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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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

C Name of organization
FAMILY SERVICES INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
29 NORTH HAMILTON STREET

City or town, state or country, and ZIP + 4
POUGHKEEPSIE, NY 12601

D Employer identification number
14-1338399

E Telephone number
(845)452-1110

G Gross receipts $ 5,748,584

F Name and address of principal officer
BRIAN DOYLE
29 NORTH HAMILTON STREET
POUGHKEEPSIE,NY 12601

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(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) ☐ 501(c) ( ) ◀ (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

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**	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	22
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	223
6	Total number of volunteers (estimate if necessary)	**6**	26
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	4,646,778	4,449,051
	9 Program service revenue (Part VIII, line 2g)	417,277	911,633
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	124	302
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-8,735	25,125
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,055,444	5,386,111
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	12,246	0
	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)	3,542,987	4,521,597
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶224,292		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,737,901	950,684
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	5,293,134	5,472,281
	19 Revenue less expenses Subtract line 18 from line 12	-237,690	-86,170

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	3,055,071	2,936,311
	21 Total liabilities (Part X, line 26)	1,225,853	1,190,476
	22 Net assets or fund balances Subtract line 21 from line 20	1,829,218	1,745,835

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

****** | 2012-12-21
Signature of officer | Date

BRIAN DOYLE CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ GARRETT M HIGGINS | Date | Check if self-employed ▶☐ | Preparer's taxpayer identification number (see instructions) P00543209

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ O'CONNOR DAVIES LLP
665 FIFTH AVENUE
NEW YORK, NY 10022

EIN ▶ 27-1728945

Phone no ▶ (212) 286-2600

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 to any question in this Part III . . . . . ☑

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

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 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 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 $ 787,407 including grants of $) (Revenue $)

THE DOMESTIC VIOLENCE SERVICES OF DUTCHESS COUNTY PROGRAM PROVIDES SUPPORTIVE CRISIS COUNSELING AND ADVOCACY TO OVER 3,000 VICTIMS OF DOMESTIC VIOLENCE, RESPONDS TO APPROXIMATELY 11,000 CALLS FROM VICTIMS IN CRISIS, COMMUNITY MEMBERS, AND COLLABORATIVE PARTNERS, AND PROVIDES DOMESTIC VIOLENCE PREVENTION EDUCATION TO APPROXIMATELY 2,000 DUTCHESS COUNTY YOUTH ANNUALLY

4b (Code) (Expenses $ 540,934 including grants of $) (Revenue $)

THE CRIME VICTIMS ASSISTANCE PROGRAM PROVIDES CRISIS COUNSELING, INFORMATION AND REFERRALS, THERAPY, FORENSIC EVIDENCE COLLECTION, AND ADVOCACY SERVICES TO APPROXIMATELY 1,400 PRIMARY AND SECONDARY VICTIMS OF CRIME ANNUALLY

4c (Code) (Expenses $ 760,279 including grants of $) (Revenue $ 327,533)

THE FAMILY PARTNERSHIP CENTER IS A MULTI-TENANT NON-PROFIT CENTER PROVIDING SAFE AND ACCESSIBLE FACILITIES TO EDUCATIONAL, HEALTH, AND HUMAN SERVICE PROVIDERS AND THE POPULATIONS THEY SERVE IN 2011, MORE THAN 15 PROVIDERS WERE HOUSED AT THE CENTER, SERVING THOUSANDS OF DUTCHESS COUNTY RESIDENTS CLIENTS ARE ABLE TO ACCESS A VARIETY OF SERVICES IN ONE LOCATION, AND COLLABORATIVE APPROACHES TO SERVING THOSE IN NEED ARE ENHANCED A RECENT SURVEY REVEALED THAT, IN THE PAST YEAR, THERE WERE NEARLY 43,000 CLIENT VISITS TO THE FAMILY PARTNERSHIP CENTER

(Code) (Expenses $ 2,299,517 including grants of $) (Revenue $ 584,100)

