ObjectId: 202011369349303711 - Submission: 2020-05-15

TIN: 52-1284719

OMB No. 1545-0047

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 private foundations)

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

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

**Open to Public Inspection** 

A F	or th	ne 2019 c <u>a</u>	alendar year, or tax year beginning 07-01-2018 $$ , and endin	g 06-30	-2019		*	
<b>B</b> Che	ck if a	applicable:	C Name of organization FAMILY CRISIS SUPPORT SERVICES INC			D Employe	r identifi	cation number
		change	FAMILY CRISIS SUPPORT SERVICES INC			52-1284	719	
		hange	Doing business as					
	tial re		-					
		rn/terminated ed return		Room/suit		E Telephone	number	
		ion pending	701 KENTUCKY AVE SE	KOOIII/Suit	.e	(276) 67	9-5582	
			City or town, state or province, country, and ZIP or foreign postal code			(270)07	3 3302	
			NORTON, VA 24273			<b>G</b> Gross rec	eipts \$ 1,	042,980
			F Name and address of principal officer:		<b>H(a)</b> Is this			<u> </u>
			MONTY SALYER			linates?	uiii ioi	Yes No
			PO BOX 630 COEBURN, VA 24230		H(b) Are all	subordinate	es	Yes No
I Tax	(-exe	mpt status:		27	include If "No,		st. (see i	instructions)
J W	ebsi	te: 🕨			H(c) Group	exemption i	number	<b>-</b>
K Forn	n of o	organization:	Corporation Trust Association Other		L Year of format	tion:	<b>M</b> State o	of legal domicile: VA
	11 01 0	Ji gariizatiori.	Corporation   Hust   Association   Other					
Pa		Sumi						
		,	cribe the organization's mission or most significant activities: .NIZATION PROVIDES SUPPORT SERVICES AND SHELTER TO VICTII	MS OF D	OMESTIC VIOL	ENCE		
Ce		THE ORGA	INIZATION PROVIDES SUPPORT SERVICES AND SHEETER TO VICTO	113 OI D	ONESTIC VIOL	LINCL		
æ								
Governance								
ó	2		s box ► of voting members of the governing body (Part VI, line 1a)				3	11
×8	3	4	11					
Activities &	4		of independent voting members of the governing body (Part VI, line					11
Ě	5		nber of individuals employed in calendar year 2018 (Part V, line 2a)				5	26
€	6		nber of volunteers (estimate if necessary)			•	6	10
ď			elated business revenue from Part VIII, column (C), line 12				7a	0
	b	Net unrel	ated business taxable income from Form 990-T, line 34		<u></u>		7b	
					Pric	r Year		Current Year
9	8	Contribut	ions and grants (Part VIII, line 1h)	•		657,2	64	765,753
Ē	9	Program s	service revenue (Part VIII, line 2g)	•				0
Revenue	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d )					0
	11	Other rev	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			272,0	24	277,227
	12	Total reve	enue—add lines 8 through 11 (must equal Part VIII, column (A), line	2 12)		929,2	88	1,042,980
	13	Grants an	nd similar amounts paid (Part IX, column (A), lines 1–3 )					0
	14	Benefits p	paid to or for members (Part IX, column (A), line 4)					0
ç	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines !	5-10)		660,4	72	738,269
Expenses	16	a Professio	nal fundraising fees (Part IX, column (A), line 11e)					0
96			aising expenses (Part IX, column (D), line 25) ▶₀					
ă			penses (Part IX, column (A), lines 11a–11d, 11f–24e)			256,7	79	333,184
			enses. Add lines 13–17 (must equal Part IX, column (A), line 25)			917,2	_	1,071,453
			less expenses. Subtract line 18 from line 12			12,0	_	-28,473
- S		Revenue	ress expenses. Subtract line to from line 12	-	Reginning (	of Current Ye		End of Year
Net Assets or Fund Balances							-	
sse	20	Total asse	ets (Part X, line 16)		382,6	46	340,277	
g Z			ilities (Part X, line 26)			58,0	39	44,143
žĒ			s or fund balances. Subtract line 21 from line 20			324,6	07	296,134
Pa	rt II		ature Block			,-	<u> </u>	, -

knowl			exammed this return, including at nplete. Declaration of preparer (otl		sed on all inforr	
	Si	gnature of officer			2020-05-14 Date	
Sign Here	M/	ARYBETH ADKINS DIRECTOR ype or print name and title				
		Print/Type preparer's name	Preparer's signature	Date 2020-05-15	Check if	PTIN P01571035
Paid Prei	d parer	Firm's name RODEFER MOSS	5 & CO PLLC	2020-03-13	self-employed Firm's EIN ► 6	
	Only	Firm's address 612 TRENT ST N	NF		Phone no. (276	) 679-2780
	_	NORTON, VA 2			Filone no. (270	) 079-2700
Mav t	he IRS disc		er shown above? (see instructions)			. Yes No
		Reduction Act Notice, see th			No. 11282Y	Form <b>990</b> (2018
						`
			Page 2 -			
Form	990 (2018	)				Page 2
Par		atement of Program Serv	•			
			sponse or note to any line in this Pa	art III		
1 THE C		scribe the organization's mission	1: ICES AND SHELTER TO VICTIMS O	F DOMESTIC VIOLENC	F	
	MOANIZAI	TON TROVIDES SOFT ORT SERV	ICES AND SHEETER TO VICTIMS O	I DOMESTIC VIOLENC	<u>L</u>	
2		ganization undertake any signifi Form 990 or 990-EZ?	icant program services during the	year which were not lis	sted on	☐ Yes No
	•	lescribe these new services on S	Schedule O.			les no
3			make significant changes in how i	t conducts, any progra	am	
	services?					. Yes No
		lescribe these changes on Scheo				
4	Section 50		ce accomplishments for each of its tions are required to report the an rogram service reported.			
4a	(Code:	) (Expenses \$	859,602 including grants of	of \$	) (Revenue \$	)
	FAMILY CRI	ISIS SUPPORT SERVICES, INC. PROV	IDES SHELTER AND FAMILY RELATED NE	EDS TO VICTIMS OF DOM	ESTIC VIOLENCE	
4h	(Code:	) (Expenses \$	including grants o	of ⊄	) (Revenue \$	)
4b	(Code:	) (Expenses \$	including grants of	л э	) (Revenue \$	,
4c	(Code:	) (Expenses \$	including grants of	of \$	) (Revenue \$	)

