOARD MEMBER (EFFECTIVE 9/2018)	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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANNA MARIE SMITH VICE CHAIR	1.00	X		X				0.	0.	0.
(19) ROBERT FEIKEMA PRESIDENT & CEO	40.00			X			137,896.	0.	10,192.	
(20) MICHELLE SPEAS EMPLOYEE	40.00					X	110,381.	0.	10,721.	
(21) CLIFFORD CAMPBELL EMPLOYEE	40.00					X	119,716.	0.	6,563.	
1b Sub-total							367,993.	0.	27,476.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							367,993.	0.	27,476.	

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 **3**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
NONE		

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 **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 743,264.					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e 7,826,009.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,718,034.					
	g Noncash contributions included in lines 1a-1f: \$	61,333.					
	h Total. Add lines 1a-1f	▶ 11,287,307.					
Program Service Revenue	2 a COUNSELING FEES	Business Code 900099	405,118.	405,118.			
	b CHILD CARE FEES	900099	235,658.	235,658.			
	c SMART START CONTRACTING	900099	151,887.	151,887.			
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	▶ 792,663.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 32,835.				32,835.	
	4 Income from investment of tax-exempt bond proceeds	▶					
	5 Royalties	▶					
	6 a Gross rents	(i) Real	134,712.				
		(ii) Personal					
	b Less: rental expenses	0.					
	c Rental income or (loss)	134,712.					
	d Net rental income or (loss)	▶ 134,712.				134,712.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
	b Less: cost or other basis and sales expenses	1,302.	14,789.				
	c Gain or (loss)	<1,302.>	<14,789.>				
d Net gain or (loss)	▶ <16,091.>				<16,091.>		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	124,958.					
	b Less: direct expenses	41,322.					
	c Net income or (loss) from fundraising events	▶ 83,636.					
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities	▶					
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory	▶					
Miscellaneous Revenue		Business Code					
11 a MISCELLANEOUS	900099	490.				490.	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d	▶ 490.						
12 Total revenue. See instructions	▶ 12,315,552.		792,663.	0.		235,582.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	28,293.	28,293.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	158,465.		158,465.	
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	4,973,660.	4,188,117.	512,286.	273,257.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	69,808.	47,991.	13,345.	8,472.
9 Other employee benefits	2,356,726.	2,264,055.	67,902.	24,769.
10 Payroll taxes	201,703.	138,855.	43,052.	19,796.
11 Fees for services (non-employees):				
a Management				
b Legal	26,093.	15,904.	10,189.	
c Accounting	39,606.	25,643.	13,963.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	75,000.			75,000.
f Investment management fees	8,151.		8,151.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	478,235.	422,008.	33,888.	22,339.
12 Advertising and promotion	57,916.	396.	42,741.	14,779.
13 Office expenses	602,684.	497,540.	46,549.	58,595.
14 Information technology	99,116.	28,693.	70,423.	
15 Royalties				
16 Occupancy	757,590.	642,409.	110,636.	4,545.
17 Travel	138,803.	133,002.	4,403.	1,398.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	70,384.	55,035.	8,704.	6,645.
20 Interest	92,579.	48,438.	44,141.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	286,862.	247,906.	33,130.	5,826.
23 Insurance	152,302.	131,863.	17,374.	3,065.
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	248,090.	235,400.	3,701.	8,989.
b PAYMENTS TO SUB-RECIPIE	210,557.	210,557.		
c MISCELLANEOUS	69,614.	32,145.	28,603.	8,866.
d BANK FEES	11,657.		9,438.	2,219.
e All other expenses	6,883.	2,317.	2,484.	2,082.
25 Total functional expenses. Add lines 1 through 24e	11,220,777.	9,396,567.	1,283,568.	540,642.
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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	378,793.	2	797,326.
	3 Pledges and grants receivable, net	1,203,005.	3	2,154,893.
	4 Accounts receivable, net	84,127.	4	80,723.
	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	22,236.	9	14,397.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,742,013.		
	b Less: accumulated depreciation	10b 4,081,700.	10c	4,660,313.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	4,181,337.	12	4,126,797.
	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)	10,831,461.	16	11,834,449.	
Liabilities	17 Accounts payable and accrued expenses	687,335.	17	827,212.
	18 Grants payable		18	
	19 Deferred revenue	20,932.	19	93,517.
	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	2,256,300.	23	2,020,627.
	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	1,391,574.	25	857,269.
	26 Total liabilities. Add lines 17 through 25	4,356,141.	26	3,798,625.
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	5,214,486.	27	5,701,401.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets	1,260,834.	29	2,334,423.
	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	6,475,320.	33	8,035,824.	
34 Total liabilities and net assets/fund balances	10,831,461.	34	11,834,449.	