ADDITIONAL PROGRAM SERVICES INCLUDE CRIME VICTIMS ASSISTANCE PROGRAM, DOMESTIC ABUSE AWARENESS CLASSES, DC FAMILY COURT CHILD CARE CENTER, SUPERVISED VISITATION, DOMESTIC VIOLENCE SERVICES OF DUTCHESS COUNTY (FORMERLY BATTERED WOMEN SERVICES), TEEN RESOURCE AND ACTIVITY CENTER, AFTER SCHOOL PROGRAMS, PERSONAL EMPOWERMENT AND CONFLICT EDUCATION, FAMILY PARTNERSHIP CENTER, RELAPSE INTERVENTION FOR SEX CRIME PROGRAM, DUTCHESS YOUTH CAREER WORKS, ULSTER PREVENTION PROJECT , AND THE FAMILY EDUCATION PROGRAM

4d Other program services (Describe in Schedule O)

(Expenses $ 2,299,517 including grants of $) (Revenue $ 584,100)

4e **Total program service expenses** ▶ $ 4,388,137

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)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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*	3		No
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? *If "Yes," complete Schedule C, Part II*	4		No
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? *If "Yes," complete Schedule C, Part III*	5		No
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? *If "Yes," complete Schedule D, Part I*	6		No
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*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
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, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
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? *If "Yes," complete Schedule D, Part VII.*	11b		No
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? *If "Yes," complete Schedule D, Part VIII.*	11c		No
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? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
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)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? *If "Yes," complete Schedule F, Part I*	14b		No
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 and IV*	15		No
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 and IV*	16		No
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*	17		No
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*	18	Yes	
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*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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 owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
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? *If "Yes," complete Schedule R, Part I*	**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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		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

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	9		
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**	Yes	
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**	223			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	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?			**3a**		No
b	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 or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**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
b	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).**					
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?			**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
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?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
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.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
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? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate 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 aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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.

Check if Schedule O contains a response to any question 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	1a	22		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	22		
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 governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6	Yes	
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?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
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		9		No

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?	10a		No
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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?	16a		No
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?	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 made 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 made 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 DIRECTOR OF FINANCE
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

Check if Schedule O contains a response to any question 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, 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, 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, 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								363,673	0	67,470

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 ▶ 2

			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 or individual 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 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

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

			(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	34,501				
	b Membership dues					
	c Fundraising events	68,864				
	d Related organizations					
	e Government grants (contributions)	3,609,156				
	f All other contributions, gifts, grants, and similar amounts not included above	736,530				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f		4,449,051			
Program Service Revenue		Business Code				
	2a MANAGEMENT SERVICE FEE	900099	493,805	493,805		
	b CLIENT SERVICE FEES	900099	416,093	416,093		
	c CONF AND TRAINING	900099	975	975		
	d FPG COMMUNITY GARDEN	900099	760	760		
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f		911,633			
	3 Investment income (including dividends, interest and other similar amounts)		302			302
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents	309,767				
	b Less rental expenses	338,392				
	c Rental income or (loss)	-28,625				
	d Net rental income or (loss)		-28,625			-28,625
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
Other Revenue	8a Gross income from fundraising events (not including $ 68,864 of contributions reported on line 1c) See Part IV, line 18 a	25,230				
	b Less direct expenses b	21,965				
	c Net income or (loss) from fundraising events		3,265			3,265
	9a Gross income from gaming activities See Part IV, line 19 a	6,695				
	b Less direct expenses b	2,116				
	c Net income or (loss) from gaming activities		4,579			4,579
	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	900099	43,945			43,945
	b VENDING MACHINE INCOME	900099	982			982
	c OTHER INCOME	900099	979			979
	d All other revenue					
	e **Total.** Add lines 11a–11d		45,906			
	12 **Total revenue.** See Instructions		5,386,111	911,633	0	25,427

