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Form 990

Return of Organization Exempt From Income Tax

2009

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization Family Services Inc	D Employer identification number 14-1338399
Doing Business As	
Number and street (or P O box if mail is not delivered to street address) 29 North Hamilton Street	
Room/suite	
City or town, state or country, and ZIP + 4 Poughkeepsie, NY 12601	

F Name and address of principal officer
SUSAN WEST
29 North Hamilton Street
Poughkeepsie, NY 12601H(a) Is this a group return for affiliates? Yes NoH(b) Are all affiliates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ►

I Tax-exempt status 501(c) (3) ► (insert no) 4947(a)(1) or 527

J Website: ► www.familyservicesny.org

K Form of organization Corporation Trust Association Other ► L Year of formation 1921 M State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities

ESTABLISHED IN 1879, FAMILY SERVICES IS A WELL RESPECTED HUMAN SERVICE AGENCY WITH A PROVEN TRACK RECORD OF SERVING THE CITIZENS OF THE HUDSON VALLEY FOR 130 YEARS. FAMILY SERVICES HAS SOUGHT TO MEET THE CHANGING NEEDS OF INDIVIDUALS AND FAMILIES IN THE AREA. THE ORGANIZATIONAL MISSION IS "TO HELP FAMILIES AND INDIVIDUALS HELP THEMSELVES THROUGH DIRECT SERVICES, COLLABORATION AND ADVOCACY" [see continuation on pages 38-39 of the tax return on Schedule O]

2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	21
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5 Total number of employees (Part V, line 2a)	5	228
6 Total number of volunteers (estimate if necessary)	6	100
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,370,308	5,198,232
9 Program service revenue (Part VIII, line 2g)	109,400	273,891
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	154	217
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,908	22,105
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,482,770	5,494,445

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,595
14 Benefits paid to or for members (Part IX, column (A), line 4)	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,599,739
16a Professional fundraising fees (Part IX, column (A), line 11e)	0
b Total fundraising expenses (Part IX, column (D), line 25) ► 109,414	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	933,257
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,532,996
19 Revenue less expenses Subtract line 18 from line 12	-50,226
	-25,761

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	3,036,583	2,832,042
21 Total liabilities (Part X, line 26)	931,450	751,584
22 Net assets or fund balances Subtract line 21 from line 20	2,105,133	2,080,458

Part II Signature Block

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

Sign Here	***** Signature of officer SUSAN WEST PRESIDENT Type or print name and title	2010-11-15 Date
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Paid Preparer's Use Only	Preparer's signature ► Garrett Higgins	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► O'CONNOR DAVIES MUNNS AND DOBBINS LLP ONE BARKER AVENUE 5TH FL WHITE PLAINS, NY 106011503		EIN ►	Phone no ► (914) 421-5655

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission

Family Services' mission is to help families and individuals help themselves through direct services, collaboration and advocacy. As the premier agency of choice, Family Services assures that every family and individual in need can receive the services and support necessary to reach their maximum potential [SEE CONTINUATION ON pages 39-40 of the tax return OF SCHEDULE O]

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 No

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 733,786 including grants of \$ 1,595) (Revenue \$)

The Battered Women's Services Program provides supportive crisis counseling and advocacy to over 3,000 victims of domestic violence, responds to over 10,500 crisis hotline calls, and provides domestic prevention education to over 1,700 Dutchess County youth annually

4b (Code) (Expenses \$ 627,799 including grants of \$) (Revenue \$ 150)

The Crime Victims Assistance program provides crisis counseling, information and referrals, therapy, forensic evidence collection, and advocacy services to over 1,025 primary and secondary victims of crimes in Dutchess County annually

4c (Code) (Expenses \$ 580,796 including grants of \$) (Revenue \$)

The Family Education Program provides intensive parent education via home-based and group-based services to families that are at risk of having their children placed in foster care. The program annually serves 65 group-based and 120 home-based Ulster County families referred from various community agencies

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses \$ 2,467,330 including grants of \$) (Revenue \$ 273,741)

4e **Total program service expenses** \$ 4,409,711

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

5 **Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.

- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.
- Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.
- Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.
- Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.
- Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.
- 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? If "Yes," complete Schedule D, Part X.