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

e Total program service expenses > 859,602

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Pai	rt 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		No
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 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? 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? <i>If "Yes," complete Schedule D, Part V</i> 2	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	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
	total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 📆	11c		No
	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
е	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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	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 and XII is optional	12b		No
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, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts 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 other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts 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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes "			l

	complete Schedule G, Part III	19	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
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Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		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):			
а	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
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		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? <i>If "Yes," complete Schedule M</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No

Pai	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0	ļ		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .   1b 0	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
		<u> </u>	orm <b>99</b>	<b>0</b> (20:
	Page 5 ————			
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	Enter the number of employees reported on Form W-3, Transmittal of Wage and	I	ı	Pag
Ľa	Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	a		140
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		.,,
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6a		No
	solicit any contributions that were not tax deductible as charitable contributions?			
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).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	7a		
	provided to the payor?	_		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
		76		
u	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
		7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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.			
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
۵5	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter:	90		
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
L	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
-	against amounts due or received from them.)			

	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
D	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?			
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		No
	If "Yes," complete Form 4720, Schedule O		orm <b>99</b>	<b>0</b> (2018)
	Page 6			
Form	990 (2018)			Page <b>6</b>
	Will Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No	" resp	onse to i	
	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			
Se	ction 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 11			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or			
	similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b  11			
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? $ \cdot $	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		No
	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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
	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		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No

15	Did the process for determining compensa persons, comparability data, and contemp								dependent		
а	The organization's CEO, Executive Director	, or top manage	ement o	fficial						15a	No
b	Other officers or key employees of the org	anization .								15b	No
	If "Yes" to line 15a or 15b, describe the pr	ocess in Schedu	ıle O (s	ee ins	tructi	ons).					
16a	Did the organization invest in, contribute a taxable entity during the year?						r si	milar arrangement	with a	16a	No No
b	If "Yes," did the organization follow a writt in joint venture arrangements under appli status with respect to such arrangements:	cable federal tax	( law, a	nd tal	ke ste	ps to saf	egu	ard the organization		16b	
Se	ection C. Disclosure										
17	List the States with which a copy of this Fo	orm 990 is requ	ired to I	oe file	d▶						
18	Section 6104 requires an organization to ronly) available for public inspection. Indicate								)1(c)(3)s		
	Own website Another's website	Upon reque	est 🗌	Othe	er (ex	plain in S	Sche	edule O)			
19	Describe in Schedule O whether (and if so policy, and financial statements available t					joverning	g do	cuments, conflict o	of interest		
20	State the name, address, and telephone n  THE ORGANIZATION 701 KENTUCKY AVI								d records:		
											Form <b>990</b> (2018)
				Page	7 -						
Form	990 (2018)										Page <b>7</b>
Pa	Compensation of Officers, D		stees,	Key	Em	oloyees	s, H	lighest Compe	sated Em	ploye	es,
	and Independent Contracto Check if Schedule O contains a res		any lir	ne in t	his Pa	art VII .				_	$\square$
Se	ection A. Officers, Directors, Truste		•							-	
	omplete this table for all persons required to							· · · · · · · · · · · · · · · · · · ·		he org	anization's tax
year.		·								_	
	List all of the organization's <b>current</b> officer mpensation. Enter -0- in columns (D), (E), a						or o	rganizations), rega	irdiess of am	iount	
	ist all of the organization's <b>current</b> key em						ion (	of "key employee."			
who	ist the organization's five <b>current</b> highest or received reportable compensation (Box 5 of hization and any related organizations.	compensated en Form W-2 and/	nployee or Box	s (oth 7 of F	er th	an an off .099-MIS	icer SC)	; director, trustee of of more than \$100	or key emplo ,000 from th	yee) ie	
_	ist all of the organization's <b>former</b> officers,	key employees	, or hig	hest o	compe	ensated e	emp	loyees who receive	d more than	\$100,	,000
of re	portable compensation from the organization	n and any relate	d orga	nizatio	ons.		·	,			
	ist all of the organization's <b>former directo</b> . nization, more than \$10,000 of reportable c									of the	
	persons in the following order: individual tru		rs; insti	tutior	nal tru	istees; of	ffice	ers; key employees	; highest		
_	ensated employees; and former such perso	ns.									
	ensated employees; and former such person Theck this box if neither the organization no		ganizati		mpen	sated an	у сі	urrent officer, direc	tor, or truste	e.	
	. , ,		Position than o	on co on (do ne bo	(C) not o x, un	theck mo less pers er and a	ore on	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensations from relations	ole tion ted	(F) Estimated amount of other compensation from the

1.00

1.00

1.00

Χ

Χ

Χ

Χ

Χ

0

0

0

(1) GLENDA COLLINS

(2) JACKIE HANRAHAN

(3) FREIDA HELBERT

(4) RICK MULLINS

SECRETARY

VICE CHAIR

DIRECTOR

DIRECTOR		х		Ī		0	0	0
(5) DORIS RIFE  DIRECTOR	1.00	X				0	0	0
(6) JUDY SHORTT DIRECTOR	1.00	x				0	0	0
(7) RJ ROSE DIRECTOR	1.00	х				0	0	0
(8) MONTY SALYER CHAIR	1.00	Х	х			0	0	0
(9) MARCUS ADKINS TREASURER	1.00	Х	х			0	0	0
(10) SHANNON SCOTT DIRECTOR	1.00	Х				0	0	0
(11) JOEY CARICO DIRECTOR	1.00	Х				0	0	0
								Form <b>990</b> (2018)

– Page 8 -

Form 990 (2018) Page 8 **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

Part VII Section A. Officers, Direct	tors, Trustees	s, Key I	Empl	loye	es,	and I	High	nest Compensate	d Employees (co	ntinued)
(A) Name and Title	(B) Average hours per week (list any hours		ne b	ox, u n off	t che Inles ficer	s pers	on	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

