

GRANT THORNTON LLP  
666 THIRD AVENUE  
NEW YORK, NY 10017

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INSTRUCTIONS FOR FILING  
THE FAMILY CENTER INC  
FORM 990 - EXEMPT ORGANIZATION  
FOR THE PERIOD ENDED JUNE 30, 2011

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SIGNATURE...

THE ORIGINAL RETURN SHOULD BE SIGNED (USING FULL NAME AND TITLE)  
AND DATED BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

FILING...

THE SIGNED RETURN SHOULD BE FILED ON OR BEFORE FEBRUARY 15, 2012  
WITH...

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0027

PAYMENT OF TAX...

NO PAYMENT OF TAX IS REQUIRED.

TO DOCUMENT THE TIMELY FILING OF YOUR TAX RETURN(S), WE SUGGEST THAT  
YOU OBTAIN AND RETAIN PROOF OF MAILING. PROOF OF MAILING CAN BE  
ACCOMPLISHED BY SENDING THE TAX RETURN(S) BY REGISTERED OR CERTIFIED  
MAIL (METERED BY THE U.S. POSTAL SERVICE) OR THROUGH THE USE OF AN IRS  
APPROVED DELIVERY METHOD PROVIDED BY AN IRS DESIGNATED PRIVATE  
DELIVERY SERVICE.

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**Return of Organization Exempt From Income Tax**

**2010**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A For the 2010 calendar year, or tax year beginning** 07/01, 2010, and ending 06/30, 2011

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> THE FAMILY CENTER INC Doing Business As	<b>D Employer identification number</b> 13-3910716
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 315 WEST 36TH STREET 4TH FLOOR	<b>E Telephone number</b> (212) 766-4522
	City or town, state or country, and ZIP + 4 NEW YORK, NY 10018	<b>G Gross receipts \$</b> 4,615,037.
	<b>F Name and address of principal officer:</b> IVY GAMBLE COBB 315 WEST 36TH STREET 4TH FLOOR NEW YORK, NY 10018	<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c) Group exemption number</b>
<b>J Website:</b> WWW.THEFAMILYCENTER.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L Year of formation:</b> 1996 <b>M State of legal domicile:</b> NY

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: THE FAMILY CENTER'S MISSION IS TO STRENGTHEN FAMILIES AFFECTED BY ILLNESS, CRISIS OR LOSS TO CREATE A MORE SECURE PRESENT AND FUTURE FOR THEIR CHILDREN.		
	2	Check this box <input type="checkbox"/> 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	15.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14.
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	46.
	6	Total number of volunteers (estimate if necessary)	6	75.
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	4,273,587.	4,551,686.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,607.	3,041.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,548.	9,962.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,303,742.	4,564,689.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	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)	2,906,767.	2,961,719.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	266,269.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,513,163.	1,593,500.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,419,930.	4,555,219.	
19	Revenue less expenses. Subtract line 18 from line 12	-116,188.	9,470.	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	3,692,227.	3,695,035.
	21	Total liabilities (Part X, line 26)	376,154.	522,169.
	22	Net assets or fund balances. Subtract line 21 from line 20	3,316,073.	3,172,866.

**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 the taxpayer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer IVY GAMBLE COBB EXECUTIVE DIRECTOR	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name: ORIGINAL SIGNED BY SCOTT THOMPSETT - PTIN: P00741490 Preparer's signature: [Signature] Date: [Date]	Check if self-employed <input type="checkbox"/> PTIN: P00741490 Firm's name: GRANT THORNTON LLP Firm's EIN: 36-6055558 Firm's address: 666 THIRD AVENUE NEW YORK, NY 10017-4011 Phone no.: 212-599-0100

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

For Paperwork Reduction Act Notice, see the separate instructions.

**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:  
ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 2,541,913. including grants of \$ ) (Revenue \$ 0. )  
ATTACHMENT 2

4b (Code: ) (Expenses \$ 687,223. including grants of \$ ) (Revenue \$ 0. )  
CHILD WELFARE SERVICES - FUNDED BY THE NYC ADMINISTRATION FOR CHILDREN'S SERVICES, TFC PROVIDES INTENSIVE PREVENTIVE SERVICES TO ADOLESCENTS AT RISK FOR OUT-OF-HOME PLACEMENT AND ADOLESCENTS RETURNING TO THE COMMUNITY FROM RESIDENTIAL PLACEMENT. STAFFED BY MASTER'S LEVEL MENTAL HEALTH PROFESSIONALS, FAMILIES RECEIVE INTENSIVE SUPPORT TO ASSIST ADOLESCENTS WHO ARE TRUANT FROM SCHOOL, ACTIVELY USING SUBSTANCES AND/OR GANG INVOLVED. UTILIZING INDIVIDUAL, FAMILY AND GROUP INTERVENTIONS, ADOLESCENTS ARE SUPPORTED IN DEVELOPING REALISTIC GOALS TO AID THEM IN GETTING BACK ON TRACK.