12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

12A Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No

If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A Yes

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Part II

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Part III

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? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		
6		No
7		No
8		No
9		No
10		No
11	Yes	
12	Yes	
13		No
14a		No
14b		No
15		No
16		No
17		No
18	Yes	
19		No
20		No

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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)	28a		No
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	29		No
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30		No
31	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31		No
32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32		No
33	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	13
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	228
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	No
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
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)?	4a	No
4b	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	4b	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
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?	6a	No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	7a	No
7b		7b	
7c		7c	No
7d	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?	7d	
7e	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7e	No
7f	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7f	No
7g	If "Yes," indicate the number of Forms 8282 filed during the year	7g	
7h	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7h	
7i	If "Yes," did the organization pay premiums, directly or indirectly, on a personal benefit contract?	7i	
7j	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7j	
7k	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7k	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.	9a	
9b	Did the organization make any taxable distributions under section 4966?	9b	
10	Section 501(c)(7) organizations. Enter	10a	
10b	Initiation fees and capital contributions included on Part VIII, line 12	10b	
10c	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10c	
11	Section 501(c)(12) organizations. Enter	11a	
11b	Gross income from members or shareholders	11b	
11c	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11c	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	21
b	Enter the number of voting members that are independent . . .	1b	21
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?	2	No
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?	3	No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	No
6	Does the organization have members or stockholders?	6	Yes
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	8a	Yes
a	The governing body?	8b	Yes
b	Each committee with authority to act on behalf of the governing body?	9	No
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		

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes
11a	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes
13	Does the organization have a written whistleblower policy?	13	Yes
14	Does the organization have a written document retention and destruction policy?	14	Yes
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?	15a	Yes
a	The organization's CEO, Executive Director, or top management official	15b	Yes
b	Other officers or key employees of the organization		
	If "Yes" to line a or b, 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?	16a	No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ► NY

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply
 Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►
 Natalie Borquist
 25 NORTH HAMILTON STREET
 Poughkeepsie, NY 12601
 (845) 452-1110

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

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. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees 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, or 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 the organization did not compensate any current or former officer, director, trustee or key employee.

1b Total	198,497	0	28,087
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

		Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		No
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? If "Yes," complete Schedule J for such individual	4		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

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

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0		

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts					
1a Federated campaigns	1a 7,564				
b Membership dues	1b				
c Fundraising events	1c 83,758				
d Related organizations	1d				
e Government grants (contributions)	1e 4,858,687				
f All other contributions, gifts, grants, and similar amounts not included above	1f 248,223				
g Noncash contributions included in lines 1a-1f \$ _____					
h Total. Add lines 1a-1f		5,198,232			
Program Service Revenue		Business Code			
2a client service fees		900,099	273,741	273,741	
b Conf and Training		900,099	150	150	
c					
d					
e					
f All other program service revenue					
g Total. Add lines 2a-2f		273,891			
3 Investment income (including dividends, interest and other similar amounts)					
4 Income from investment of tax-exempt bond proceeds			217		217
5 Royalties					
6a Gross Rents	(i) Real 891	(ii) Personal			
b Less rental expenses					
c Rental income or (loss)	891				
d Net rental income or (loss)			891		891
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss)					
8a Gross income from fundraising events (not including \$ 83,758 of contributions reported on line 1c) See Part IV, line 18	a 15,627				
b Less direct expenses	b 34,646				
c Net income or (loss) from fundraising events		-19,019			-19,019
9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a Insurance Proceeds	900,099	38,368			38,368
b Miscellaneous	900,099	1,865			1,865
c					
d All other revenue					
e Total. Add lines 11a-11d		40,233			
12 Total revenue. See Instructions		5,494,445	273,891	0	22,322

