FORM 990 – 2008

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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning OCT 1, 2008 and ending SEP 30, 2009

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Termination [ ] Amended return [ ] Application pending

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

C Name of organization
FAMILY AND CHILD SERVICES OF WASHINGTON D.C., INC.
Doing Business As FAMILY MATTERS OF GREATER WASH
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1509 16TH STREET, NW
City or town, state or country, and ZIP + 4
WASHINGTON, DC 20036

D Employer identification number 53-0208258

E Telephone number 202-289-1510

G Gross receipts $ 8,477,660.

F Name and address of principal officer: TONYA J. SMALLWOOD
SAME AS C ABOVE

H(a) Is this a group return for affiliates? [ ] Yes [X] No
H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c) (3) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.FAMILYMATTERSDC.ORG

K Type of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1936 M State of legal domicile: DC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O FOR THE ORGANIZATION'S MISSION DESCRIPTION.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	17
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5 Total number of employees (Part V, line 2a)	5	163
6 Total number of volunteers (estimate if necessary)	6	50
7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.

	Prior Year	Current Year
Revenue		
8 Contributions and grants (Part VIII, line 1h)	5,336,595.	646,163.
9 Program service revenue (Part VIII, line 2g)	4,564,168.	7,126,163.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	482,427.	518,314.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	415,851.	159,576.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,799,041.	8,450,216.
Expenses		
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,585,810.
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,383,359.	5,586,593.
16a Professional fundraising fees (Part IX, column (A), line 11e)		69,270.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 393,341.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	7,462,552.	4,508,735.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,845,911.	11,750,408.
19 Revenue less expenses. Subtract line 18 from line 12	<1,046,870.>	<3,300,192.>

Net Assets or Fund Balances	Beginning of Year	End of Year
20 Total assets (Part X, line 16)	29,270,751.	25,809,582.
21 Total liabilities (Part X, line 26)	13,340,895.	13,462,299.
22 Net assets or fund balances. Subtract line 21 from line 20	15,929,856.	12,347,283.

Part II Signature Block

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

Sign Here

▶ Tonya J. Smallwood
Signature of officer

Date 8-11-2010

▶ TONYA J. SMALLWOOD, CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ | Date | Check if self-employed ▶ [X] | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ROSS,LANGAN & MCKENDREE, L.L.P.
7900 WESTPARK DR, STE T420
MCLEAN, VA 22102

EIN ▶

Phone no. ▶ 703-893-2660

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

832001 12-18-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2008)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III | Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
FAMILY & CHILD SERVICES, DBA FAMILY MATTERS OF GREATER WASHINGTON, MISSION IS TO PROVIDE A BROAD SPECTRUM OF SERVICES & SUPPORT CAPABILITIES FOR CHILDREN, TEENAGERS, FAMILIES & SENIOR CITIZENS WHO ARE VULUNERABLE, IN NEED, & UNDERSERVED IN OUR COMMUNITY. SERVICES &

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 $ 2,911,330. including grants of $ 1,003,006.) (Revenue $ 3,489,421.)
FOSTER CARE: 100 CHILDREN WERE CARED FOR IN FOSTER HOMES WHILE RECEIVING SERVICES TO HELP THEM REUNITE WITH THEIR FAMILIES OF ORIGIN OR NEW ADOPTIVE FAMILIES. IN ADDITION, APPROXIMATELY 20 CHILDREN IN ALTERNATIVE SETTINGS RECEIVED CASE MANAGEMENT SERVICES (IN HOME, GROUP HOME AND RESIDENTIAL TREATMENT SETTINGS).

4b (Code:) (Expenses $ 1,494,896. including grants of $ 199,805.) (Revenue $ 1,016,533.)
SENIOR SOCIAL SERVICES: 698 SENIORS OVER THE AGE OF 60 YEARS RECEIVED CASE MANAGEMENT AND SUPPORTIVE SERVICES TO HELP THEM REMAIN INDEPENDENT IN THEIR HOMES.