4c (Code: ) (Expenses \$ 396,224. including grants of \$ ) (Revenue \$ 0. )  
ATTACHMENT 3

4d Other program services. (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ 0. )

4e Total program service expenses ► 3,625,360.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

**Part IV Checklist of Required Schedules (continued)**

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding IRS filings, employee reporting, foreign accounts, and charitable trusts.

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (15), 1b (14), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: NAIMA CHISOLM BTQ FINANCIAL 80 BROAD STREET NEW YORK, NY 10004 212-901-2441

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) AMY YATES CAPONE CHAIR	2.00	X		X			0.	0.	0.	
(2) JOSEPH TRINGALI VICE CHAIR	2.00	X		X			0.	0.	0.	
(3) CRAIG SEDMAK TREASURER	2.00	X		X			0.	0.	0.	
(4) LYLE MONTESERRATO SECRETARY	2.00	X		X			0.	0.	0.	
(5) BARBARA BLAKNEY BOARD MEMBER	2.00	X					0.	0.	0.	
(6) LAUREN GLASSBERG BOARD MEMBER	2.00	X					0.	0.	0.	
(7) COURTNEY HALL BOARD MEMBER	2.00	X					0.	0.	0.	
(8) BARBARA LEMBO BOARD MEMBER	2.00	X					0.	0.	0.	
(9) RICHARD OSTERWEIL BOARD MEMBER	2.00	X					0.	0.	0.	
(10) ALANTHEIA PENA BOARD MEMBER	2.00	X					0.	0.	0.	
(11) HEATHER WINDT STOPNIK BOARD MEMBER	2.00	X					0.	0.	0.	
(12) JOSEPH RUGGIERO BOARD MEMBER (THRU 12/2010)	1.00	X					0.	0.	0.	
(13) SUZY FRANCK DAVIS BOARD MEMBER (THRU 12/2010)	1.00	X					0.	0.	0.	
(14) BETH FLOM BOARD MEMBER	2.00	X					0.	0.	0.	
(15) IVY GAMBLE COBB MEMBER/EXECUTIVE DIRECTOR	35.00	X		X			174,523.	0.	6,804.	
(16) CORY DEFORREST BOARD MEMBER	2.00	X					0.	0.	0.	



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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) SHAMOUN AFRAM BOARD MEMBER	2.00	X					0.	0.	0.	
(18) JAN HUDIS JIMENEZ DEPUTY EXECUTIVE DIRECTOR	35.00					X	151,351.	0.	5,582.	
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
<b>1b Sub-total</b>							325,874.	0.	12,386.	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							325,874.	0.	12,386.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **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		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
BTQ FINANCIAL 80 BROAD STREET NEW YORK, NY 10004	FISCAL MGMT SERVICES	206,911.
GERRY OXFORD 105 LEXINGTON AVENUE NEW YORK, NY 10016	IT SUPPORT SERVICES	111,889.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **2**

**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	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>						
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	53,396.					
	<b>d</b> Related organizations . . . . .	<b>1d</b>						
	<b>e</b> Government grants (contributions) . .	<b>1e</b>	3,607,547.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	890,743.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$							
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶			4,551,686.				
<b>Program Service Revenue</b>	<b>Business Code</b>							
	<b>2a</b> _____							
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> _____							
	<b>e</b> _____							
	<b>f</b> All other program service revenue . . . . .							
<b>g Total.</b> Add lines 2a-2f . . . . . ▶			0.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶			3,041.			3,041.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . ▶			0.				
	<b>5</b> Royalties . . . . . ▶			0.				
	<b>6a</b> Gross Rents . . . . .	(i) Real	(ii) Personal					
		855.						
		<b>b</b> Less: rental expenses . . . . .						
		<b>c</b> Rental income or (loss) . . . . .	855.					
	<b>d</b> Net rental income or (loss) . . . . . ▶			855.			855.	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses . . . . .						
		<b>c</b> Gain or (loss) . . . . .						
	<b>d</b> Net gain or (loss) . . . . . ▶			0.				
	<b>8a</b> Gross income from fundraising events (not including \$ 53,396. of contributions reported on line 1c). See Part IV, line 18 . . . . . a			59,455.				
		<b>b</b> Less: direct expenses . . . . . b		50,348.				
<b>c</b> Net income or (loss) from fundraising events . . . . . ▶				9,107.			9,107.	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . . a								
	<b>b</b> Less: direct expenses . . . . . b							
	<b>c</b> Net income or (loss) from gaming activities . . . . . ▶			0.				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . a								
	<b>b</b> Less: cost of goods sold . . . . . b							
	<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶			0.				
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11a</b> _____								
<b>b</b> _____								
<b>c</b> _____								
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . . ▶			0.					
<b>12 Total revenue.</b> See instructions . . . . . ▶			4,564,689.			13,003.		