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)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	431,143	351,640	60,317	19,186
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	3,246,609	2,647,934	454,201	144,474
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	106,628	86,966	14,917	4,745
9	Other employee benefits	480,134	391,721	66,959	21,454
10	Payroll taxes	257,083	209,677	35,966	11,440
11	Fees for services (non-employees)				
a	Management				
b	Legal	11,741	4,580	7,161	
c	Accounting	39,129		39,129	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	201,753	108,453	85,222	8,078
12	Advertising and promotion	7,953	7,719	217	17
13	Office expenses	180,688	157,421	18,732	4,535
14	Information technology	69,306	66,808	1,054	1,444
15	Royalties . .				
16	Occupancy	97,592	72,068	24,024	1,500
17	Travel	48,074	41,784	4,688	1,602
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	39,262	34,638	3,446	1,178
20	Interest	21,610	21,538	72	
21	Payments to affiliates	900	900		
22	Depreciation, depletion, and amortization	12,973	9,566	1,840	1,567
23	Insurance	112,224	85,583	24,012	2,629
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	EVENTS AND TRIPS	39,792	37,279	2,070	443
b	BAD DEBT	32,840	32,840		
c	REPAIRS AND MAINTENANCE	19,292	19,022	270	
d	BUSINESS LOSS	15,555		15,555	
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	5,472,281	4,388,137	859,852	224,292
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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	1	766
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		1,132,524	3	714,266
	4	Accounts receivable, net		127,686	4	212,975
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			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	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		7,030	9	113,435
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 3,749,201			
	b	Less accumulated depreciation	10b 1,929,305	1,777,825	10c	1,819,896
	11	Investments—publicly traded securities		7,272	11	6,934
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		2,584	15	68,039
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		3,055,071	16	2,936,311
Liabilities	17	Accounts payable and accrued expenses		357,041	17	780,886
	18	Grants payable			18	
	19	Deferred revenue		17,252	19	19,452
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			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	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	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		851,560	25	390,138
	26	**Total liabilities.** Add lines 17 through 25		1,225,853	26	1,190,476
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,783,713	27	1,639,034
	28	Temporarily restricted net assets		45,505	28	106,801
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		1,829,218	33	1,745,835
	34	Total liabilities and net assets/fund balances		3,055,071	34	2,936,311

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,386,111
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,472,281
3	Revenue less expenses Subtract line 2 from line 1	3	-86,170
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,829,218
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2,787
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,745,835

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
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?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
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	2c	Yes	
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 separate basis, consolidated 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?	3a	Yes	
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	3b	Yes	

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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.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
FAMILY SERVICES INC

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

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

e ☐ 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)

f 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 ☐

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

	Yes	No
(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? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
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 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	4,813,907	2,370,308	5,198,232	4,646,778	4,449,051	21,478,276
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	282,534	109,400	273,891	417,277	943,558	2,026,660
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	5,096,441	2,479,708	5,472,123	5,064,055	5,392,609	23,504,936
7a Amounts included on lines 1, 2, and 3 received from disqualified persons				15,005	12,197	27,202
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				15,005	12,197	27,202
8 **Public Support** (Subtract line 7c from line 6)						23,477,734

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	5,096,441	2,479,708	5,472,123	5,064,055	5,392,609	23,504,936
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	544	599	1,108	1,015	310,069	313,335
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	544	599	1,108	1,015	310,069	313,335
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)	1,195	2,463	40,233	785	45,906	90,582
13 **Total support** (Add lines 9, 10c, 11 and 12)	5,098,180	2,482,770	5,513,464	5,065,855	5,748,584	23,908,853

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 2011 (line 8 column (f) divided by line 13 column (f))	15	98 200 %
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	99 510 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	1 310 %
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18	0 020 %

19a **33 1/3% support tests—2011.** 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—2010.** 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE A, PART IV, SUPPLEMENTAL INFORMATION SCHEDULE A, PART III, SECTION B, LINE 12 EXPLANATION OF OTHER INCOME OTHER INCOME CONSISTS OF INSURANCE PROCEEDS TOTALLING $83,397 FOR THE PERIOD FROM 2007 - 2011, MISCELLANEOUS INCOME TOTALLING $5,604 FOR THE PERIOD FROM 2007 - 2011, VENDING MACHINE INCOME TOTALLING $982 FOR THE PERIOD FROM 2007 - 2011, AND FLEXIBLE INSURANCE ACCOUNT BALANCES TOTALLING $599 FROM THE PERIOD FROM 2007 - 2011

Additional Data

Software ID:
Software Version:
EIN: 14-1338399
Name: FAMILY SERVICES INC

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services

(Code) (Expenses $ 2,299,517 including grants of $) (Revenue $ 584,100)