4c (Code:) (Expenses $ 1,090,105. including grants of $ 8,164.) (Revenue $ 348,102.)
MENTAL HEALTH: PROVIDED SERVICES FOR APPROXIMATELY 250 CONSUMERS IN FISCAL YEAR 09. THE UNIT SIGNIFICANTLY ENHANCED ITS RELATIONSHIPS WITH DC DEPARTMENT OF MENTAL HEALTH AND DC CHILD AND FAMILY SERVICES AGENCY AND HAS BEGUN RECEIVING AN INCREASED NUMBER OF REFERRALS. THE AGENCY HAS EXPANDED ITS MENTAL HEALTH SERVICES FROM SERVING ONLY CHILDREN TO ALSO SERVING ADULTS.

4d Other program services. (Describe in Schedule O.)
(Expenses $ 3,683,281. including grants of $ 374,835.) (Revenue $ 2,440,524.)

4e **Total program service expenses** ▶ $ 9,179,612. *(Must equal Part IX, Line 25, column (B).)*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	X	
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17	X	
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b-24d and complete Schedule K. If "No", go to question 25*	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
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		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
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		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? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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? *If "Yes," complete Schedule R, Part VI*	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	73			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	163			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?			7a		X
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		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter: N/A					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter: N/A					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b				

Part VI **Governance, Management, and Disclosure** *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body ... 1a 17			
b	Enter the number of voting members that are independent ... 1b 17			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b		X
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶DC

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.

☐ Own website ☒ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

TONYA J. SMALLWOOD - 202-289-1510
1509 16TH STREET, NW, WASHINGTON, DC 20036

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
ANNABELLE T. LOCKHART TRUSTEE	10.00	X						0.	0.	0.
BRUCE A. COHEN TRUSTEE	10.00	X						0.	0.	0.
CAROLYN B. RUDD TRUSTEE	5.00	X						0.	0.	0.
DAVID BOWMAN TRUSTEE	5.00	X						0.	0.	0.
DIANE SHUST SECRETARY	5.00	X		X				0.	0.	0.
EDNA KANE-WILLIAMS TRUSTEE	5.00	X						0.	0.	0.
EDWARD MORGAN TRUSTEE	5.00	X						0.	0.	0.
G. EDGAR AKDINS, JR. TREASURER	10.00	X		X				0.	0.	0.
GEORGE L. WASHINGTON, JR 1ST VICE PRESIDENT	10.00	X		X				0.	0.	0.
JEAN R. BOWER TRUSTEE	5.00	X						0.	0.	0.
KAREN M. DALE PRESIDENT	10.00	X		X				0.	0.	0.
LENDA P. WASHINGTON 2ND VICE PRESIDENT	5.00	X		X				0.	0.	0.
MONTY BURNHAM TRUSTEE	10.00	X						0.	0.	0.
NORMA STEWART TRUSTEE	5.00	X						0.	0.	0.
ROBIN JENKINS TRUSTEE	5.00	X						0.	0.	0.
STEVEN S. ROSENTHAL TRUSTEE	10.00	X						0.	0.	0.
TRUDY CORNWALL-MCGILL ASSISTANT TREASURER	2.00	X		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	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
BONNIE HEGBURG FORMER CHIEF PROGRAM OFF	37.50			X		X		106,031.	0.	8,215.
CHARLOTTE MCCONNELL FORMER EXECUTIVE DIRECTO	22.00			X		X		182,348.	0.	9,276.
STEPHANIE BURCH CHIEF FINANCIAL OFFICER	11.00			X				0.	0.	0.
TONYA J. SMALLWOOD CHIEF EXECUTIVE OFFICER	37.00			X				0.	0.	0.
THOMAS D. HARRISON FORMER CFO	28.00			X				22,075.	0.	5,079.
JAY MERIWETHER TEMPORARY CFO	9.00			X				0.	0.	0.
DOLPHENE WILLIAMS CHIEF OF PROGRAMS EVALUA	9.00				X			0.	0.	0.
PETER VIELE FORMER CHIEF DEVELOPMENT	11.00					X		108,225.	0.	8,150.
1b Total ▶								418,679.	0.	30,720.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 3