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	12,315,552.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,220,777.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,094,775.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,475,320.
5	Net unrealized gains (losses) on investments	5	95,086.
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	370,643.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,035,824.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization FAMILY SERVICES, INC.	Employer identification number 56-0689235
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2018. 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 - 2017. 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 - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7940911.	9869777.	9214374.	11099473.	11172307.	49296842.
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	724,597.	692,433.	668,733.	849,104.	792,663.	3727530.
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	8665508.	10562210.	9883107.	11948577.	11964970.	53024372.
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	83,244.		167,591.	1315641.	1182459.	2748935.
c Add lines 7a and 7b	83,244.		167,591.	1315641.	1182459.	2748935.
8 Public support. (Subtract line 7c from line 6.)						50275437.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	8665508.	10562210.	9883107.	11948577.	11964970.	53024372.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,227.	26,052.	24,185.	29,547.	32,835.	115,846.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	3,227.	26,052.	24,185.	29,547.	32,835.	115,846.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	6,887.	3,156.	280.	287.	490.	11,100.
13 Total support. (Add lines 9, 10c, 11, and 12.)	8675622.	10591418.	9907572.	11978411.	11998295.	53151318.

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 2018 (line 8, column (f), divided by line 13, column (f))	15	94.59 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	96.56 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	.22 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	.17 %

19a 33 1/3% support tests - 2018. 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 - 2017. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b 2018

**** Do Not File ****

***** Not Open to Public Inspection *****

Payer's Name	2014 Amount	2015 Amount	2016 Amount	2017 Amount	2018 Amount
KBR	83,244.	0.	167,591.	695,425.	907,408.
CLINARD LIVING TRUST	0.	0.	0.	620,216.	0.
BB&T	0.	0.	0.	0.	140,017.
THE LEON LEVINE FOUNDATION	0.	0.	0.	0.	105,017.
REYNOLDS AMERICAN FOUNDATION	0.	0.	0.	0.	30,017.
Total to Schedule A, Part III, Line 7b	83,244.		167,591.	1,315,641.	1,182,459.

**Schedule A Identification of Excess Support Payments
Included on Part III, Line 7b, column (e)**

2018

**** Do Not File ****

***** Not Open to Public Inspection *****

Payer's Name	Amount Received in 2018	2018 Excess Payments
KBR	1,027,391.	907,408.
BB&T	260,000.	140,017.
THE LEON LEVINE FOUNDATION	225,000.	105,017.
REYNOLDS AMERICAN FOUNDATION	150,000.	30,017.
Total Excess Payments to Schedule A, Part III, Line 7b, column (e)		1,182,459.