				1	1	<u> </u>	Н		_	<b>—</b>			1				
1 h C.	ıb-Total							•							+		
	otal from continuation shee	ets to Part VI	 . Section	Α.		٠.		5							+		
	otal (add lines 1b and 1c)							•									
2	Total number of individuals (i of reportable compensation fr	ncluding but i om the orgar	not limited nization 🕨	d to thos	e list	ed al	bove	e) who	rec	eived ı	more th	nan \$1	00,000				
																Yes	No
	Did the organization list any fi line 1a? <i>If "Yes," complete Sc</i>					ey er •			or hi	ghest •	comper	nsated • •	employ •	ee on	3		No
(	For any individual listed on lir organization and related orga individual												n the				
5	Did any person listed on line												· ·	for	4	<u> </u>	No
:	services rendered to the orga	nization? <i>If</i> "Y	es," comp	olete Sch	edule	e J fo	r su	ch pe	rson						5		No
Sec	tion B. Independent Co	ntractors															
	Complete this table for your f														mpens	ation	
1	from the organization. Report		A)	caiendar	year	ena	ing v	with o	r WI	tnin tn	e orgai	iizatioi	15 tax ( <b>B</b> )			((	2)
		Name and bu		ress								Desc		f services		Compe	
						Page	a 9									Form <b>99</b>	<b>0</b> (2018)
	990 (2018)																Page <b>S</b>
Part	VIII Statement of Re Check if Schedule O		cnonco or	noto to	any l	ino i	n thi	c Part	. 17111								
	Check if Schedule O	CONTAINS a re	sponse or	note to	ally I	iiie ii	(A		VIII		(B)			(C)		 (D	)
						Tota		venue	<u> </u>		elated of exempt			nrelated usiness		Rever	nue
										f	unction	1		evenue	ta	x under	sections
	erated campaigns	112								r	evenue	<u> </u>				512 -	514
इ इ	erated campaigns	1a															
le la	hbership dues	1b															
€ ق																	
ns, Gifts, Grants Similar Amounts	draising events	1c															
ਹੁੰ≣ੂ		<u> </u>															
		1d															
Contributions, Gifts, Grants and Other Similar Amounts	yrnmont grants (contributions)	1.4-															
들ठ	ernment grants (contributions) 679,141	1e															
ᆺ	6/9,141																
f All	other contributions, gifts, grants, d similar amounts not included	lf															
apo	ove																
	86,612																
g																	
	sh contributions included s 1a - 1f:\$																
or mic.	- 11.Ψ	_															

<u></u>	iotai. Add iiiles 1a-1i .	<u> </u>	765,753			
g	2		Business Code			
ē						
Cornico Dovorno						
à	· .					
9	:					
2	i 1					
	-					
Memory						
Š	' All other program servi	ce revenue.				
à	<b>▼Total.</b> Add lines 2a-2f	1	•			
	3 Investment income (incl	udina dividends in	terest and other			
	similar amounts)		Let est, and other			
	4 Income from investment	t of tax-exempt bo	nd proceeds			
	5 Royaldes I I I	1				
	<u> </u>	(i) Real	(ii) Personal			
	<b>6a</b> Gross rents					
	- Lance manufal aumanaa					
	<b>b</b> Less: rental expenses					
	- Pontal income or					
	c Rental income or (loss)					
	<b>d</b> Net rental income or (I	loss)	n-			
	→ Net rental intollie of (I					
		(i) Securities	(ii) Other			
	<b>7a</b> Gross amount from sales of					
	assets other					
	than inventory					
	<b>b</b> Less: cost or					
	other basis and					
	sales expenses					
	C Gain or (loss)					
	<b>d</b> Net gain or (loss) .		<b>&gt;</b>			
	<b>8a</b> Gross income from fund					
e	(not including \$	of				
ē	contributions reported of See Part IV, line 18	on line ic).				
Revenu		,				
	•	I .				
ē		om fundraising eve	nts			
o th	a Gross income from gam	ning activities.				
O	See Part IV, line 19 .					
		а				
	<b>b</b> Less: direct expenses	b				
	c Net income or (loss) from	om gaming activitie	es <b>.</b>			
	10aGross sales of inventory	y, less				
	returns and allowances					
		а	•			
	<b>b</b> Less: cost of goods solo	d <b>b</b>				
		1,	b			
	c Net income or (loss) from Miscellaneous R		Business Code			
		evenue	business code			
	11a <sub>OTHER</sub>			277,227		277,227
	b					
	-					
				<u> </u>		
	С					
	<b>d</b> All other revenue .	1.				
	e Total. Add lines 11a-1	1d		277,227		
	12 Total revenue. See In	etructions	_	211,221		
	Total Teveliue. See In	isu ucuons	•	1.042.980		277.227

Form 990 (2018) Page **10** 

#### Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX . (B) (C) Do not include amounts reported on lines 6b, (A) (D) Program service Management and 7b, 8b, 9b, and 10b of Part VIII. Total expenses Fundraisingexpenses expenses general expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16. 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees **6** Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . 696,265 557,012 139,253 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . **9** Other employee benefits . 42,004 33,603 8,401 10 Payroll taxes . **11** Fees for services (non-employees): **a** Management . **b** Legal . **c** Accounting e Professional fundraising services. See Part IV, line 17 **f** Investment management fees . **q** Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) **12** Advertising and promotion . **13** Office expenses . . 14 Information technology . **15** Royalties **16** Occupancy . . . 500 400 100 **17** Travel . . Payments of travel or entertainment expenses for any federal, state, or local public officials . Conferences, conventions, and meetings **20** Interest . . . . **21** Payments to affiliates . . . . 18,674 14,939 3,735 22 Depreciation, depletion, and amortization . 16,833 13,466 3,367 23 Insurance . 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a PROGRAM EXPENSES 151,663 121,330 30,333 **b** RENT 68.104 54,483 13,621 c UTILITIES 36,760 29,408 7,352 A MATERIAL C O CURRITEC 14 005