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) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,595	1,595		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	121,720	117,672	2,094	1,954
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	2,858,350	2,763,295	49,173	45,882
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	86,814	83,927	1,493	1,394
9 Other employee benefits	330,296	319,312	5,682	5,302
10 Payroll taxes	213,724	206,616	3,677	3,431
11 Fees for services (non-employees)				
a Management				
b Legal	680		680	
c Accounting	24,768		24,768	
d Lobbying				
e Professional fundraising See Part IV, line 17				
f Investment management fees				
g Other	278,870	234,539	27,899	16,432
12 Advertising and promotion	15,221	15,179		42
13 Office expenses	163,330	148,864	10,821	3,645
14 Information technology	51,217	48,057	3,160	
15 Royalties				
16 Occupancy	227,145	223,968	2,118	1,059
17 Travel	69,365	66,090	3,208	67
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	54,497	51,924	2,521	52
20 Interest	19,783	19,783		
21 Payments to affiliates	738,028	11,630	696,900	29,498
22 Depreciation, depletion, and amortization	125,739		125,739	
23 Insurance	64,742	30,188	34,554	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Bad Debt	43,700	43,700		
b Events and Trips	17,713	17,057		656
c Repairs and Maintenance	12,909	6,315	6,594	
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	5,520,206	4,409,711	1,001,081	109,414
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	150	150
	2 Savings and temporary cash investments	2	2
	3 Pledges and grants receivable, net	954,979	852,083
	4 Accounts receivable, net	55,143	52,849
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	5	5
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L	6	6
	7 Notes and loans receivable, net	7	7
	8 Inventories for sale or use	8	8
	9 Prepaid expenses and deferred charges	25,454	25,948
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	3,590,506
	b Less accumulated depreciation	10b	1,698,520
		1,992,337	10c
		1,992,337	1,891,986
	11 Investments—publicly traded securities	5,336	6,442
	12 Investments—other securities See Part IV, line 11	12	12
	13 Investments—program-related See Part IV, line 11	13	13
	14 Intangible assets	14	14
	15 Other assets See Part IV, line 11	3,184	2,584
	16 Total assets. Add lines 1 through 15 (must equal line 34)	3,036,583	2,832,042
Liabilities	17 Accounts payable and accrued expenses	507,053	372,717
	18 Grants payable	18	18
	19 Deferred revenue	19	19
	20 Tax-exempt bond liabilities	20	20
	21 Escrow or custodial account liability Complete Part IV of Schedule D	21	21
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	22	22
	23 Secured mortgages and notes payable to unrelated third parties	23	23
	24 Unsecured notes and loans payable to unrelated third parties	24	24
	25 Other liabilities Complete Part X of Schedule D	424,397	378,867
	26 Total liabilities. Add lines 17 through 25	931,450	751,584
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	2,050,552	2,026,384
	28 Temporarily restricted net assets	54,581	54,074
	29 Permanently restricted net assets	29	29
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds	30	30
	31 Paid-in or capital surplus, or land, building or equipment fund	31	31
	32 Retained earnings, endowment, accumulated income, or other funds	32	32
	33 Total net assets or fund balances	2,105,133	2,080,458
	34 Total liabilities and net assets/fund balances	3,036,583	2,832,042

Part XI Financial Statements and Reporting

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?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes," to 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

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both
 Separate basis Consolidated basis Both consolidated and separated basis

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

2009

Open to Public
Inspection**SCHEDULE A**
(Form 990 or
990EZ)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. ► See separate instructions.

Employer identification number

14-1338399

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 11, check only one box)

1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i)**.

2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)

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 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)

10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.

11 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 that describes the type of supporting organization and complete lines 11e through 11h

e **a** Type I **b** Type II **c** Type III - Functionally integrated **d** Type III - Other

f By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

g If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

h Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 501(c)(3) organization, check this box and stop here						►

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. 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		►
b 33 1/3% support test—2008. If the organization did not check the 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		►
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
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		►

Part III Support Schedule for Organizations Described in IRC 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	6,382,687	5,081,591	4,813,907	2,370,308	5,126,104	23,774,597
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3,390,113	244,232	282,534	109,400	373,276	4,399,555
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	9,772,800	5,325,823	5,096,441	2,479,708	5,499,380	28,174,152
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 Public Support (Subtract line 7c from line 6)						28,174,152