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

OMB No. 1545-0047

2018

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, 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 or 990-EZ), 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, 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization FAMILY SERVICES, INC.	Employer identification number 56-0689235
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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
1	BB&T CHARITABLE FOUNDATION PO BOX 1547 WINSTON-SALEM, NC 27102	\$ 260,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	FORSYTH COUNTY 201 NORTH CHESTNUT STREET WINSTON-SALEM, NC 27101	\$ 193,631.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	MERCEDES-BENZ OF WINSTON-SALEM 690 JONESTOWN ROAD WINSTON-SALEM, NC 27103	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	NC DEPARTMENT OF ADMINISTRATION 1301 MAIL SERVICE CENTER RALEIGH, NC 27699	\$ 109,195.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	UNITED WAY OF FORSYTH COUNTY 301 NORTH MAIN STREET, SUITE 1700 WINSTON-SALEM, NC 27101	\$ 743,264.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	US DEPARTMENT OF AGRICULTURE 1450 FAIRCHILD DRIVE WINSTON-SALEM, NC 27105	\$ 260,590.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FAMILY SERVICES, INC.	Employer identification number 56-0689235
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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
7	US DEPARTMENT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVENUE SW WASHINGTON, DC 20201	\$ 6,736,369.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT 451 7TH STREET SW WASHINGTON, DC 20410	\$ 86,630.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	US DEPARTMENT OF JUSTICE 950 PENNSYLVANIA AVENUE, NW WASHINGTON, DC 20530	\$ 375,230.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	WINSTON-SALEM FOUNDATION 751 WEST FOURTH STREET WINSTON-SALEM, NC 27101	\$ 110,140.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	ZANNE AND BUD BAKER 600 SOUTH MAIN STREET WINSTON-SALEM, NC 27101	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	US DEPARTMENT OF HOMELAND SECURITY 245 MURRAY DRIVE SW WASHINGTON, DC 20528	\$ 18,146.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FAMILY SERVICES, INC.	Employer identification number 56-0689235
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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
13	WELLS FARGO FOUNDATION 301 SOUTH COLLEGE STREET CHARLOTTE, NC 28202	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	KATE B. REYNOLDS CHARITABLE TRUST 128 REYNOLDA VILLAGE WINSTON-SALEM, NC 27106	\$ 1,027,391.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	NC DEPARTMENT OF HEALTH AND HUMAN SERVICES 2001 MAIL SERVICE CENTER RALEIGH, NC 27699	\$ 56,139.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	REYNOLDS AMERICAN FOUNDATION PO BOX 464 WINSTON-SALEM, NC 27102	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	CITY OF WINSTON-SALEM PO BOX 27102 WINSTON-SALEM, NC 27102	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	THE LEON LEVINE FOUNDATION 6000 FAIRVIEW ROAD, SUITE 1525 CHARLOTTE, NC 28210-2212	\$ 225,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FAMILY SERVICES, INC.	Employer identification number 56-0689235
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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
19	MARY RUTH HORD 3800 DERBYSHIRE ROAD WINSTON-SALEM, NC 27104	\$ 51,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	CHARLES TURNER 20 CASCADE AVENUE WINSTON-SALEM, NC 27127	\$ 26,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	NOVANT HEALTH FOUNDATION 1701 SOUTH HAWTHORNE ROAD WINSTON-SALEM, NC 27103	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	GILMOUR AND NANCY LAKE 1 GRAYLYN PLACE COURT WINSTON-SALEM, NC 27106	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	GILMOUR AND NANCY LAKE 1 GRAYLYN PLACE COURT WINSTON-SALEM, NC 27106	\$ 50,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
24	PNC FOUNDATION 4720 PIEDMONT ROW DRIVE CHARLOTTE, NC 28210	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FAMILY SERVICES, INC.	Employer identification number 56-0689235
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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