	U MATERIALS & SUPPLIES	1/,000	14,000	2,321	
25	e All other expenses	23,044	20,876	2,168	
	Total functional expenses. Add lines 1 through 24e	1,071,453	859,602	211,851	0
	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

							Form <b>990</b> (2018
Form	990	(2018)		— Page 11 ————			Dage 1
	art X	Balance Sheet					Page <b>1</b>
Г	ait A	Check if Schedule O contains a response or not	o to or	w line in this Bort IV			
		Check if Schedule O Contains a response of not	e to ai	y intenit this rattix.	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			43,441	1	20,532
	2	Savings and temporary cash investments		<u></u>	,	2	
	3	Pledges and grants receivable, net		· · · · · ·		3	
	4	Accounts receivable, net		· -	10,137	4	9,350
	5	Loans and other receivables from current and for		_	10,101	_	0,000
		trustees, key employees, and highest compensa Part II of Schedule L	ited en	nployees. Complete		5	
Assets	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza voluntary employees' beneficiary organizations 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				9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	527,688			
	b	Less: accumulated depreciation	10b	217,293	329,068	<b>10</b> c	310,395
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities. See Part IV, line	11 .			12	
	13	Investments—program-related. See Part IV, line			13		
	14	Intangible assets		[		14	
	15	Other assets. See Part IV, line 11		[		15	
	16	Total assets. Add lines 1 through 15 (must equ		_	382,646	16	340,277
	17	Accounts payable and accrued expenses			5,913	17	4,279
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete F	art IV	of Schedule D		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee					
ap		persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ted thi	rd parties	36,025	23	28,901
	24	Unsecured notes and loans payable to unrelated	l third	parties	15,000	24	9,926
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	to related third parties,	1,101	25	1,037	
	26	<b>Total liabilities.</b> Add lines 17 through 25			58,039	26	44,143
Balances	27	Organizations that follow SFAS 117 (ASC 9 complete lines 27 through 29, and lines 33 Unrestricted net assets	•		314,470	27	286,784
ala				<u> </u> -	10,137	28	9,350
1 B	28	Temporarily restricted net assets	•		10,137		9,350
Fund	29	Permanently restricted net assets	(100	)E9)		29	
Fu		Organizations that do not follow SFAS 117	-				

Ac	dditional Data  Software ID: Software Version: m 990, Special Condition Description:		Returi	ı to Fo	orm
	Iditional Data Software ID:		Returi	ı to Fo	orm
	<u> </u>		Returi	1 to Fo	orm
	<u> </u>		Retur	ı to Fr	orm
					- (-020
	audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		<b>3b</b>	orm <b>99</b>	<b>0</b> (2018
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired	Ja		INU
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	ماريام 0	2c		No
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?  If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,	2b	Yes	
-	Separate basis Consolidated basis Both consolidated and separate basis				
	separate basis, consolidated basis, or both:				
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		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.				
				Yes	No
: Cl	Check if Schedule O contains a response or note to any line in this Part XII				
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  If XII Financial Statements and Reporting	10			296,13
9	Other changes in net assets or fund balances (explain in Schedule 0)	9			206 12
8	Prior period adjustments	8			
7	Investment expenses	7			
6	Donated services and use of facilities	6			
5	Net unrealized gains (losses) on investments	5			J27,00
3 4	Revenue less expenses. Subtract line 2 from line 1	4			-28,47 324,60
2	Total expenses (must equal Part IX, column (A), line 25)	3		1	.,071,45
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,042,98
Pa	rt XI Reconcilliation of Net Assets  Check if Schedule O contains a response or note to any line in this Part XI				
	990 (2018)				Page <b>1</b>
	Fage 12				
	Page 12				
			F	orm <b>99</b>	(2018
×	34 Total liabilities and net assets/fund balances	34			340,277
	33 Total net assets or fund balances	33			296,134
	<ul><li>31 Paid-in or capital surplus, or land, building or equipment fund</li><li>32 Retained earnings, endowment, accumulated income, or other funds</li></ul>	31			
	30 Capital stock or trust principal, or current funds	30			
Ass					

ObjectId: 202011369349303711 - Submission: 2020-05-15

### 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.

Go to <u>www.irs.gov/Form990</u> for the latest information.

**TIN: 52-1284719**OMB No. 1545-0047

2018

Open to Public Inspection

	ame of the organization						Employer identific	ation number	
FAMIL	Y CRISI	IS SUPPORT SERVICES INC					52-1284719		
	rt I				ns must complete this part.) See instructions.				
The o	organiz	zation is not a private four							
1		A church, convention of	churches, or as	sociation of churches	described in <b>sect</b>	ion 170(b)(1)	(A)(i).		
2		A school described in <b>se</b>	ction 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ).)			
3		A hospital or a cooperati	ve hospital ser	vice organization descr	ribed in <b>section</b>	170(b)(1)(A)(	iii).		
4		A medical research orga name, city, and state:	nization operat	ed in conjunction with	a hospital descri	bed in <b>section</b> 1	L <b>70(b)(1)(A)(iii).</b> Ei	nter the hospital's	
5		An organization operated 170(b)(1)(A)(iv). (Co			rsity owned or op	erated by a gov	ernmental unit descril	oed in <b>section</b>	
6		A federal, state, or local	government or	governmental unit de	scribed in <b>sectio</b>	n 170(b)(1)(A	)(v).		
7		An organization that nor section 170(b)(1)(A)	( <b>vi).</b> (Complete	Part II.)			nit or from the genera	al public described in	
8		A community trust descr	ibed in <b>sectior</b>	170(b)(1)(A)(vi).	(Complete Part II	i.)			
9		An agricultural research non-land grant college o						ege or university or a	
10		An organization that normally receives: (1) more than 331/3% 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 331/3% 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 <b>section 509(a)(2).</b> (Complete Part III.)							
11		An organization organize	ed and operated	d exclusively to test for	r public safety. S	ee section 509	(a)(4).		
12		An organization organize more publicly supported in lines 12a through 12d	organizations of	described in section 5	09(a)(1) or sec	tion 509(a)(2)	). See section 509(a		
а		Type I. A supporting or organization(s) the power complete Part IV, Sec	er to regularly a	appoint or elect a majo					
b		Type II. A supporting o management of the sup must complete Part IV	oorting organiza	ation vested in the san					
С		Type III functionally is supported organization(s	ntegrated. A s	supporting organization				ted with, its	
d		Type III non-function functionally integrated. instructions). You must	The organizatio	n generally must satis	fy a distribution r				
е		Check this box if the orgintegrated, or Type III n	anization receiv	ved a written determin	ation from the IF	RS that it is a Ty	pe I, Type II, Type III	functionally	
f	Enter	r the number of supported					<u> </u>		
g	<i>(</i> ')	Provide the following inf							
	(1)	Name of supported organization	(II) EIN	organization (described on lines	(iv) Is the orgain your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				1- 10 above (see instructions))				<u> </u>	
				instructions))	Yes	No			
Tota									
		work Reduction Act Not	ice, see the Iı	nstructions for	Cat. No. 11285	F S	Schedule A (Form 9	<u> </u> 90 or 990-EZ) 2018	
		or 990-EZ.	,		-		,	, , , , , ,	
				Pa	ge 2 ———				