ADDITIONAL PROGRAM SERVICES INCLUDE CRIME VICTIMS ASSISTANCE PROGRAM, DOMESTIC ABUSE AWARENESS CLASSES, DC FAMILY COURT CHILD CARE CENTER, SUPERVISED VISITATION, DOMESTIC VIOLENCE SERVICES OF DUTCHESS COUNTY (FORMERLY BATTERED WOMEN SERVICES), TEEN RESOURCE AND ACTIVITY CENTER, AFTER SCHOOL PROGRAMS, PERSONAL EMPOWERMENT AND CONFLICT EDUCATION, FAMILY PARTNERSHIP CENTER, RELAPSE INTERVENTION FOR SEX CRIME PROGRAM, DUTCHESS YOUTH CAREER WORKS, ULSTER PREVENTION PROJECT , AND THE FAMILY EDUCATION PROGRAM

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	Officer	Key employee	Highest compensated employee	Former			
SHEILA APPEL CHAIR	3 00	X		X				0	0	0
SANDRA LUDLUM VICE CHAIR	3 00	X		X				0	0	0
PAUL HAERING TREASURER	3 00	X		X				0	0	0
THEO TREE ARRINGTON SECRETARY	2 00	X		X				0	0	0
LINDA BRYER-GREEN MEMBER UNTIL 9/8/11	1 00	X						0	0	0
MARGARET CALISTA MEMBER	1 50	X						0	0	0
MATTHEW CLARKE MEMBER	1 50	X						0	0	0
GERALDO DE PORRES MEMBER	1 50	X						0	0	0
MARIA DEWALD MEMBER	3 00	X						0	0	0
GLORIA ELLERBE MEMBER	1 00	X						0	0	0
SHEILA BERNARD MEMBER	1 50	X						0	0	0
DAVE HORTON MEMBER	1 50	X						0	0	0
BRIAN JOYCE MEMBER	3 00	X						0	0	0
PETER LEONARD MEMBER	1 00	X						0	0	0
KATHLEEN MAZZETTI MEMBER UNTIL 12/19/11	3 00	X						0	0	0
MARY MEYER MEMBER UNTIL 11/1/11	3 00	X						0	0	0
PATRICIA O'SHEA MEMBER	3 00	X						0	0	0
KELLY OUTWATER MEMBER	3 00	X						0	0	0
MICHAEL QUINN MEMBER	2 00	X						0	0	0
ALEX REESE MEMBER	1 50	X						0	0	0
JOSEPH SMALL MEMBER	1 00	X						0	0	0
RUTH SPENCER MEMBER	1 50	X						0	0	0
GAIL DUNCAN MEMBER UNTIL 6/6/11	1 00	X						0	0	0
ROLAND PATTERSON MEMBER	1 00	X						0	0	0
ISSAC RUBIN 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	Officer	Key employee	Highest compensated employee	Former			
BISHOP DEBRA GAUSE MEMBER	1 00	X						0	0	0
SUE WEST PRESIDENT UNTIL 11/12/11	35 00			X				125,667	0	18,837
JOAN CRAWFORD VICE-PRESIDENT	35 00			X				95,307	0	8,839
NATALIE BORQUIST DIRECTOR OF FINANCE	35 00			X				79,025	0	15,910
BRIAN DOYLE CEO AS OF 12/5/11	35 00			X				6,983	0	1,047
CARLTON MITCHELL CHIEF ADMIN OFFICER UNTIL 12/2/11	21 00			X				56,691	0	22,837

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

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
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	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
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

b If "Yes," explain the arrangement in Part 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

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

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

Part VI Land, Buildings, and Equipment. 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		50,824		50,824
b Buildings		535,241	279,714	255,527
c Leasehold improvements		2,485,479	1,002,540	1,482,939
d Equipment				
e Other		677,657	647,051	30,606
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				1,819,896

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
(1) Financial derivatives		
(2) 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.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE TO RELATED PARTIES	245,141
CASH OVERDRAFT	144,997
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	390,138

2. Fin 48 (ASC 740) Footnote In Part XIV, 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 (ASC740)

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	5,386,111
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,472,281
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-86,170
4	Net unrealized gains (losses) on investments	4	-361
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	3,148
9	Total adjustments (net) Add lines 4 - 8	9	2,787
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-83,383

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	5,724,143
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-361		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	338,393		
e	Add lines **2a** through **2d**			2e	338,032
3	Subtract line **2e** from line **1**			3	5,386,111
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	5,386,111

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

1	Total expenses and losses per audited financial statements			1	5,810,674
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	338,393		
e	Add lines **2a** through **2d**			2e	338,393
3	Subtract line **2e** from line **1**			3	5,472,281
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	5,472,281