25	ANNE ARMFIELD 1916 GREENBRIER ROAD WINSTON-SALEM, NC 27104	\$ 32,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	CHRISTOP NOSTITZ 2820 THORNFIELD ROAD WINSTON-SALEM, NC 27106	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	CYNTHIA TESSIEN 360 LYNN AVENUE WINSTON-SALEM, NC 27104	\$ 26,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	LENNY PETERS FOUNDATION INC. 507 LINDSAY STREET HIGH POINT, NC 27262	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	JOHN WHITAKER 110 OAKWOOD DRIVE, SUITE 100 WINSTON-SALEM, NC 27103	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	HAL KAPLAN PO BOX 609 LEWISVILLE, NC 27023-0609	\$ 27,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FAMILY SERVICES, INC.	Employer identification number 56-0689235
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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
31	F BORDEN HANES 2870 BARTRAM ROAD WINSTON-SALEM, NC 27106	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	HANESBRANDS, INC. 1000 EAST HANES MILL ROAD WINSTON-SALEM, NC 27105	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	ANNA REILLY 2797 ACORN COURT WINSTON-SALEM, NC 27106	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	JOHN BURRESS 380 KNOLLWOOD STREET; SUITE 610 WINSTON-SALEM, NC 27103	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	WILLIAM AND PEGGY REINGOLD 713 SURREY PATH TRAIL WINSTON-SALEM, NC 27104	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	STAN AND LIZ KELLY 932 KENLEIGH CIRCLE WINSTON-SALEM, NC 27106	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FAMILY SERVICES, INC.	Employer identification number 56-0689235
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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
37	JOAN AND DAVID COTTERILL 3455 MERIDIAN WAY WINSTON-SALEM, NC 27104	\$ 6,846.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
38	KNOLLWOOD BAPTIST CHURCH 330 KNOLLWOOD STREET WINSTON-SALEM, NC 27104	\$ 5,052.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	RICHARD NOLL 4316 ALLISTAIR ROAD WINSTON-SALEM, NC 27104	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	MASCO CORPORATION 17450 COLLEGE PARKWAY LIVONIA, MI 48152	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	FLESHMAN-PRATT FOUNDATION PO BOX 26514 WINSTON-SALEM, NC 27114	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	FIRST HORIZON BANK 2000 WEST FIRST STREET, SUITE 100 WINSTON-SALEM, NC 27104	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FAMILY SERVICES, INC.	Employer identification number 56-0689235
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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
43	MIRIAM AND ROBERT HAYES CHARITABLE TRUST PO BOX 548 CONCORD, NC 28026-0548	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	LYNNE AND TOM KOONTZ 4250 ALLISTAIR ROAD WINSTON-SALEM, NC 27104	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	TRULIANT FEDERAL CREDIT UNION 3200 TRULIANT WAY WINSTON-SALEM, NC 27103	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	ALAN AND GINA PROCTOR 4225 HOLLY HILL LANE WINSTON-SALEM, NC 27106	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	JAMES AND LOUISE BROYHILL FOUNDATION 2841 REYNOLDS DRIVE WINSTON-SALEM, NC 27104	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	MOUNTCASTLE INSURANCE 916 4TH STREET NW WINSTON-SALEM, NC 27101	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FAMILY SERVICES, INC.	Employer identification number 56-0689235
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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
49	PEGGY CARTER 2315 COUNTRY CLUB ROAD WINSTON-SALEM, NC 27104	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	JAMES BABCOCK 1144 CONSTANTINE COURT KERNERSVILLE, NC 27284	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	GOVERNOR'S CRIME COMMISSION 1201 FRONT STREET RALEIGH, NC 27609	\$ 18,286.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FAMILY SERVICES, INC.	Employer identification number 56-0689235
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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
23	397 SHARES OF DWP AND 167 SHARES OF CLX STOCK _____ _____ _____	\$ 50,000.	10/09/18
37	60 SHARES OF JP MORGAN STOCK _____ _____ _____	\$ 6,846.	09/18/18
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization FAMILY SERVICES, INC.	Employer identification number 56-0689235
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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
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(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" 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