Part II

_	III. If the organization fa	•				•			
	Section A. Public Support lendar year								
	r fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total		
1	Gifts, grants, contributions, and	EE7 071	E42 E70	622.701	648,884	765 752	2 147 070		
	membership fees received. (Do not include any "unusual grant.")	557,871	542,579	632,791	040,004	765,753	3,147,878		
2	Tax revenues levied for the								
	organization's benefit and either paid								
3	to or expended on its behalf The value of services or facilities								
•	furnished by a governmental unit to								
_	the organization without charge	557.074	5 40 E70	522 704	640.004	765.750	2 4 4 7 0 7 2		
4 5	<b>Total.</b> Add lines 1 through 3 The portion of total contributions by	557,871	542,579	632,791	648,884	765,753	3,147,878		
3	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	<b>Public support.</b> Subtract line 5 from						3,147,878		
	line 4.						3,117,070		
	Section B. Total Support	1	1		1	T			
	lendar year r fiscal year beginning in) 🕨	(a)2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f)Total		
7	Amounts from line 4	557,871	542,579	632,791	648,884	765,753	3,147,878		
8	Gross income from interest,								
	dividends, payments received on securities loans, rents, royalties and								
	income from similar sources								
9	Net income from unrelated business								
	activities, whether or not the business is regularly carried on								
10	Other income. Do not include gain or								
	loss from the sale of capital assets					277,227	277,227		
	(Explain in Part VI.) <b>Total support.</b> Add lines 7 through								
11	10						3,425,105		
12	Gross receipts from related activities, e	etc. (see instruction	ons)			12			
13	First five years. If the Form 990 is fo	r the organization	's first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	janization,		
	check this box and <b>stop here</b>					▶□			
check this box and <b>stop here</b>									
S	Section C. Computation of Public	Support Perc							
14	Section C. Computation of Public Public support percentage for 2018 (lir		entage				91.910 %		
14	Public support percentage for 2018 (lin	ne 6, column (f) d	entage ivided by line 11, o	column (f))		14	91.910 %		
14 15	Public support percentage for 2018 (lir Public support percentage for 2017 Scl	ne 6, column (f) d hedule A, Part II,	entage ivided by line 11, o line 14	column (f))		14 15	91.910 % 100.000 %		
14 15	Public support percentage for 2018 (lin	ne 6, column (f) d hedule A, Part II, organization did n	rentage ivided by line 11, of line 14 ot check the box of	column (f))	 e 14 is 33 <sub>1/3</sub> % or	14 15 more, check this	91.910 % 100.000 % box		
14 15 16a	Public support percentage for 2018 (lir Public support percentage for 2017 Scl 33 1/3% support test—2018. If the	ne 6, column (f) d hedule A, Part II, organization did n fies as a publicly s	entage ivided by line 11, of line 14	column (f))	e 14 is 33 <sub>1/3</sub> % or	14   15   more, check this l	91.910 % 100.000 % box		
14 15 16a	Public support percentage for 2018 (lir Public support percentage for 2017 Scl 33 1/3% support test—2018. If the and stop here. The organization quali	ne 6, column (f) d hedule A, Part II, organization did n fies as a publicly s organization did	entage ivided by line 11, of line 14	column (f))	e 14 is 33 1/3% or	14   15   more, check this l	91.910 % 100.000 % box 		
14 15 16a	Public support percentage for 2018 (lir Public support percentage for 2017 Scl 33 1/3% support test—2018. If the and stop here. The organization quali 33 1/3% support test—2017. If the box and stop here. The organization 10%-facts-and-circumstances test	ne 6, column (f) d hedule A, Part II, organization did n fies as a publicly s organization did qualifies as a pub c—2018. If the on	ivided by line 11, or line 14	column (f))	e 14 is 33 1/3% or	14   15   more, check this land the control of the	91.910 % 100.000 % box 		
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	p=		•			-			
	any activity that is related to the								
_	organization's tax-exempt purpose								
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								
5	to or expended on its behalf The value of services or facilities						$\longrightarrow$		
3	furnished by a governmental unit to								
	the organization without charge								
6	<b>Total.</b> Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
b	3 received from disqualified persons 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.								
С	Add lines 7a and 7b								
8	Public support. (Subtract line 7c								
	from line 6.)								
	ection B. Total Support								
	endar year	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	<sub>3</sub> T	(f) Total	
(or 1	fiscal year beginning in)  Amounts from line 6			. ,	. ,	, ,			
10a	Gross income from interest,								
<b>-</b> 0u	dividends, payments received on								
	securities loans, rents, royalties and								
b	income from similar sources Unrelated business taxable income								
	(less section 511 taxes) from								
	businesses acquired after June 30,								
С	1975. Add lines 10a and 10b.								
11	Net income from unrelated business								
	activities not included in line 10b,								
	whether or not the business is								
12	regularly carried on. Other income. Do not include gain or								
12	loss from the sale of capital assets								
	(Explain in Part VI.)								
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.).								
14	First five years. If the Form 990 is fo	r the organization	's first, second, th	nird, fourth, or fift	th tax year as a se	ction 501	(c)(3) or	ganizatior	٦,
	check this box and <b>stop here</b>							▶	
Se	ection C. Computation of Public								
15	Public support percentage for 2018 (lin			column (f))		15			
16	Public support percentage from 2017 S					16			
	ection D. Computation of Invest								
17	Investment income percentage for 201			line 13, column (	f))	17			
18	Investment income percentage from 2	•				18			
	<b>33</b> 1/3% <b>support tests—2018.</b> If the o					_	and line	17 is not	
	more than 33 $1/3\%$ , check this box and <b>s</b>								
h	33 1/3% support tests—2017. If the	-							18 is
-	not more than 33 1/3%, check this box	-							
20	Private foundation. If the organization	on did not check a	hox on line 14 1	9a or 19h check	this hox and see	instruction	ns	ightharpoons	
						e A (Forn			2018
					20			<b>-</b> ,	, ====
			Page 4						
			raye 4						
Sche	dule A (Form 990 or 990-EZ) 2018								Page <b>4</b>
Par	t IV Supporting Organization	S							
	(Complete only if you checked a								
	Part I, complete Sections A and Sections A and D, and complete		d 12c of Part I, co	mplete Sections A	A, D, and E. If you	checked 1	L2d of Pa	ırt I, com	plete
50	·								
36	ection A. All Supporting Organiz	ativii3						Yes	No
	Ave all of the average to	augamiti- P. C	ad burners to the		aumin - J-	h-2		res	110
1	Are all of the organization's supported If "No," describe in <b>Part VI</b> how the su								
	describe the designation. If historic and			.ca. 11 acsignated	by class of purpos	JC,	<u> </u>	.	<del>                                     </del>
_	_	-		IDC 4 : .				1	<del>                                     </del>
2	Did the organization have any supported 509(a)(1) or (2)? If "Yes," explain in <b>P</b>								
	described in section 509(a)(1) or (2).		Januarion decen				<u> </u>	_	+