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	9,772,800	5,325,823	5,096,441	2,479,708	5,499,380	28,174,152
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,718	1,731	544	599	1,108	12,700
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	8,718	1,731	544	599	1,108	12,700
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	8,503	49,591	1,195	2,463	40,233	101,985
13 Total support (Add lines 9, 10c, 11 and 12)	9,790,021	5,377,145	5,098,180	2,482,770	5,540,721	28,288,837
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	99 590 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99 010 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	0 040 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0 380 %
19a 33 1/3% support tests—2009. 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—2008. 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanation

Schedule A, Part IV, Supplemental Information SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME
MISCELLANEOUS INCOME -2004 \$ 128,929 2005 8,503 2006 49,591 2007 1,195 2008 1,379 2009 1,865 ----- TOTAL \$ 191,462 ===== INSURANCE PROCEEDS - 2008 \$ 1,084 2009 38,368 ----- TOTAL \$ 39,452 =====

SCHEDULE D
(Form 990)**Supplemental Financial Statements****2009****Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

Name of the organization
Family Services Inc**Employer identification number**

14-1338399

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

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

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

3 Using the organization's 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 XIV

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

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Term endowment ► %

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

(i) unrelated organizations Yes No

(ii) related organizations Yes No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		50,824			50,824
b Buildings		535,241	251,978		283,263
c Leasehold improvements		2,339,274	849,101		1,490,173
d Equipment		26,441	25,999		442
e Other		638,726	571,442		67,284
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)					1,891,986

Part VII Investments—Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		

Total. (Column (b) should equal Form 990, Part X, col (B) line 12)

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

Total (Column (b) should equal Form 990, Part X, col (B), line 13)

Part IX Other Assets See Form 990, Part X, line 15

— 10 —

Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)

Total. (Column (b) should equal Form 990, Part X, col (B) line 25) **378,867**

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,494,445
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,520,206
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-25,761
4	Net unrealized gains (losses) on investments	4	1,086
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	1,086
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-24,675

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	5,530,177
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	1,086
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	34,646
e	Add lines 2a through 2d	2e	35,732
3	Subtract line 2e from line 1	3	5,494,445
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 XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	5,494,445

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	5,554,852
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	34,646
e	Add lines 2a through 2d	2e	34,646
3	Subtract line 2e from line 1	3	5,520,206
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 XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	5,520,206

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	The Organization recognizes the effect of tax positions only when they are more likely than not of being sustained. Management is not aware of any violation of its tax status as an organization exempt from income taxes, nor of any exposure to unrelated business income tax. The Organization is no longer subject to audits by applicable taxing jurisdictions for periods prior to 2006.
Part XII, Line 2d - Other Adjustments		Special Events Direct Expenses - \$34,646
Part XIII, Line 2d - Other Adjustments		Special Events Direct Expenses - \$34,646

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2009

Open to Public Inspection

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

► **Attach to Form 990 or Form 990-EZ. ► See separate instructions.**

if the organization entered more than \$15,000 on Form 990-EZ, line 6a

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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Department of the Treasury
Internal Revenue Service

Employer identification number

14-1338399

Part I Fundraising Activities. Complete if the organization answered "Yes" to 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 **e** Solicitation of non-government grants
b Internet and e-mail solicitations **f** Solicitation of government grants
c Phone solicitations **g** Special fundraising events
d In-person solicitations

2a 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 activities? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. 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))
		<u>Family of the Year</u> (event type)	(event type)	(total number)	
Revenue	1 Gross receipts . . .	99,386			99,386
	2 Less Charitable contributions . . .	83,758			83,758
	3 Gross income (line 1 minus line 2) . . .	15,628			15,628
Direct Expenses	4 Cash prizes . . .				
	5 Non-cash prizes . . .				
	6 Rent/facility costs . . .	18,440			18,440
	7 Food and beverages . . .	5,580			5,580
	8 Entertainment . . .				
	9 Other direct expenses . .	10,865			10,865
	10 Direct expense summary Add lines 4 through 9 in column (d)				34,885
	11 Net income summary Combine lines 3, column d, and line 10.				-19,257

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 Gross revenue				
	2 Cash prizes				
	3 Non-cash 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 Combine lines 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a Is the organization licensed to operate gaming activities in each of these states?	<input type="checkbox"/> 9a	
b If "No," Explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	<input type="checkbox"/> 10a	
b If "Yes," Explain _____		
11 Does the organization operate gaming activities with nonmembers?	<input type="checkbox"/> 11	
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?	<input type="checkbox"/> 12	

	Yes	No
13 Indicate the percentage of gaming activity operated in	13a	13b
a The organization's facility
b An outside facility
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?	15a
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		
Name ►		
Address ►		
16 Gaming manager information		
Name ►		
Gaming manager compensation ► \$ _____		
Description of services provided ►		
<input type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> 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?	17a
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

2009

Open to Public
Inspection**SCHEDULE O**
(Form 990)**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
► Attach to Form 990.