**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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . . .	0.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	181,327.	147,422.	21,299.	12,606.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	2,259,140.	1,836,720.	265,360.	157,060.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions). . . . .	11,895.	9,671.	1,397.	827.
9 Other employee benefits . . . . .	292,279.	237,628.	34,331.	20,320.
10 Payroll taxes . . . . .	217,078.	176,488.	25,498.	15,092.
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	0.			
c Accounting . . . . .	35,042.	28,490.	4,116.	2,436.
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees . . . . .	0.			
g Other . . . . .	508,131.	413,119.	59,685.	35,327.
12 Advertising and promotion . . . . .	0.			
13 Office expenses . . . . .	167,283.	121,167.	17,505.	28,611.
14 Information technology . . . . .	0.			
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	546,295.	416,756.	93,902.	35,637.
17 Travel . . . . .	47,434.	38,565.	5,571.	3,298.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	0.			
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	125,797.		125,797.	
23 Insurance . . . . .	23,454.	19,069.	2,754.	1,631.
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 <u>DIRECT SERVICES TO CLIENTS</u> . . . . .	136,153.	136,153.		
b <u>EQUIPMENT RENTAL</u> . . . . .	54,259.	44,112.	6,375.	3,772.
c <u>FUNDRAISING EXP ON LINE 8B</u> . . . . .	-50,348.			-50,348.
d -----				
e -----				
f All other expenses -----				
<b>25 Total functional expenses.</b> Add lines 1 through 24f	4,555,219.	3,625,360.	663,590.	266,269.
<b>26 Joint Costs.</b> Check here <input type="checkbox"/> 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 . . . . .	15,104.	1	8,889.
	2	Savings and temporary cash investments . . . . .	1,343,983.	2	1,551,121.
	3	Pledges and grants receivable, net . . . . .	1,401,759.	3	1,335,057.
	4	Accounts receivable, net . . . . .		4	
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . .		6	
	7	Notes and loans receivable, net . . . . .		7	
	8	Inventories for sale or use . . . . .		8	
	9	Prepaid expenses and deferred charges . . . . .	52,544.	9	79,927.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,087,306.		
	10b	Less: accumulated depreciation . . . . .	540,066.		
	10c		673,036.	10c	547,240.
	11	Investments - publicly traded securities . . . . .		11	
	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 . . . . .	205,801.	15	172,801.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	3,692,227.	16	3,695,035.	
Liabilities	17	Accounts payable and accrued expenses . . . . .	244,194.	17	261,614.
	18	Grants payable . . . . .		18	
	19	Deferred revenue . . . . .	131,960.	19	74,190.
	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. Complete Part X of Schedule D . . . . .	0.	25	186,365.
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	376,154.	26	522,169.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets . . . . .	2,548,215.	27	2,395,543.
	28	Temporarily restricted net assets . . . . .	767,858.	28	777,323.
	29	Permanently restricted net assets . . . . .		29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	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	<b>Total net assets or fund balances . . . . .</b>	<b>3,316,073.</b>	<b>33</b>	<b>3,172,866.</b>	
34	<b>Total liabilities and net assets/fund balances . . . . .</b>	<b>3,692,227.</b>	<b>34</b>	<b>3,695,035.</b>	

**Part XI Reconciliation 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	4,564,689.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,555,219.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,470.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,316,073.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-152,677.
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	3,172,866.

**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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate 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?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization <b>THE FAMILY CENTER INC</b>	Employer identification number <b>13-3910716</b>
--	---

**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 described in **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?
  - (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 supported organization? 

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
  - (ii) A family member of a person described in (i) above? 

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

	Yes	No
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?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2010

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	4,532,157.	5,721,740.	4,496,751.	4,273,587.	4,551,686.	23,575,921.
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 <b>Total.</b> Add lines 1 through 3. . . . .	4,532,157.	5,721,740.	4,496,751.	4,273,587.	4,551,686.	23,575,921.
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 <b>Public support.</b> Subtract line 5 from line 4.						23,575,921.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 . . . . .	4,532,157.	5,721,740.	4,496,751.	4,273,587.	4,551,686.	23,575,921.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	13,505.	52,551.	81,182.	68,816.	3,041.	219,095.
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . <b>ATCH 1</b> . . . . .	10,285.	1,165.	39,350.	59,319.	59,455.	169,574.
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						23,964,590.
12 Gross receipts from related activities, etc. (see instructions) . . . . .				12		
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	98.38%
15 Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	15	98.83%
16a <b>33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test - 2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test - 2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15. . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2010.** 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 - 2009.** 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.** Complete this part to provide the explanations 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).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
SPECIAL EVENTS REVENUE	0.	0.	33,975.	59,319.	59,455.	152,749.
OTHER INCOME	10,285.	1,165.	5,375.	0.	0.	16,825.
<b>TOTALS</b>	<u>10,285.</u>	<u>1,165.</u>	<u>39,350.</u>	<u>59,319.</u>	<u>59,455.</u>	<u>169,574.</u>

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

**2010**

Name of the organization  
 THE FAMILY CENTER INC

Employer identification number  
 13-3910716

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization THE FAMILY CENTER INC