		2		1
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or	4b		
с	supervised by or in connection with its supported organizations.  Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section $4958(c)(3)(C)$ ), a family member of a substantial contributor, or a $35\%$ controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).			
	Schedule A (Form 990		0-EZ)	2018
	Page 5 ———————————————————————————————————			
				_
	t IV Supporting Organizations (continued)		F	Page <b>5</b>
Pai	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		. 65	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ection B. Type I Supporting Organizations		l	
	Calon Dr. 17PC & Oupporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such			

	powers during the tax year.	1					
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that						
	operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting						
	organization.	2					
S	ection C. Type II Supporting Organizations						
			Yes	No			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1					
3	ection D. All Type III Supporting Organizations		Yes	No			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1					
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).						
		2					
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.						
S	ection E. Type III Functionally-Integrated Supporting Organizations						
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ons):					
•	The organization satisfied the Activities Test. Complete <b>line 2</b> below.						
I	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.						
•	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)				
2	Activities Test. Answer (a) and (b) below.		Yes	No			
i	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.						
ı	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the						
	organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b					
3	Parent of Supported Organizations. Answer (a) and (b) below.	20					
ā	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of	3a					
	the supported organizations? <i>Provide details in Part VI</i> .  Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its						
•	supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.	3b					
	Schedule A (Form 990	or 99	0-EZ)	2018			
	Page 6 ———————————————————————————————————						
	dule A (Form 990 or 990-EZ) 2018		F	Page <b>6</b>			
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations						
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through						
			ent Yea	r			
1	Net short-term capital gain 1						
2	Recoveries of prior-year distributions 2						
3	Other gross income (see instructions) 3						
4	Add lines 1 through 3 4						
5	Depreciation and depletion 5						
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for						

production of income (see instructions)				
7 Other expenses (see instructions)		7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from li	ne 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets tax year or assets held for part of year):	s (see instructions for short	1		
Average monthly value of securities		1a		
<b>b</b> Average monthly cash balances		1b		
c Fair market value of other non-exempt-use assets		1c		
d Total (add lines 1a, 1b, and 1c)		1d		
e <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):				
2 Acquisition indebtedness applicable to non-exempt use a	ssets	2		
3 Subtract line 2 from line 1d		3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line instructions).	3 (for greater amount, see	4		
Net value of non-exempt-use assets (subtract line 4 from	ı line 3)	5		
6 Multiply line 5 by .035		6		
<b>7</b> Recoveries of prior-year distributions		7		
8 Minimum Asset Amount (add line 7 to line 6)		8		
Section C - Distributable Amount				Current Year
1 Adjusted net income for prior year (from Section A, line 8	3, Column A)	1		
2 Enter 85% of line 1		2		
3 Minimum asset amount for prior year (from Section B, lir	ne 8, Column A)	3		
4 Enter greater of line 2 or line 3		4		
5 Income tax imposed in prior year		5		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unle temporary reduction (see instructions)	ss subject to emergency	6		
	Page 7			orm 990 or 990-EZ) 20
chedule A (Form 990 or 990-EZ) 2018				Page
Part V Type III Non-Functionally Integrated 5	09(a)(3) Supporting O	rganiz	ations (continued	-
Section D - Distributions				Current Year
Amounts paid to supported organizations to accomplish ex	empt purposes			
2 Amounts paid to perform activity that directly furthers exe excess of income from activity	mpt purposes of supported o	rganizat	ions, in	
Administrative expenses paid to accomplish exempt purpo	ses of supported organization	ıs		
4 Amounts paid to acquire exempt-use assets				
5 Qualified set-aside amounts (prior IRS approval required)				
6 Other distributions (describe in <b>Part VI</b> ). See instructions				
7 Total annual distributions. Add lines 1 through 6.				
Distributions to attentive supported organizations to which details in <b>Part VI</b> ). See instructions	the organization is responsiv	ve (prov	ide	
9 Distributable amount for 2018 from Section C, line 6				
Lo Line 8 amount divided by Line 9 amount				
Section E - Distribution Allocations (see	(i)		(ii)	(iii)
instructions)	Excess Distributions		rdistributions Pre-2018	Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2018 reasonable cause required explain in Part VI).  See instructions				