Name of the organization
Family Services Inc

Employer identification number

14-1338399

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		Families First NY, Inc is the parent company of four affiliated agencies, Family Services, Inc , Hudson Valley Mental Health, Inc Big Brothers Big Sisters of Ulster County, Inc and Family Partnership Center, Inc These four affiliates were incorporated as member corporations with Families First New York as their sole member Families First New York provides administrative and management services to each affiliate as part of this legal relationship Service fees are paid to the parent company for the provision of these functions, including accounting, financial management, human resources, information technology, development & fundraising Some of these duties would customarily be performed or supervised by the affiliate president or key employee
Form 990, Part VI, Section A, line 7a		The governing body elects the new members to the Board These elections are then ratified by the Families First New York board, as the sole member of the corporation
Form 990, Part VI, Section A, line 7b		FSI was incorporated as member organization, with Families First New York as the sole member The governing body of Families First New York has authority over the following areas of business, sale of real property or facilities, capital expenditures, amendment of certificate of incorporation, amendment of by-laws, trustee election and replacement, termination of FFNY as sole member, abandonment of material diminution of services or programs, reorganization (merger, dissolution, sale, lease or mortgage) of substantially all the assets, assumption of debt, strategic planning, business planning, operating & capital budgets, development planning & fundraising, allocation of funds, new affiliated agencies, and joint ventures
Form 990, Part VI, Section B, line 11		During the engagement and contracting process with an auditing firm, Family Services includes the stipulation that the Form 990 be electronically submitted by the auditors to the organization at least weeks prior to filing with the Internal Revenue Service Once Family Services receives the Form 990 the organization's President, Director of Accounting and Board of Directors' Audit Committee convenes to review and approve the draft version The review consists of a comprehensive, line-by-line evaluation and analysis of both financial and narrative information After this review Family Services distributes the 990 to the organization's entire governing body and files with the Internal Revenue Service
Form 990, Part VI, Section B, line 12c		Annually board members are asked to review and sign a new statement regarding conflicts of interest These policies have been adopted and implemented for a minimum of 4 years The policies are distributed to board and staff through board manuals and employee handbooks
Form 990, Part VI, Section B, line 15		Family Services' key staff is defined as the President of the organization Key staff compensation is determined by the Governance Committee of the Board of Directors The Board reviews and evaluates the President's performance on an annual basis The compensation rate for Family Services' key staff is garnered from data compiled from several sources The organization has utilized the 2006 CCSNY S Compensation Profile, the 2008 Alliance for Children & Families Human Services in the United States report, and the nonprofit salary survey reports from Abbott & Langer (2008) The organization also reviews Form 990 salary information from comparable local human service providers
Form 990, Part VI, Section C, line 19		Family Services, Inc makes its Form 990 available for public inspection as required under section 6104 of the Internal Revenue code by making it available on its website and on request Forms 990 and 1023 as well as financial statements and the conflict of interest policy are available by calling the organization directly at 845-452-1110 These forms are also available on Guidestar.org and other similar types of websites
Form 990, part xi, line 2c		A draft was developed by the auditors which was then given to the Finance office at FSI They prepared a draft of the 990 and submitted it to each Board member and the agency President electronically After review and discussion at a Board meeting, the draft was voted on for approval by the Board