Employer identification number  
13-3910716

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	DEPARTMENT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVENUE SOUTHWEST WASHINGTON, DC 20201-0004	\$ 1,863,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	NYC ADMINISTRATION FOR CHILDREN SERVICES 150 WILLIAM STREET NEW YORK, NY 10038	\$ 661,029.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	PUBLIC HEALTH SOLUTIONS 40 WORTH STREET, 5TH FLOOR NEW YORK, NY 10013	\$ 462,813.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	PUBLIC HEALTH SOLUTIONS 40 WORTH STREET, 5TH FLOOR NEW YORK, NY 10013	\$ 189,831.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	OFFICE OF CHILDREN AND FAMILY SERVICES 52 WASHINGTON STREET RENSSELAER, NY 12144-2834	\$ 146,664.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	NYSDOH AIDS INSTITUTE ESP CORNING TOWER ALBANY, NY 11237	\$ 91,363.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990. See separate instructions.

Name of the organization

THE FAMILY CENTER INC

Employer identification number

13-3910716

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 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)?, 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.

Table with 2 columns: Amounts. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2010

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

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

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

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

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?

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

Table with columns for Amount and rows for 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21?

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

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

Table with columns (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back and rows for 1a-1g: Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance.

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

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

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

- (i) unrelated organizations
(ii) related organizations

Table with columns Yes, No and rows 3a(i), 3a(ii), 3b.

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

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.

Table with columns (a) Cost or other basis (Investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value and rows for 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total.

**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 . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
<b>Total.</b> (Column (b) must 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must 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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must 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
(1) Federal income taxes	
(2) DEFERRED RENT	186,365.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	186,365.

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 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,564,689.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,555,219.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	9,470.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	9,470.

**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	4,615,037.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	50,348.
e	Add lines 2a through 2d	2e	50,348.
3	Subtract line 2e from line 1	3	4,564,689.
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	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,564,689.

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

1	Total expenses and losses per audited financial statements	1	4,605,567.
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	50,348.
e	Add lines 2a through 2d	2e	50,348.
3	Subtract line 2e from line 1	3	4,555,219.
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	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,555,219.

**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, line 2; 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.

SEE PAGE 5

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**Part XIV Supplemental Information** (continued)

FIN 48 FOOTNOTE

PART X

EFFECTIVE JULY 1, 2009, THE FAMILY CENTER ADOPTED THE PROVISIONS OF FASB INTERPRETATION NO. 48 ("FIN 48") ACCOUNTING FOR UNCERTAINTIES IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT NO. 109, NOW INCORPORATED IN ACCOUNTING STANDARDS CODIFICATION ("ASC") 740. ASC 740-10 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS SECTION PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.

THE FAMILY CENTER IS EXEMPT FROM FEDERAL INCOME TAXATION BY VIRTUE OF BEING AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. NEVERTHELESS, THE FAMILY CENTER MAY BE SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. THE TAX YEARS ENDING JUNE 30, 2008, 2009, 2010 AND 2011 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES. THE ADOPTION OF ASC 740-10 DID NOT HAVE A MATERIAL IMPACT ON THE FAMILY CENTER'S FINANCIAL STATEMENTS, AS MANAGEMENT DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WITHIN ITS FINANCIAL STATEMENTS.



**Part XIV** Supplemental Information (continued)

RECONCILIATION OF REVENUE

SCHEDULE D, PART XII, LINE 2D

SPECIAL EVENTS EXPENSES 50,348

RECONCILIATION OF EXPENSES

SCHEDULE D, PART XIII, LINE 2D

SPECIAL EVENTS EXPENSES 50,348

**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

**2010**

**Open To Public  
Inspection**

Name of the organization  
**THE FAMILY CENTER INC**

Employer identification number  
**13-3910716**

**Part I**

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

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

- |   |  |
|---|--|
| <input type="checkbox"/> a Mail solicitations               | <input type="checkbox"/> e Solicitation of non-government grants |
| <input type="checkbox"/> b Internet and email solicitations | <input type="checkbox"/> f Solicitation of government grants     |
| <input type="checkbox"/> c Phone solicitations              | <input type="checkbox"/> g Special fundraising events            |
| <input type="checkbox"/> d In-person solicitations          |  |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising 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.

(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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

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

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events
		BIDS FOR KIDS	BLOOM	0.	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	27,016.	85,835.	112,851.
	2	Less: Charitable contributions	2,716.	50,680.	53,396.
	3	Gross income (line 1 minus line 2)	24,300.	35,155.	59,455.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	8,725.	17,200.	25,925.
	6	Rent/facility costs	3,900.	10,670.	14,570.
	7	Food and beverages	3,771.	822.	4,593.
	8	Entertainment			
	9	Other direct expenses	425.	4,835.	5,260.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Combine line 3, column (d), and line 10				9,107.