2018

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" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple questions (1-9) about conservation easements, including checkboxes for various purposes, a table for 2a-2d, and yes/no questions about monitoring and reporting.

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.

Form with questions 1a and 1b regarding reporting of art and historical treasures, and question 2 regarding financial gain, with dollar amount fields.

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | 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, 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
1a Beginning of year balance	3,248,660.	3,209,015.	3,023,166.	2,961,964.	3,030,121.
b Contributions					
c Net investment earnings, gains, and losses	113,824.	124,475.	192,865.	68,332.	6,064.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	172,784.	84,830.	7,016.	7,130.	74,221.
g End of year balance	3,189,700.	3,248,660.	3,209,015.	3,023,166.	2,961,964.

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

- a Board designated or quasi-endowment 95.25 %
- b Permanent endowment 2.51 %
- c Temporarily restricted endowment 2.24 %

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,073,216.		1,073,216.
b Buildings		3,479,792.	1,033,767.	2,446,025.
c Leasehold improvements		2,461,740.	1,549,231.	912,509.
d Equipment		1,573,454.	1,344,891.	228,563.
e Other		153,811.	153,811.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,660,313.

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) INVESTMENTS	4,126,797.	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.) ▶	4,126,797.	

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PENSION COST	857,269.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	857,269.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	13,683,348.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	95,086.	
b	Donated services and use of facilities	2b	1,224,753.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	56,111.	
e	Add lines 2a through 2d	2e		1,375,950.
3	Subtract line 2e from line 1		3	12,307,398.
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	8,154.	
c	Add lines 4a and 4b	4c		8,154.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	12,315,552.

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

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

1	Total expenses and losses per audited financial statements		1	12,493,487.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	1,224,753.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	56,111.	
e	Add lines 2a through 2d	2e		1,280,864.
3	Subtract line 2e from line 1		3	11,212,623.
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	8,154.	
c	Add lines 4a and 4b	4c		8,154.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	11,220,777.

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 IS A NOTFORPROFIT ORGANIZATION AND IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, INCOME TAX EXPENSE IS LIMITED TO ACTIVITIES THAT ARE DEEMED BY THE INTERNAL REVENUE SERVICE TO BE UNRELATED TO THEIR EXEMPT PURPOSE.

THE AGENCY'S PRIMARY TAX POSITIONS RELATE TO ITS STATUS AS A NOTFORPROFIT ENTITY EXEMPT FROM INCOME TAXES AND CLASSIFICATION OF ACTIVITIES RELATED

Part XIII Supplemental Information *(continued)*

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.

THE AGENCY IS REQUIRED TO FILE A FEDERAL EXEMPT ORGANIZATION TAX RETURN (FORM 990) ANNUALLY TO RETAIN ITS EXEMPT STATUS. THE AGENCY IS ALSO REQUIRED TO FILE AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990T) FOR ANY YEAR UNRELATED BUSINESS INCOME EXCEEDS \$1,000. THE AGENCY'S FORM 990 FILINGS ARE GENERALLY SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR THREE YEARS AFTER THEY ARE FILED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES NETTED WITH REVENUE	41,322.
NET LOSS ON SALE OF FIXED ASSETS	14,789.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	56,111.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RECLASS INVESTMENT FEES	8,154.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES NETTED WITH REVENUE	41,322.
NET LOSS ON SALE OF FIXED ASSETS	14,789.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	56,111.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RECLASS INVESTMENT FEES	8,154.
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SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

FAMILY SERVICES, INC.

Employer identification number

56-0689235

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
WHITNEY JONES - 119 BROOKSTOWN AVENUE, STE PH2,	CAPITAL CAMPAIGN		X	1,488,168.	75,000.	1,413,168.
Total				1,488,168.	75,000.	1,413,168.

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		RAISING EVERY CHILD (event type)	WAKE UP WALK (event type)	NONE (total number)	
Revenue	1	Gross receipts	103,010.	21,948.	124,958.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	103,010.	21,948.	124,958.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	25,380.	15,942.	41,322.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			41,322.
11	Net income summary. Subtract line 10 from line 3, column (d)			83,636.	

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: WHITNEY JONES

(I) ADDRESS OF FUNDRAISER:

119 BROOKSTOWN AVENUE, STE PH2, WINSTON-SALEM, NC 27101

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 for the latest information.

2018

Open to Public Inspection

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... [X] 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.

Table with 8 columns: (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 noncash 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

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
SAFE RELATIONSHIPS PROGRAM ASSISTANCE	86	9,201.	0.		
FAMILY SOLUTIONS PROGRAM ASSISTANCE	32	14,245.	0.		
CHILD DEVELOPMENT DIVISION	772	4,847.	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

Part IV Supplemental Information

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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 for instructions and the latest information.

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

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				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3	57,333.	FMV
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				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (SUPPLIES)	X	1	4,000.	FMV
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 IV, 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 three 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.		

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.