Identifier	Return Reference	Explanation
FROM 990, PART I, LINE 1 -CONTINUATION OF SIGNIFICANT ACCOMPLISHMENTS		Our programs include youth development, counseling and support, case management, education, staff training and development, program design and evaluation - all geared to helping people help themselves Family Services provides services through the Crime Victims Assistance Program, Domestic Abuse Awareness Classes, DC Family Court Child Care Center, Supervised Visitation, Battered Womens Services, Teen Resource and Activity Center, Teen Parent Program, After School Programs, Personal Empowerment and Conflict Education, Prevention Connections, Relapse Intervention for Sex Crimes Program, Dutchess Youth Career Works, Ulster Prevention Project, and the Family Education Program All programs demonstrate measurable benefits to consumers In addition to helping improve the lives of individuals and families, the agency works to improve social conditions in which they live through advocacy and collaboration with other human service providers In 2008 over 7,500 persons received direct services and an additional 100,000+ individuals received education around substance abuse prevention Combined, the agency's three largest programs served over 5,900 individuals and families in 2008 The Battered Women's Services Program provides supportive crisis counseling and advocacy to over 3,000 victims of domestic violence, responds to over 10,500 crisis hotline calls, and provides domestic violence prevention education to over 1,700 Dutchess County youth annually The Crime Victims Assistance Program provides crisis counseling, information and referrals, therapy, forensic evidence collection, and advocacy services to over 1,025 primary and secondary victims of crime annually The Family Education Program provides intensive parent education via home-based and group-based services to families that are at risk of having their child(ren) placed in foster care The program annually served 65 group-based and 120 home-based Ulster County families

FORM 990, PART III, LINE 1 - CONTINUATION OF MISSION STATEMENT All of Family Services' programs are outcome based which allows programs to measure achievements and progress for the services provided Outcomes are reviewed regularly by agency administration to ensure that goals are being achieved If goals are not being met, we do an analysis to understand why and create a corrective plan of action We work constantly to improve our performance through quarterly reviews of our procedures and processes and by listening to the community and to our clients We incorporate participant and funder feedback into the ongoing program evaluation we conduct internally Annually, all program outcomes and best practice models are reviewed and adjustments are made to ensure program success in the upcoming year Outcome data is shared with staff, the agency board of directors, funders and key community stakeholders Family Services conducts an organization-wide quality improvement process on an annual basis Family Services' quality improvement plan follows the guidelines developed by the Council of Agency Executives Staff develops a plan for each program, which identifies the relevant indicators and measures and the frequency of reporting We use this information to guide our supervisory sessions and identify areas with potential for improvement Managers prepare written reports that are reviewed administratively and reported quarterly to the FSI Board of Directors' Operations Committee Family Services recruits and hires employees that not only have extensive expertise in their respective field but also have a passion for the work that they do Family Services seeks to employ individuals that demonstrate dedication, passion, leadership qualities, flexibility and the desire to continue learning via professional development opportunities In accordance with the agency's hiring procedures, all employment candidates go through a formal application process which includes interviews, reference checks, criminal background checks and documentation of education and/or professional licensing

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

Cat No 51056K

Schedule O (Form 990) 2009

**SCHEDULE R
(Form 990)****Related Organizations and Unrelated Partnerships****2009****Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. ► See separate instructions.

Name of the organization
Family Services Inc**Employer identification number**

14-1338399

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

(a) Name, address, and EIN 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
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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
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FAMILIES FIRST NEW YORK INC

29 NORTH HAMILTON STREET

POUGHKEEPSIE, NY 12601
43-2029834

FAMILY PARTNERSHIP CENTER INC

29 NORTH HAMILTON STREET

POUGHKEEPSIE, NY 12601
81-0633709

HUDSON VALLEY MENTAL HEALTH INC

29 NORTH HAMILTON STREET

POUGHKEEPSIE, NY 12601
20-3842923

BIG BROTHER BIG SISTERS OF ULSTER COUNTY INC

PO BOX 1142

KINGSTON, NY 12401
51-0222946

PROVIDE MANAGEMENT SUPPORT SERVICES TO OTHER ORGANIZATIONS	NY	501(C)(3)	509(A)(2)	N/A
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MAINTAINS AND OPERATES SAFE AND ACCESSIBLE FACILITIES TO PROVIDERS	NY	501(C)(3)	509(A)(2)	FAMILIES FIRST NY INC
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PROVIDES NEW YORK STATE LICENSED OUTPATIENT ADULT MENTAL HEALTH TREATMENT	NY	501(C)(3)	509(A)(1)	FAMILIES FIRST NY INC
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TO PROVIDE SERVICES TO CHILDREN AND FAMILIES OF ULSTER COUNTY	NY	501(C)(3)	509(A)(1)	FAMILIES FIRST NY INC
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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?
							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