**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				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				( )
	8	Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
 a Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

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

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Name of the organization  
**THE FAMILY CENTER INC**

Employer identification number  
**13-3910716**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |                          |   |                          |   |
|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | First-class or charter travel             | <input type="checkbox"/> | Housing allowance or residence for personal use |
| <input type="checkbox"/> | Travel for companions                     | <input type="checkbox"/> | Payments for business use of personal residence |
| <input type="checkbox"/> | Tax indemnification and gross-up payments | <input type="checkbox"/> | Health or social club dues or initiation fees   |
| <input type="checkbox"/> | Discretionary spending account            | <input type="checkbox"/> | Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . . . . .

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |                                     |                                     |                                     |   |
|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Compensation committee              | <input type="checkbox"/>            | Written employment contract                     |
| <input type="checkbox"/>            | Independent compensation consultant | <input checked="" type="checkbox"/> | Compensation survey or study                    |
| <input checked="" type="checkbox"/> | Form 990 of other organizations     | <input checked="" type="checkbox"/> | Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization? . . . . . **4a** X
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . . **4b** X
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . . **4c** X
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? . . . . . **5a** X
- b** Any related organization? . . . . . **5b** X
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? . . . . . **6a** X
- b** Any related organization? . . . . . **6b** X
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . . **7** X

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . . **8** X

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . . **9**

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2010

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 IVY GAMBLE COBB	(i) 174,523. (ii) 0. (iii) 151,351.	0.	0.	1,653. 0.	5,151. 0.	181,327. 0.	0. 0.
2 JAN HUDIS JIMENEZ	(i) 0. (ii) 0. (iii) 0.	0.	0.	1,381. 0.	4,201. 0.	156,933. 0.	0. 0.
3	(i) --- (ii) --- (iii) ---	---	---	---	---	---	---
4	(i) --- (ii) --- (iii) ---	---	---	---	---	---	---
5	(i) --- (ii) --- (iii) ---	---	---	---	---	---	---
6	(i) --- (ii) --- (iii) ---	---	---	---	---	---	---
7	(i) --- (ii) --- (iii) ---	---	---	---	---	---	---
8	(i) --- (ii) --- (iii) ---	---	---	---	---	---	---
9	(i) --- (ii) --- (iii) ---	---	---	---	---	---	---
10	(i) --- (ii) --- (iii) ---	---	---	---	---	---	---
11	(i) --- (ii) --- (iii) ---	---	---	---	---	---	---
12	(i) --- (ii) --- (iii) ---	---	---	---	---	---	---
13	(i) --- (ii) --- (iii) ---	---	---	---	---	---	---
14	(i) --- (ii) --- (iii) ---	---	---	---	---	---	---
15	(i) --- (ii) --- (iii) ---	---	---	---	---	---	---
16	(i) --- (ii) --- (iii) ---	---	---	---	---	---	---

**Part III** Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

JSA

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**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

THE FAMILY CENTER INC

Employer identification number

13-3910716

NEW SIGNIFICANT PROGRAM SERVICES

FORM 990, PART III, LINE 2

DIABETES PREVENTION SERVICES - TFC'S DIABETES PREVENTION PROGRAM

ADDRESSES THE EPIDEMIC OF DIABETES AND OBESITY IN CENTRAL BROOKLYN. IN CENTRAL BROOKLYN, OVER 12% OF RESIDENTS REPORT BEING DIAGNOSED WITH DIABETES, A RATE 33% HIGHER THAN NEW YORK CITY'S AVERAGE. SINCE 1995, DIABETES DEATHS IN OUR AREA HAVE INCREASED 42%. CO-OCCURRING WITH HIGH RATES OF DIABETES IS WIDESPREAD OBESITY: 95% OF CENTRAL BROOKLYN'S DIABETES CASES ARE TYPE 2, STRONGLY ASSOCIATED WITH OBESITY. TFC'S PROGRAM IS A PARTNERSHIP, THROUGH WHICH WE SEEK TO RAISE RESIDENTS' AWARENESS OF DIABETES, HELP RESIDENTS WITH PRE-DIABETES AVOID DISEASE PROGRESSION, AND HELP THOSE DIAGNOSED WITH DIABETES CONTROL THEIR CONDITION. THE GOALS OF B-SWEL ARE TO LOWER THE RATE OF DIABETES THROUGH INDIVIDUAL AND GROUP PREVENTION ACTIVITIES, FOCUSING ON DIET, EXERCISE, AND ACCESS TO HIGH QUALITY MEDICAL CARE. WE ALSO WORK WITH COMMUNITY MEMBERS TO ADDRESS THE SOCIAL DETERMINANTS OF ILLNESS AND TO CREATE A HEALTHIER ENVIRONMENT FOR ALL CENTRAL BROOKLYN RESIDENTS.

REVIEW OF THE 990

FORM 990, PART VI, SECTION B, LINE 11

THE FAMILY CENTER'S FORM 990 IS PREPARED BY A PROMINENT INDEPENDENT ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. THE BOARD CHAIR AND TREASURER REVIEW A DRAFT OF THE 990 BEFORE IT IS PRESENTED TO THE ENTIRE BOARD FOR REVIEW. A DRAFT OF THE



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990 IS EMAILED TO ALL BOARD MEMBERS. BOARD MEMBERS ARE ASKED TO REVIEW THE DOCUMENT AND SUBMIT ANY QUESTIONS OR CONCERNS TO THE EXECUTIVE DIRECTOR. BOARD MEMBERS GIVE FINAL APPROVAL BEFORE SUBMITTING THE 990 FOR FILING.