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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION THE ORGANIZATION RECOGNIZES THE EFFECTS OF TAX POSITIONS ONLY WHEN THEY ARE MORE LIKELY THAN NOT OF BEING SUSTAINED THE ORGANIZATION IS NO LONGER SUBJECT TO AUDITS BY APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO DECEMBER 31, 2008
PART XI, LINE 8 - OTHER ADJUSTMENTS		TRANSFER OF NET ASSETS FROM FAMILIES FIRST NEW YORK INC (EIN 43-2029834) 3,148
PART XII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES RECLASSED TO PART VIII, LINE 6B = 368,393
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES RECLASSED TO PART VIII, LINE 6B = 368,393

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
FAMILY SERVICES INC

Employer identification number
14-1338399

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

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

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 services? ☐ **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

(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**			
Total . . . . . ▶						

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 FAMILY OF THE YEAR (event type)	(b) Event #2 WALK A MILE IN HER SHOES (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	85,069	9,025		94,094
	2 Less Charitable contributions	61,165	7,699		68,864
	3 Gross income (line 1 minus line 2)	23,904	1,326		25,230
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	1,242	650		1,892
	6 Rent/facility costs	0			
	7 Food and beverages	13,304			13,304
	8 Entertainment				
	9 Other direct expenses	6,093	676		6,769
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(21,965)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				3,265

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))
Revenue	1 Gross revenue			6,695	6,695
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes			1,671	1,671
	4 Rent/facility costs				
	5 Other direct expenses			445	445
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				(2,116)
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				4,579

9 Enter the state(s) in which the organization operates gaming activities NY

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

b If "No," Explain

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

b If "Yes," Explain

11 Does the organization operate 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 operated in

a	The organization's facility	**13a**	
b	An outside facility	**13b**	100 000 %

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ NATALIE BORQUIST

Address ▶ 29 NORTH HAMILTON STREET
POUGHKEEPSIE,NY 12601

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

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
FAMILY SERVICES INC

Employer identification number
14-1338399

Identifier	Return Reference	Explanation
ORGANIZATION MISSION STATEMENT	FROM 990, PART I, LINE 1 - CONTINUATION OF SIGNIFICANT ACCOMPLISHMENTS	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 " OUR PROGRAMS INCLUDE YOUTH DEVELOPMENT, COUNCELING AND SUPPORT, 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, DOMESTIC VIOLENCE SERVICES OF DUTCHESS COUNTY (FORMERLY BATTERED WOMEN SERVICES), TEEN RESOURCE AND ACTIVITY CENTER, AFTER SCHOOL PROGRAMS, PERSONAL EMPOWERMENT AND CONFLICT EDUCATION, FAMILY PARTNERSHIP CENTER, RELAPSE INTERVENTION FOR SEX CRIME 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 THE SOCIAL CONDITIONS IN WHICH THEY LIVE THROUGH ADVOCACY AND COLLABORATION WITH OTHER HUMAN SERVICES PROVIDERS IN 2011 OVER 7,500 PERSONS RECEIVED DIRECT SERVICES AND ADDITIONAL INDIVIDUALS RECEIVED EDUCATION AROUND SUBSTANCE ABUSE PREVENTION 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 TO REACH THEIR MAXIMUM POTENTIAL MANY 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 REVIEWS OF OUR PROCEDURES AND PROCESSES AND BY LISTENING TO THE COMMUNITY ANDTO 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 RECRUITS AND HIRES EMPLOYEES THAT NOT ONLY HAS 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, FLEXIBILTY 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

Identifier	Return Reference	Explanation
ORGANIZATION MISSION STATEMENT	FORM 990, PART III, LINE 1 - CONTINUATION OF MISSION STATEMENT	TO REACH THEIR MAXIMUM POTENTIAL 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

Identifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	IN 2011, THE OPERATIONS OF FAMILIES FIRST NEW YORK, INC (FFNY) AND FAMILY PARTNERSHIP CENTER, INC (FPC) WERE TRANSFERRED INTO FAMILY SERVICES INC (FSI) AS A DIRECT RESULT, FSI IS ABLE TO TO PROVIDE ENHANCED MANAGEMENT SERVICES TO COMMUNITY SERVICES ORGANIZATIONS, INCLUDING ACCOUNTING AND GRANTS MANAGEMENT SERVICES, INFORMATION TECHNOLOGY SUPPORT, AND REAL ESTATE MANAGEMENT SUPPORT THAT PROVIDES PHYSICAL ENVIRONMENTS AND PROGRAMS TO PROMOTE NETWORKS, COLLABORATIONS, COALITIONS AND VENTURES THAT WILL INCREASE THE LEVEL OF HEALTH AND HUMAN SERVICES AVAILABLE TO THE POPULATION AND COMMUNITY THAT THE FSI SERVES

Identifier	Return Reference	Explanation
CHANGES IN PROGRAM SERVICES	FORM 990, PART III, LINE 3	IN 2010, THE BOARDS OF DIRECTORS FOR THREE RELATED ORGANIZATIONS, FAMILY SERVICES INC , FAMILIES FIRST NY, INC AND FAMILY PARTNERSHIP CENTER, INC VOTED TO MERGE THE THREE ENTITIES, WITH THE SURVIVING ENTITY BEING FAMILY SERVICES, INC THE LEGAL MERGER IS STILL IN PROCESS WITHIN NYS GOVERNING BODIES HOWEVER, ALL OPERATIONS FOR FAMILIES FIRST NY AND FAMILY PARTNERSHIP CENTER WERE TRANSFERRED TO FAMILY SERVICES, AS OF JANUARY 1, 2011 IT IS ANTICIPATED THAT FAMILIES FIRST NY AND FAMILY PARTNERSHIP CENTER WILL BE DISSOLVED IN 2013 WITH ALL ASSETS AND LIABILITIES TRANSFERRED TO FAMILY SERVICES INC AT THAT TIME.

Identifier	Return Reference	Explanation
SIGNIFICANT PROGRAM CHANGES IN 2011	FORM 990, PART III, LINE 2	IN 2010, THE BOARDS OF DIRECTORS FOR THREE RELATED ORGANIZATIONS, FAMILY SERVICES, INC (FSI), FAMILY PARTNERSHIP CENTER, INC (FPC), AND FAMILIES FIRST NEW YORK, INC (FFNY), VOTED TO MERGE THE THREE ENTITIES, WITH FSI, INC AS THE SURVIVING ENTITY WHILE THE LEGAL MERGER IS IN PROCESS WITH THE NYS GOVERNING BODIES, ALL OPERATIONS FOR FFNY AND FPC WERE TRANSFERRED TO FSI AS OF JANUARY 1, 2011 AS A RESULT, MULTIPLE NEW SERVICES WERE ASSUMED UNDER THE UMBRELLA OF FSI THIS INCLUDES PROVIDING SAFE AND ACCESSIBLE FACILITIES THAT ARE RENTED TO EDUCATION, HEALTH AND HUMAN SERVICE PROVIDERS AND THEIR CLIENTS AS PREVIOUSLY PROVIDED BY THE FPC PROGRAM IN ADDITION, FSI NOW PROVIDES MANAGEMENT SERVICES TO COMMUNITY SERVICE ORGANIZATIONS, INCLUDING INFORMATION TECHNOLOGY SUPPORT, ACCOUNTING AND GRANTS MANAGEMENT THESE SERVICES WERE PREVIOUSLY PROVIDED BY FFNY, AND NOW ALLOWS FSI TO STRENGTHEN THE OPERATIONS OF LOCAL COMMUNITY SERVICE ORGANIZATIONS, ALLOWING THEM TO FOCUS ON THEIR RESPECTIVE MISSIONS TO IMPROVE THE LIVES OF FAMILTIES AND COMMUNITIES

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

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
	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 FORM 990 TO THE ORGANIZATION'S ENTIRE GOVERNING BODY AND FILES WITH THE INTERNAL REVENUE SERVICE.