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

OMB No. 1545-0047

2018

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:

SERVICES, INC. HEAD START PROGRAM SERVES LOW-INCOME CHILDREN AND THEIR
FAMILIES LIVING IN FORSYTH COUNTY.

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 2018-19, 725 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 AND IN COLLABORATION WITH EIGHT SITES OPERATED
BY PRIVATE COMMUNITY CHILDCARE ORGANIZATIONS. THE FOUR INDEPENDENTLY
OPERATED SITES HAVE A FIVE STAR CHILD CARE RATING FROM THE DIVISION OF
CHILD DEVELOPMENT AND EARLY EDUCATION.

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

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CORNERSTONE FOR BUILDING A STRONG FOUNDATION FOR IMPLEMENTATION OF THE HEAD START PROGRAM. PARENTS ARE CONSIDERED THE PRIMARY EDUCATORS OF THEIR 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 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 BOTH BEFORE AND AFTER THE 6.5 HOUR HEAD START PROGRAM. THESE SERVICES WERE PROVIDED FOR A FEE PAID BY DSS OR BY THE PARENT.

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EARLY HEAD START PROGRAM - THE EARLY HEAD START PROGRAM PROVIDES CRITICAL EDUCATION AND OTHER CHILD DEVELOPMENT SERVICES DURING THE YEARS WHEN CHILDREN NEED THEM MOST. THE PROGRAM SERVES LOW-INCOME FAMILIES IN FORSYTH COUNTY, PROVIDING A FULL-DAY, FAMILY-CENTERED EARLY LEARNING AND CHILD DEVELOPMENT PROGRAM THAT OPERATES YEAR-ROUND FOR INFANTS AND CHILDREN TO 3 YEARS OF AGE.

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

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

FSI ALSO WORKS IN COORDINATION WITH THE POLICE DEPARTMENT AND LOCAL COLLEGES AND UNIVERSITIES TO PROVIDE DOMESTIC VIOLENCE AND SEXUAL ASSAULT EDUCATION WITHIN COLLEGES AND UNIVERSITIES. 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 ACCREDITED BY THE NATIONAL CHILDREN'S ALLIANCE.

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

Name of the organization FAMILY SERVICES, INC.	Employer identification number 56-0689235
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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:
EVIDENCE-BASED PROGRAM FOR 10 TO 14 YEAR-OLDS DESIGNED TO IMPROVE PARENTS' RELATIONSHIPS WITH THEIR CHILDREN. THE SCHOOL-BASED COUNSELING SERVES STUDENTS ATTENDING PARKLAND HIGH SCHOOL AND PHILO-HILL MIDDLE SCHOOL IN THE GRADUATING OUR FUTURES COLLABORATIVE OF UNITED WAY.

A SELF-SUFFICIENCY PROGRAM OFFERED IN THIS SERVICE AREA IS THE WAYS TO WORK PROGRAM WHICH WAS ESTABLISHED IN 2000. THIS NATIONALLY 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 ABILITY TO OBTAIN AND MAINTAIN EMPLOYMENT.

THE ADOPTION AND PREGNANCY COUNSELING SERVICE PROVIDES COUNSELING & SUPPORT SERVICES FOR WOMEN FACING AN UNPLANNED PREGNANCY, AS WELL AS OFFERING 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

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COALITION OF LICENSED PRIVATE ADOPTION AGENCIES (COPLAA).

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: FAMILY, CHILD, INDIVIDUAL, AND COUPLES COUNSELING; STRENGTHENING FAMILIES; WAYS TO WORK; ADOPTION SERVICES; PREGNANCY COUNSELING; AND POST-ADOPTION SERVICES.

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

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

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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 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 370,643.

FORM 990, PART XII, LINE 2C:

**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 for instructions and the latest information.

OMB No. 1545-0047

2018

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

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
3410 HEALY DRIVE, LLC - 82-4381793 1200 S. BROAD STREET WINSTON-SALEM, NC 27101	REAL ESTATE	NORTH CAROLINA	134,712.	827,534.	FAMILY 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

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

Schedule R (Form 990) 2018

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

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?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		
1s		

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)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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		Yes	No	