#### CONFLICT OF INTEREST POLICY

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

ALL BOARD MEMBERS AND EXECUTIVE STAFF MEMBERS MUST DISCLOSE ANY POTENTIAL CONFLICTS TO THE EXECUTIVE DIRECTOR AND BOARD CHAIR. BOARD MEMBERS AND EXECUTIVE STAFF SIGN CONFLICT OF INTEREST STATEMENTS ANNUALLY. THESE STATEMENTS OUTLINE THE PROCEDURES FOR DISCLOSING CONFLICTS.

ANY PERSON WITH A CONFLICT OF INTEREST IS EXCLUDED FROM THE DISCUSSION AND APPROVAL OF SUCH TRANSACTION. A COMPETITIVE BID OR COMPARABLE VALUATION MUST EXIST AND THE BOARD MUST DETERMINE THAT THE TRANSACTION IS IN THE BEST INTEREST OF THE ORGANIZATION.

#### EXECUTIVE COMPENSATION POLICY

FORM 990, PART VI, SECTION B, LINE 15

TO DETERMINE THE EXECUTIVE DIRECTOR'S COMPENSATION, THE FAMILY CENTER UTILIZES BENCHMARKING SURVEYS AND OTHER STUDIES (RELATED TO THE INDUSTRY). THE COMPENSATION COMMITTEE MEETS INDEPENDENT OF THE CHIEF EXECUTIVE TO DISCUSS PERFORMANCE RELATIVE TO THE POSITION DESCRIPTION. ONCE CONSENSUS IS REACHED REGARDING PERFORMANCE, A SIMILAR DISCUSSION IS HELD CONCERNING COMPENSATION RELATIVE TO ANNUAL BENCHMARK AND ESTABLISHED OBJECTIVES. THE FINDINGS AND RECOMMENDATIONS ARE PRESENTED TO THE FULL

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BOARD FOR REVIEW AND APPROVAL. THE BOARD CHAIR THEN MEETS WITH THE CHIEF EXECUTIVE TO DISCUSS AND DOCUMENT STRENGTHS, WEAKNESSES AND GOALS FOR THE UPCOMING YEAR. COMPENSATION FOR THE UPCOMING YEAR IS ALSO DISCUSSED AND DOCUMENTED.

THE DEPUTY EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY THE EXECUTIVE DIRECTOR BASED ON MEETING CERTAIN PERFORMANCE CRITERIA.

#### PUBLIC DISCLOSURE OF DOCUMENTS

FORM 990, PART VI, SECTION C, LINE 19

THE FAMILY CENTER'S FINANCIAL STATEMENTS, 990 TAX RETURN AND PRIVACY POLICY ARE AVAILABLE TO THE PUBLIC AT THE ORGANIZATION'S PRINCIPAL PLACE OF BUSINESS AND ON ITS WEBSITE AT WWW.THEFAMILYCENTER.ORG. THE ORGANIZATION'S FORM 990 IS ALSO AVAILABLE ON THE INTERNET AT WWW.GUIDESTAR.ORG AND THE BETTER BUSINESS BUREAU'S WEBSITE. THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST AND AT MANAGEMENT'S DISCRETION.

#### FINANCIAL STATEMENT INFORMATION

RESTATEMENT OF OPENING NET ASSETS - \$152,677

FORM 990, PART XII, LINE 2C

THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS.

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ATTACHMENT 1FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE FAMILY CENTER PROVIDES COMPREHENSIVE SOCIAL SERVICE TO FAMILIES AFFECTED BY PARENTAL ILLNESS, ABSENCE OR LOSS. THE OVERARCHING GOAL OF THE SERVICES IS TO STABILIZE THE FAMILY AND ENSURE A SMOOTH TRANSITION FOR THE CHILDREN. THE SERVICES FOCUS ON HELPING PARENTS AND CAREGIVERS TO CREATE SOUND PLANS FOR THE FUTURE CARE OF THEIR CHILDREN, IMPROVING FAMILY COMMUNICATION, AND SUPPORTING THE HEALTH AND WELL-BEING OF ALL MEMBERS OF THE FAMILY, WITH A PARTICULAR FOCUS ON INDIVIDUALS WITH TERMINAL ILLNESSES. SPECIFICALLY, TFC SERVICES INCLUDE PERMANENCY PLANNING, INDIVIDUAL AND FAMILY COUNSELING, HEALTH CARE COORDINATION, INFORMATION AND REFERRAL, ADVOCACY AND GROUP PROGRAMS. LEGAL SERVICES PROVIDE FOR LEGAL COUNSEL, ADVICE AND REPRESENTATION TO ADDRESS A BROAD RANGE OF LEGAL CHALLENGES IN THE AREAS OF FAMILY LAW, HOUSING AND PUBLIC BENEFITS.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4A

## SOCIAL SERVICES:

PERMANENCY PLANNING AND DISCLOSURE SUPPORT - TFC ASSISTS ILL PARENTS WITH CREATING A SOUND FUTURE CARE PLAN FOR THEIR CHILDREN.