Identifier	Return Reference	Explanation
	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 5 YEARS THE POLICIES ARE DISTRIBUTED TO BOARD AND STAFF THROUGH BOARD MANUALS AND EMPLOYEE HANDBOOKS IF AT ANY TIME DURING A TERM OF SERVICE, A DIRECTOR ACQUIRES ANY INTEREST WHICH MAY POSE A CONFLICT OF INTEREST, THE INTEREST OR CONFLICT MUST BE PROMPTLY DISCLOSED TO THE CHAIR OF THE BOARD ADDITIONALLY, THE DIRECTOR SHALL REVISE THEIR CONFLICT OF INTEREST STATEMENT WHEN A MATTER FOR DECISION OR APPROVAL COMES BEFORE THE BOARD OR ANY BOARD COMMITTEE IN WHICH THE DIRECTOR HAS A CONFLICT OF INTEREST, THAT CONFLICT IS IMMEDIATELY DISCLOSED TO THE BOARD OR RELEVANT COMMITTEE BY THAT DIRECTOR ANY DIRECTOR WITH A CONFLICT OF INTEREST IN A MATTER SHALL LEAVE THE ROOM DURING ALL DISCUSSIONS ABOUT THAT MATTER NO DIRECTOR SHALL VOTE ON ANY MATTER IN WHICH HE OR SHE HAS A CONFLICT OF INTEREST THE GOVERNANCE COMMITTEE IS CHARGED WITH THE REVIEW AND RECOMMENDATION TO THE EXECUTIVE COMMITTEE OF THE BOARD ON ISSUES OF CONFLICT OF INTEREST RECOMMENDATIONS BY THE GOVERNANCE COMMITTEE TO THE BOARD SHALL BE APPROVED BY A MAJORITY (50% PLUS 1) VOTE OF THE BOARD OF DIRECTORS, EXCLUDING THE DIRECTOR SUBJECT TO THE REVIEW

Identifier	Return Reference	Explanation
	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 IN 2011, THE BOARD OF DIRECTORS ENGAGED AN INDEPENDENT CONSULTING FIRM TO CONDUCT AN EXECUTIVE SEARCH AS PART OF THAT PROCESS, THE FIRM PERFORMED A COMPARATIVE SALARY ANALYSIS AND PROVIDED THESE RESULTS TO THE BOARD OF DIRECTORS WITH RECOMMENDATIONS MOVING FORWARD, THE BOARD OF DIRECTORS WILL CONDUCT A COMPARATIVE ANALYSIS FOR EXECUTIVE COMPENSATION AT LEAST EVERY TWO YEARS

Identifier	Return Reference	Explanation
	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, GOVERNING DOCUMENTS 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

Identifier	Return Reference	Explanation
HOURS OF BOARD SERVICE TO RELATED ORGANIZATIONS	FORM 990, PART VII, SECTION A, LINE 1A COLUMN B	THE FOLLOWING ORGANIZATIONS, INCLUDING THE FILING ORGANIZATION, FAMILY SERVICES, INC (FSI), HAVE SIMILAR INDIVIDUALS, MENTIONED BELOW, SERVING ON THEIR BOARDS FAMILIES FIRST NEW YORK (FFNY), FAMILY PARTNERSHIP CENTER (FPC), HUDSON VALLEY MENTAL HEALTH (HVMH), AND BIG BROTHERS BIG SISTERS (BBBS) GAIL DUNCAN, SERVES AS CHAIR OF BBBS AND AS MEMBER OF FSI HOURS SERVED, DEVOTED TO THESE POSITIONS, WAS 1 5 HOURS/WEEK FOR BBBS, AND 1 0 HOURS/WEEK FOR FSI DAVE HORTON, CHAIR OF FFNY, ALSO SERVES AS MEMBER OF FSI HOURS SERVED, DEVOTED TO THESE POSITIONS, WAS 0 5 HOURS/WEEK FOR FFNY, AND 1 5 HOURS/WEEK FOR FSI S ROLAND PATTERSON SERVED AS MEMBER OF FSI AND CHAIR OF HVMH HOURS SERVED, DEVOTED TO THESE POSITIONS, WAS 1 0 HOURS/WEEK FOR FSI, AND 1 0 HOURS/WEEK FOR HVMH MICHAEL QUINN, A GENERAL MEMBER OF FSI, ALSO SERVES AS TREASURER OF FPC HOURS SERVED, DEVOTED TO THESE POSITIONS, WAS 1 0 HOURS/WEEK FOR FSI, AND 0 5 HOURS/WEEK FOR FPC ALEX REESE, A GENERAL MEMBER OF FSI, ALSO SERVED AS SECRETARY OF FPC HOURS SERVED, DEVOTED TO THESE POSITIONS, WAS 2 0 HOURS/WEEK FOR FSI, AND 0 5 HOURS/WEEK FOR FPC CARLTON MITCHELL ,CHIEF ADMINISTRATIVE OFFICER FSI, AND EXECUTIVE DIRECTOR FOR FFNY, FPC AND BBBS UNTIL 12/2/11, SPENT, ON AVERAGE, 21 HOURS/WEEK IN THIS CAPACITY FOR THE FOUR RELATED ORGANIZATIONS BRIAN DOYLE, CEO OF FSI, FFNY, BBBS AND FPC AS OF 12/5/11, SPENDS, ON AVERAGE, 35 HOURS/WEEK IN THIS CAPACITY FOR THE FOUR RELATED ORGANIZATIONS NATALIE BORQUIST IS THE DIRECTOR OF FINANCE OF FSI, FFNY, FPC, BBBS, AND HVMH, SPENDING, ON AVERAGE, 35 HOURS/WEEK IN THIS CAPACITY FOR THE FIVE RELATED ORGANIZATIONS