<b>3</b> Excess distributions carryover, if any, to 2018:	1					
a From 2013						
<b>b</b> From 2014						
<b>c</b> From 2015						
<b>d</b> From 2016						
<b>e</b> From 2017						
f Total of lines 3a through e						
<b>g</b> Applied to underdistributions of prior years						
h Applied to 2018 distributable amount						
i Carryover from 2013 not applied (see						
instructions)						
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
<b>4</b> Distributions for 2018 from Section D, line 7:						
a Applied to underdistributions of prior years						
<b>b</b> Applied to 2018 distributable amount						
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.						
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.						
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.						
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.						
8 Breakdown of line 7:						
a Excess from 2014						
<b>b</b> Excess from 2015						
c Excess from 2016						
<b>d</b> Excess from 2017						
e Excess from 2018						
	Page 8 ———	Schedule A (F	Form 990 or 990-EZ) (2018)			
Schedule A (Form 990 or 990-EZ) 2018			Page <b>8</b>			
Supplemental Information. Provide the explemental Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, Part IV, Section D, lines 2 and 3; Part IV, Section Section D, lines 5, 6, and 8; and Part V, Section Instructions).	9b, 9c, 11a, 11b, and 11c; Par on E, lines 1c, 2a, 2b, 3a and 3	rt IV, Section B, lines 1 and 2; Bb; Part V, line 1; Part V, Secti	Part IV, Section C, line 1; on B, line 1e; Part V			
Fi	acts And Circumstances Tes	t				
Date was Dafe	_					
Return Reference	E	xplanation				
		Schedule A (	Form 990 or 990-EZ) 2018			
Additional Data			Return to Form			
Software ID: Software Version:						

efile Public Visual Render **SCHEDULE D** 

# **Supplemental Financial Statements**

ObjectId: 202011369349303711 - Submission: 2020-05-15

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

**Open to Public** Inspection

TIN: 52-1284719 OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990)

	me of the organization MILY CRISIS SUPPORT SERVICES INC	Employer identification number
rai <sup>n</sup>	MILI CRISIS SUPPORT SERVICES INC	52-1284719
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds	or Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.  (a) Donor advised funds	(b)Funds and other accounts
1	Total number at end of year	(2) and other decounts
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds ca charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose private benefit?	n be used only for conferring impermissible <b>Yes</b> No
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" on Fo	rm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)  Preservation of a	n historically important land area
	Protection of natural habitat Preservation of a	certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the feasement on the last day of the tax year.	
а	Total number of conservation easements	Held at the End of the Year
a 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 7/25/06, and not on a historic	2d
	structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated b tax year	y the organization during the
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 and enforcement of the conservation easements it holds?	g of violations,
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing const	ervation easements during the year
8	Does each conservation easement reported on line $2(d)$ above satisfy the requirements of section and section $170(h)(4)(B)(ii)$ ?	170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservation easements in its revenue and exp balance sheet, and include, if applicable, the text of the footnote to the organization's financial stathe organization's accounting for conservation easements.	
Par	organizations Maintaining Collections of Art, Historical Treasures, or Otto Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	her Similar Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue s art, historical treasures, or other similar assets held for public exhibition, education, or research ir provide, in Part XIII, the text of the footnote to its financial statements that describes these items	furtherance of public service,
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue state historical treasures, or other similar assets held for public exhibition, education, or research in fur following amounts relating to these items:	
(	(i) Revenue included on Form 990, Part VIII, line 1	▶\$
	ii)Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for fir following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	▶\$
b	Assets included in Form 990, Part X	
		o. 52283D Schedule D (Form 990) 2018
. J. I	Cat. N	