HELPING A PARENT OR CAREGIVER DEVELOP A VIABLE PLAN FOR THE FUTURE CARE OF HIS/HER CHILDREN IS A COMPLICATED TASK. TFC SUPPORTS THE ILL PARENT THROUGH A DIFFICULT SET OF DISCUSSIONS ABOUT THEIR MORTALITY AND THEIR CHILDREN'S FUTURE. PARENTS ARE EDUCATED ABOUT THE PLANNING PROCESS AND THE SERVICES AND ENTITLEMENTS THAT WOULD BE AVAILABLE TO THE NEW CAREGIVER IN THE

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ATTACHMENT 2 (CONT'D)

EVENT OF THE CLIENT'S DEATH. WE EXPLORE WITH THE ILL PARENT POSSIBLE VULNERABILITIES IN THE CLIENT'S DESIRED PLAN WITH THE GOAL OF ANTICIPATING AND ADDRESSING ANY OBSTACLES TO THE PROPOSED PLAN.

INDIVIDUAL AND FAMILY COUNSELING -- TFC OFFERS INDIVIDUAL AND FAMILY COUNSELING TO ITS CLIENTS. INDIVIDUAL COUNSELING SERVICES FOCUS ON ADDRESSING ISSUES RELATED TO ILLNESS, TRAUMA AND LOSS, AS WELL AS ON PARENTING, SELF-EFFICACY AND SELF-CARE. TFC'S FAMILY COUNSELING SERVICES FOCUS ON FAMILY COMMUNICATION, FAMILY ADJUSTMENT, AND DISCLOSURE ISSUES. ALL CLINICAL SERVICES ARE PROVIDED BY MASTERS LEVEL MENTAL HEALTH PROFESSIONALS WHO RECEIVE WEEKLY SUPERVISION FROM AN LCSW SUPERVISOR.

MEDICAL CASE MANAGEMENT -- TFC'S MEDICAL CASE MANAGEMENT PROGRAM IS DESIGNED TO ENSURE THAT ALL HIV+ INDIVIDUALS IN THE HOUSEHOLDS WE SERVE HAVE ACCESS TO HIGH-QUALITY MEDICAL CARE AND INFORMATION. THE COMMUNITY HEALTH NURSES FUNCTION AS THE AGENCY EXPERTS ON HIV DISEASE AND TREATMENT, PROVIDING BOTH DIRECT SUPPORT TO CLIENTS, AND TECHNICAL SUPPORT TO OTHER DIRECT SERVICE STAFF. ALL DIRECT SERVICE STAFF ARE TRAINED TO ADMINISTER THE MEDICAL CASE MANAGEMENT ASSESSMENT AND TO FOLLOW-UP ON PROBLEM AREAS THAT ARE IDENTIFIED.

TFC'S MEDICAL CASE MANAGEMENT PROGRAM IS FOCUSED AROUND THE

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MEDICAL CASE MANAGEMENT ASSESSMENT, A TOOL WHICH ASSESSES THE INDIVIDUAL'S CURRENT HEALTH AND TREATMENT STATUS (WITH REGARD TO HIV AND RELATED ILLNESSES). THROUGH THE MCM ASSESSMENT STAFF ALSO EXPLORE THEIR CLIENTS' LEVEL OF SATISFACTION WITH THEIR CARE, THE IMPACT OF ILLNESS AND TREATMENT ON ACTIVITIES OF DAILY LIVING, AND THEIR INTEREST IN REFERRALS FOR NEW MEDICAL SERVICES, PROVIDERS OR CLINICAL TRIALS. IN ADDITION TO ONE-ON-ONE SERVICES, TFC RUNS GROUP INTERVENTIONS, WORKSHOPS AND RESEARCH STUDIES AIMED AT IMPROVING THE HEALTH OUTCOMES OF OUR HIV+ CLIENTS.

CASE MANAGEMENT - TFC STAFF ASSIST CLIENTS WITH ACCESSING A RANGE OF BENEFITS FOR THEMSELVES AND THEIR FAMILIES. CASE MANAGEMENT ACTIVITIES INCLUDE CONDUCTING RESEARCH ABOUT APPROPRIATE SERVICES AND ELIGIBILITY, MAKING REFERRALS, ASSISTING CLIENTS WITH APPLICATION PROCESSES, PROVIDING ADVOCACY, AND COORDINATING SERVICES WITH OTHER PROVIDERS.

GROUP SERVICES - TFC OFFERS A RANGE OF GROUPS FOR ADULTS, TEENS AND FAMILIES. TFC'S GROUP OFFERINGS INCLUDE DROP-IN GROUPS, CLOSED MEMBERSHIP SHORT-TERM GROUPS, AND ONGOING PSYCHO-EDUCATIONAL AND SUPPORT GROUPS. SOME GROUPS ARE OPEN TO CLIENTS OF OTHER TFC DEPARTMENTS AND/OR PARTNER ORGANIZATIONS.