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -361 TRANSFER OF NET ASSETS FROM FAMILIES FIRST NEW YORK INC (EIN 43-2029834) 3,148 TOTAL TO FORM 990, PART XI, LINE 5 2,787

Identifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS	FORM 990, PART XII, LINE 2C	A DRAFT OF THE FORM 990 WAS DEVELOPED BY THE AUDITORS AND GIVEN TO THE FINANCE OFFICE AT FSI FOR PRELIMINARY REVIEW THE DRAFT OF THE FORM 990 WAS PREPARED AND SUBMITTED 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, AND DOCUMENTED IN THE MINUTES OF THE BOARD MINUTES THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No 1545-0047

2011

Open to Public Inspection

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

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 organization	
						Yes	No
(1) FAMILIES FIRST NEW YORK INC 29 NORTH HAMILTON STREET POUGHKEEPSIE, NY 12601 43-2029834	PROVIDE MANAGEMENT SUPPORT SERVICES TO OTHER ORGANIZATIONS	NY	501(C)(3)	509(A)(2)	N/A		No
(2) FAMILY PARTNERSHIP CENTER INC 29 NORTH HAMILTON STREET POUGHKEEPSIE, NY 12601 81-0633709	MAITAINS AND OPERATES SAFE AND ACCESSIBLE FACILITIES TO PROVIDERS	NY	501(C)(3)	509(A)(2)	FAMILIES FIRST NY INC		No
(3) HUDSON VALLEY MENTAL HEALTH INC 29 NORTH HAMILTON STREET POUGHKEEPSIE, NY 12601 20-3842923	PROVIDES NEW YORK STATE LICENSED OUTPATIENT ADULT MENTAL HEALTH TREATMENT	NY	501(C)(3)	509(A)(1)	FAMILIES FIRST NY INC		No
(4) BIG BROTHER BIG SISTERS OF ULSTER COUNTY INC PO BOX 1142 KINGSTON, NY 12401 51-0222946	TO PROVIDE SERVICES TO CHILDREN AND FAMILIES OF ULSTER COUNTY	NY	501(C)(3)	509(A)(1)	FAMILIES FIRST NY INC		No

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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1	During the tax year, did the orgranization 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	1a	No
b	Gift, grant, or capital contribution to related organization(s)	1b	No
c	Gift, grant, or capital contribution from related organization(s)	1c	Yes
d	Loans or loan guarantees to or for related organization(s)	1d	Yes
e	Loans or loan guarantees by related organization(s)	1e	Yes
f	Sale of assets to related organization(s)	1f	No
g	Purchase of assets from related organization(s)	1g	No
h	Exchange of assets with related organization(s)	1h	No
i	Lease of facilities, equipment, or other assets to related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets from related organization(s)	1j	Yes
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k	Yes
l	Performance of services or membership or fundraising solicitations by related organization(s)	1l	No
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	No
n	Sharing of paid employees with related organization(s)	1n	No
o	Reimbursement paid to related organization(s) for expenses	1o	No
p	Reimbursement paid by related organization(s) for expenses	1p	Yes
q	Other transfer of cash or property to related organization(s)	1q	No
r	Other transfer of cash or property from related organization(s)	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	(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 section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	