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		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*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		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. NONE

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

Section	Line	Description	Code / Sub	Amount	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a	21,823.				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	624,340.				
	g	Noncash contributions included in lines 1a-1f: $						
	h	**Total.** Add lines 1a-1f ▶			646,163.			
Program Service Revenue			Business Code					
	2 a	GOVERNMENT CONTRACTS	900099		6782431.	6782431.		
	b	PROGRAM FEES	900099		343,732.	343,732.		
	c							
	d							
	e							
	f	All other program service revenue						
	g	**Total.** Add lines 2a-2f ▶			7126163.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶			335,502.			335,502.
	4	Income from investment of tax-exempt bond proceeds ▶						
	5	Royalties ▶						
			(i) Real	(ii) Personal				
	6 a	Gross Rents	9,600.					
	b	Less: rental expenses						
	c	Rental income or (loss)	9,600.					
	d	Net rental income or (loss) ▶			9,600.			9,600.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other 192434.				
	b	Less: cost or other basis and sales expenses		9,622.				
	c	Gain or (loss)		182812.				
	d	Net gain or (loss) ▶			182,812.			182,812.
	8 a	Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	a	79,042.				
	b	Less: direct expenses	b	17,822.				
	c	Net income or (loss) from fundraising events ▶			61,220.			61,220.
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from gaming activities ▶						
	10 a	Gross sales of inventory, less returns and allowances	a					
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory ▶						
		Miscellaneous Revenue	Business Code					
	11 a	MISCELLANEOUS	900099		88,756.	88,756.		
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a-11d ▶			88,756.			
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶			8450216.	7214919.	0.	589,134.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,585,810.	1,585,810.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	449,399.	211,223.	125,407.	112,769.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,500,631.	2,915,810.	546,662.	38,159.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,041,266.	844,603.	163,973.	32,690.
9 Other employee benefits	250,148.	190,341.	53,473.	6,334.
10 Payroll taxes	345,149.	256,783.	75,067.	13,299.
11 Fees for services (non-employees):				
a Management	200,995.	97,498.	97,887.	5,610.
b Legal	2,213.		2,213.	
c Accounting	132,047.	122,756.	6,074.	3,217.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	69,270.			69,270.
f Investment management fees	103,764.		103,764.	
g Other	1,191,941.	1,100,418.	52,019.	39,504.
12 Advertising and promotion				
13 Office expenses	403,082.	267,794.	111,844.	23,444.
14 Information technology	98,497.	67,227.	31,270.	
15 Royalties				
16 Occupancy	552,972.	484,492.	58,838.	9,642.
17 Travel	215,583.	194,543.	19,239.	1,801.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	720,150.	323,316.	396,742.	92.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	451,760.	202,475.	249,285.	
23 Insurance	138,601.	73,618.	61,952.	3,031.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a BAD DEBT EXPENSE	174,267.	173,700.	567.	
b EQUIPMENT RENTAL	72,632.	62,726.	8,070.	1,836.
c				
d				
e				
f All other expenses	50,231.	4,479.	13,109.	32,643.
25 **Total functional expenses.** Add lines 1 through 24f	11,750,408.	9,179,612.	2,177,455.	393,341.
26 **Joint Costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	300,786.	1	635,363.
	2	Savings and temporary cash investments		2	346,560.
	3	Pledges and grants receivable, net		3	92,470.
	4	Accounts receivable, net	1,663,112.	4	1,143,285.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	163,358.	9	30,628.
	10a	Land, buildings, and equipment: cost basis 10a 17,879,385.			
	b	Less: accumulated depreciation. Complete Part VI of Schedule D 10b 2,381,649.	15,823,193.	10c	15,497,736.
	11	Investments - publicly traded securities	10,784,529.	11	6,756,105.
	12	Investments - other securities. See Part IV, line 11		12	781,887.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	535,773.	15	525,548.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	29,270,751.	16	25,809,582.
Liabilities	17	Accounts payable and accrued expenses	2,515,346.	17	2,713,362.
	18	Grants payable		18	
	19	Deferred revenue		19	5.
	20	Tax-exempt bond liabilities	10,400,000.	20	10,105,000.
	21	Escrow 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		24	
	25	Other liabilities. Complete Part X of Schedule D	425,549.	25	643,932.
	26	**Total liabilities.** Add lines 17 through 25	13,340,895.	26	13,462,299.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	15,204,409.	27	11,545,446.
	28	Temporarily restricted net assets	471,071.	28	331,753.
	29	Permanently restricted net assets	254,376.	29	470,084.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	15,929,856.	33	12,347,283.
	34	Total liabilities and net assets/fund balances	29,270,751.	34	25,809,582.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to lines 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?	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization FAMILY AND CHILD SERVICES OF WASHINGTON D.C., INC.