Schedule D (Form 990) 2018 Page **2** 

Page 2 -

Description   Public exhibition   Description   Descript	3	Using the organization's acquisition, accession items (check all that apply):	n, and other records	, check any	of the fo	llowing t	that are a	ı significant u	se of its	collection	
Scholarly research   Complete	а	_		d 🗖	Loan	or excha	nae proc	ırams			
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  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?.	b			e 🗍						<u>.</u>	
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  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?.	С	Preservation for future generations									
Part XIII.  During the year, did the organization solicit or receive donations of art, historical treasures or other similar assests to be soid to raise funds rather than to be maintained as part of the organization's collection?.			lastians and avalain	have that for			tion/o o				
Basels to be sold to raise funds rather than to be maintained as part of the organization?.	4		lections and explain	now they iu	rtner tn	e organiz	zation's e	xempt purpos	se m		
Complete if the organization answered "Yes" on Form 990, Part IX, 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?	5								☐ Yes	_ N	o
b If "Yes," explain the arrangement in Part XIII and complete the following table:  Beginning balance.  C Beginning balance.  Distributions during the year.  E Id Additions during the year.  E Id Beginning the grant and a mount on Form 990, Part X, Iline 21, for escrow or custodial account liability?	Pai	Complete if the organization answ		rm 990, Pa	rt IV, li	ne 9, or	reporte	ed an amour	nt on Fo	orm 990,	Part X,
d Additions during the year . 1d d	1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?	an or other intermed	diary for con	tribution	s or othe	er assets 	not 	☐ Yes	_ N	0
Additions during the year.    1d	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table	e:			Ar	nount		_
Ending balance.  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?		, !	•				1c				
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	d	Additions during the year					1d				
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е	Distributions during the year					1e				
Describe in Part XIII. Check here if the explanation has been provided in Part XIII	f	Ending balance					1f				
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete   Complete	2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for escr	ow or cu	ıstodial a	account li	ability?	_ Yes	_ N	D
Columnity of year balance	b	If "Yes," explain the arrangement in Part XIII.	Check here if the e	xplanation h	as been	provide	d in Part	XIII			
1a Beginning of year balance	Pa	rt V Endowment Funds. Complete if						1			
b Contributions	1.	Peginning of year balance	(a)Current year	(b)Prior y	ear	(c)Two y	ears back	(d)Three year	rs back	(e)Four yea	ars back
c Net investment earnings, gains, and losses d Grants or scholarships									+		
d Grants or scholarships											
e Other expenditures for facilities and programs											
and programs		·									
pg End of year balance											
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  Board designated or quasi-endowment    C Temporarily restricted endowment    The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations	f	Administrative expenses									
Board designated or quasi-endowment  Permanent endowment  The percentages on lines 2a, 2b, and 2c should equal 100%.  Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations  (ii) related organizations  b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI  Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  1a Land  b Buildings  452,488  152,441  300,047  c Leasehold improvements  d Equipment  46,925  38,587  8,338  e Other  Other  Other  Other  Complete if the organization answered "Yes" on Form 920, Part IV, line 125,252  525	g	End of year balance									
the permanent endowment    c Temporarily restricted endowment    The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations	2		ent year end balance	e (line 1g, co	lumn (a	)) held a	ıs:				
The percentages on lines 2a, 2b, and 2c should equal 100%.  Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations	а		<u>.</u>								
The percentages on lines 2a, 2b, and 2c should equal 100%.  Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations  (ii) related organizations  If "Yes" on 3a(ii)	b										
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations	С										
(ii) unrelated organizations	3а	Are there endowment funds not in the posses	•	tion that are	held an	ıd admin	istered fo	or the		Yes	No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?		-							3a		
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  to Buildings  b Buildings  c Leasehold improvements  d Equipment  Other  Other  25,252		• •									
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value  1a Land  b Buildings 452,488 152,441 300,047  c Leasehold improvements 2,498 1,013 1,485  d Equipment 46,925 38,587 8,338  e Other		. ,,	•						3	b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other) (investment)  (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value  452,488  152,441  300,047  c Leasehold improvements 2,498 1,013 1,485  d Equipment				wment rund:	· .						
Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a Land	Pai			rm 990, Pa	rt IV, li	ne 11a.	See For	m 990, Parl	t X, line	10.	
b Buildings        452,488       152,441       300,047         c Leasehold improvements       2,498       1,013       1,485         d Equipment        46,925       38,587       8,338         e Other        25,777       25,252       525		Description of property (a) Cost or oth	er basis (b) Cos								ne
c Leasehold improvements       2,498       1,013       1,485         d Equipment       46,925       38,587       8,338         e Other       25,777       25,252       525	1a	Land									
d Equipment       46,925       38,587       8,338         e Other       25,777       25,252       525	b	Buildings			452,488			152,441			300,047
e Other	С	Leasehold improvements			2,498			1,013			1,485
	d	Equipment			46,925			38,587			8,338
Total. Add lines 1a through 1e.(Column (d) must equal Form 990, Part X, column (B), line 10(c).)								25,252			525
Schedule D (Form 990) 2018	Tota	II. Add lines 1a through 1e.(Column (d) must ed	qual Form 990, Part	X, column (	B), line	10(c).)				/= -:	

See Form 990, Part X, line 12.				
(a) Description of security or category (including name of security)		<b>(b)</b> Book value	(c) Method of v Cost or end-of-year	valuation: market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3)Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	Þ			
Part VIII Investments Program Related.  Complete if the organization answered 'Yes' on Form 9	000 Par	+ T\/ lin	o 11c Soo Form 000 Part V	/ line 12
(a) Description of investment		ok value		
(a) Description of infestions.	(2)		Cost or end-of-year	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	•			
Part IX Other Assets. Complete if the organization answered 'Yes'	on Form	990, Par	t IV, line 11d. See Form 990, Pa	
(1) Description				(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)  Total (Column (b) must equal Form 990, Part X, col (B) line 15.)				
INTAL IL DIUMN INI MUST POUAL FORM 990 PART X COLLKI UNA 15 )	_	_		

Part VII Investments Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.

	See Form 990, Part X, line 25.			
1.	(a) Description of liability	(b) Book value		
(1) F	ederal income taxes			
SALE	S TAX PAYABLE	1,004		
PAYR	OLL LIABILITIES	33		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(Column (b) must equal Form 990, Part X, col.(B) line 25.)	1,037		
	ibility for uncertain tax positions. In Part XIII, provide the text of the footnotical in the line like in the control of the line in the line in the control of the line in the lin	=		
orgar	nization's liability for uncertain tax positions under FIN 48 (ASC 740). Checl	k nere if the text of the foothot	•	
			Schedule D	(Form 990) 2018
	Page 4			
	raye 4			
Sched	dule D (Form 990) 2018			Page <b>4</b>
Pai	<b>Reconciliation of Revenue per Audited Financial Sta</b> Complete if the organization answered 'Yes' on Form 990,		er Return	
1	Total revenue, gains, and other support per audited financial statements	· · · · · · · · · · · · · · · · · · ·	1	1,042,980
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			, , , , , , , , , , , , , , , , , , , ,
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	. 2d		
е	Add lines 2a through 2d		. 2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	1,042,980
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	2 12.)	5	1,042,980
Par	XII Reconciliation of Expenses per Audited Financial Sta		per Return.	
	Complete if the organization answered 'Yes' on Form 990,		1.1	
1	Total expenses and losses per audited financial statements		1	1,071,453
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	I a I		
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	. 2c		
d	Other (Describe in Part XIII.)	. 2d		
e	Add lines <b>2a</b> through <b>2d</b>		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	1,071,453
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.4.1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
_ C	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line <b>XIII Supplemental Information</b>	ne 18.)	5	1,071,453

Return Reference Explanation

Schedule D (Form 990) 2018

**Additional Data** 

**Return to Form** 

Software ID: Software Version:

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ObjectId: 202011369349303711 - Submission: 2020-05-15

TIN: 52-1284719 OMB No. 1545-0047

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

2018

Open to Public Inspection

Name of the organization
FAMILY CRISIS SUPPORT SERVICES INC

**Employer identification number** 

52-1284719

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	NO REVIEW WAS OR WILL BE CONDUCTED.
FORM 990, PAGE 6, PART VI, LINE 19	NO DOCUMENTS AVAILABLE TO THE PUBLIC

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2018

#### **Additional Data**

**Return to Form** 

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