BUDDY PROGRAM - TFC'S BUDDY PROGRAM IS A ONE-ON-ONE MENTORING PROGRAM WHICH MATCHES AN ADULT VOLUNTEER WITH A CHILD FROM ONE OF

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ATTACHMENT 2 (CONT'D)

THE FAMILIES THAT WE SERVE. BUDDY VOLUNTEERS ARE CAREFULLY SCREENED AND ARE PROVIDED WITH TRAINING AND SUPPORT BY TFC STAFF. BUDDIES SPEND 8-10 HOURS TOGETHER A MONTH ENGAGED IN ACTIVITIES OF THEIR CHOOSING.

OUTREACH AND COMMUNITY EDUCATION - TFC HAS A STRONG COMMITMENT TO REACHING OUT TO FAMILIES WHO COULD BENEFIT FROM OUR SERVICES AS WELL AS SHARING OUR PROGRAM MODEL WITH PARTNER ORGANIZATIONS. AS PART OF TFC'S OUTREACH STRATEGY, WE HAVE DEVELOPED A SERIES OF TRAININGS AND WORKSHOPS IN AREAS OF OUR EXPERTISE WHICH WE MAKE AVAILABLE TO CONSUMER AND PROFESSIONAL GROUPS. TFC ALSO HAS A TEAM OF CONSUMERS AND FORMER CONSUMERS WHO HAVE BEEN TRAINED AS PEER OUTREACH WORKERS. THE POWS PRESENT TO VARIED AUDIENCES ON SERVICES RECEIVED AT TFC AND THEIR OWN PERSONAL EXPERIENCES. THE POWS AUGMENT OUR OUTREACH CAPACITY AT HEALTH FAIRS AND COMMUNITY EVENTS AND BRING A UNIQUE VOICE TO OUR OUTREACH MESSAGE.

ATTACHMENT 3FORM 990, PART III - PROGRAM SERVICE, LINE 4C

## LEGAL SERVICES:

TFC PROVIDES A RANGE OF LEGAL SERVICES FOR TERMINALLY-ILL PARENTS AND NEW CAREGIVERS INCLUDING NON-CONTESTED CUSTODY AND GUARDIANSHIP PROCEEDINGS, ADVANCED DIRECTIVES AND ENTITLEMENTS ADVOCACY. FOR HIV+ INDIVIDUALS, TFC'S LEGAL DEPARTMENT ADDITIONALLY OFFERS LEGAL CONSULTATION AND/OR REPRESENTATION ON A

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RANGE OF LEGAL ISSUES INCLUDING UNCONTESTED AND CONTESTED FAMILY LAW PROCEEDINGS, HOUSING, HOME CARE, DISCRIMINATION, CONSUMER FINANCE AND BREACH OF CONFIDENTIALITY, PROVIDED THAT THE INDIVIDUAL'S NEED FOR LEGAL COUNSEL IS DIRECTLY RELATED TO HIS/HER HIV STATUS. LEGAL REPRESENTATION IS PROVIDED THROUGH DIRECT REPRESENTATION, BRIEF ADVICE AND COUNSEL AND LEGAL CLINICS AND WORKSHOPS.

FUTURE CARE PLANNING - TFC PROVIDES FUTURE CARE PLANNING (PERMANENCY PLANNING) AND FAMILY LAW SERVICES FOR CLIENTS. WE ASSIST WITH GUARDIANSHIP FOR BOTH MINOR CHILDREN AND DISABLED ADULTS, CHILD CUSTODY VISITATION, ADOPTION, CHILD AND SPOUSAL SUPPORT AND PATERNITY.

ADVANCED DIRECTIVES - TFC WORKS TO GIVE CLIENTS PEACE OF MIND AND THE ABILITY TO FACE THE WORST WITH DIGNITY. WE ASSIST CLIENTS IN EXECUTING STANDBY GUARDIANSHIPS, WILLS, POWERS OF ATTORNEY, LIVING WILLS AND HEALTH CARE PROXIES.

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PUBLIC BENEFITS - TFC ASSISTS CLIENTS IN ACCESSING PUBLIC BENEFITS TO ENSURE THAT PARENTS CAN PROVIDE FOR CHILDREN, GRANDCHILDREN AND DEPENDENT ADULTS. WE PROVIDE INCOME MAINTENANCE REPRESENTATION ON ISSUES SUCH AS FOOD STAMPS, MEDICARE/MEDICAID, HASA BENEFITS AND SUPPLEMENTAL SECURITY INCOME AND SOCIAL SECURITY DISABILITY BENEFITS.

HOUSING - TFC ASSISTS CLIENTS IN MAINTAINING SAFE AND SECURE HOUSING. WE REPRESENT THEM IN HOUSING NONPAYMENT, HOLDOVER, SUCCESSION MATTERS AND REPAIR CASES.