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III or IV**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 (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

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

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 other organization(b)
Transaction type(a-r)(c)
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) Are all partners section 501(c)(3) organizations?	(e) Share of end-of-year assets	(f) Disproportionate allocations?	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?
Yes	No	Yes	No	Yes	No	Yes	No

Additional Data

Software ID:
Software Version:
EIN: 14-1338399
Name: Family Services Inc

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$	606,890	including grants of \$) (Revenue \$	273,741)
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DUTCHESS YOUTH CAREERWORKS - THIS PROGRAM IS DESIGNED TO PROVIDE EDUCATIONAL AND JOB TRAINING OPPORTUNITIES TO YOUTH WITH THE GOALS OF HELPING THEM TO OVERCOME BARRIERS AND ACHIEVING SELF-SUFFICIENCY

(Code) (Expenses \$	1,860,440	including grants of \$) (Revenue \$)
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Other program activities including Teen Parenting Program, Relapse Intervention for Sex Crimes, Domestic Abuse Awareness Classes, Afterschool Programming, Teen Resource Activity Center, Supervised Visitation Program and others

(Code) (Expenses \$		including grants of \$) (Revenue \$)
-------	----------------	--	------------------------	---------------	--	---

BATTERED WOMEN'S SERVICES - THIS PRGORAM PROVIDES CRISIS INTERVENTION AND ADVOCACY SERVICES FOR VICTIMS OF DOEMSTIC VIOLENCE, TO PROVIDE ASSISTANCE, COUNSELING AND SUPPORT TO DOMESTIC VIOLENCE VICTIMS AND THEIR CHILDREN, AS WELL AS TO AID THEM IN EMPOWERING THEMSELVES AS THEY STRIVE TO LIVE THEIR LIVES FREE FROM ABUSE

(Code) (Expenses \$		including grants of \$) (Revenue \$)
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OTHER PROGRAMS - FSI PROVIDES A WIDE VARIETY OF OTHER PROGRAMMING INCLUDING TEEN PARENTING, SUBSTANCE ABUDE PREVENTION, SUPERVISED COURT VISITATION, DOMESTIC VIOLENCE AWARENESS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(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	Office	Key employee	Highest compensated employee			
Sandra Ludlum Chair	7 00	X		X			0	0	0
Patricia O'Shea Vice Chair	5 00	X		X			0	0	0
Brian Joyce Interim Treasurer	3 00	X		X			0	0	0
Thomas Dietz Secretary	5 00	X		X			0	0	0
Mary Bagley Member	2 00	X					0	0	0
Linda Beasimer member	2 00	X					0	0	0
Annette Brooks Member	1 00	X					0	0	0
Margaret Calista Member	2 00	X					0	0	0
Matthew Clarke member	1 00	X					0	0	0
Maria Dewald member	5 00	X					0	0	0
Patricia Ellis member	7 00	X					0	0	0
Fred Glynn member	2 00	X					0	0	0
Paul Haering member	2 00	X					0	0	0
Melanie Lewis member	1 00	X					0	0	0
Kathleen Mazzetti member	5 00	X					0	0	0
Suzanne McLaughlin member	2 00	X					0	0	0
Mary Meyer member	3 00	X					0	0	0
MARY mUrray member	2 00	X					0	0	0
Denny Quinn member	1 00	X					0	0	0
Joseph Small member	1 00	X					0	0	0
Jeffrey Hitchings member	3 00	X					0	0	0
James Barba member	3 00	X					0	0	0
Donald Evans member	1 00	X					0	0	0
Frederico Rodriguez member	1 00	X					0	0	0
Jack Smith member	1 00	X					0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)				(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	Office	Key employee	Highest compensated employee	Former		
Sue West president	35 00			X			106,631	0	15,088
Joan Crawford Vice President	35 00			X			91,866	0	12,999