Employer identification number 53-0208258

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: (Please check only **one** organization.)

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).** (Attach Schedule H.)

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 the Part III.)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

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

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

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

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

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the organizations the organization supports.

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

Part II **Support Schedule for Organizations Described in 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,715,636.	9,187,376.	8,208,455.	9,720,184.	7,584,046.	43,415,697.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 - 3	8,715,636.	9,187,376.	8,208,455.	9,720,184.	7,584,046.	43,415,697.
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)						328,709.
6 **Public Support.** Subtract line 5 from line 4.						43,086,988.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	8,715,636.	9,187,376.	8,208,455.	9,720,184.	7,584,046.	43,415,697.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	98,979.	543,086.	528,781.	492,027.	347,590.	2,010,463.
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.)	312,094.	170,165.	337,965.	455,808.	338,256.	1,614,288.
11 **Total support.** Add lines 7 through 10						47,040,448.

12 Gross receipts from related activities, etc. (see instructions) **12** 15,038,382.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) **14** 91.60 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f **15** %

16a **33 1/3% support test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (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

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) | 15 | %

16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g | 16 | %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f)) | 17 | %

18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h | 18 | %

19a **33 1/3% support tests - 2008.** 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 - 2007.** 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 ▶ ☐

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2008

Name of the organization: FAMILY AND CHILD SERVICES OF WASHINGTON D.C., INC.

Employer identification number: 53-0208258

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 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 organizations 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

[X] For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/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 Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some 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. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
FAMILY AND CHILD SERVICES OF WASHINGTON D.C., INC.

Employer identification number
53-0208258

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		$ 20,700.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2		$ 13,633.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3		$ 14,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4		$ 155,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization FAMILY AND CHILD SERVICES OF WASHINGTON D.C., INC.

Employer identification number 53-0208258

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

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

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

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

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

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

☐ Preservation of land for public use (e.g., recreation or pleasure)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

4 Number of states where property subject to conservation easement is located ▶ ______

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

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ ______

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

(ii) Assets included in Form 990, Part X ▶ $ ______

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

b Assets included in Form 990, Part X ▶ $ ______

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

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

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

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

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

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

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

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	13,742,960.				
b Contributions					
c Investment earnings or losses	<44,612.>				
d Grants or scholarships					
e Other expenditures for facilities and programs	40,683.				
f Administrative expenses					
g End of year balance	13,657,665.				

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

a Board designated or quasi-endowment ▶ 94.68 %

b Permanent endowment ▶ 3.44 %

c Term endowment ▶ 1.88 %

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		6,368,625.		6,368,625.
b Buildings		10,748,377.	1,951,504.	8,796,873.
c Leasehold improvements				
d Equipment		762,383.	430,145.	332,238.
e Other				
Total. Add lines 1a-1e. *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				15,497,736.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶		

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

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

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

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

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

(a) Description of liability	(b) Amount
Federal income taxes	
FAIR VALUE OF INTEREST RATE SWAP AGREEMENT	643,932.
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25.)* ▶	643,932.

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.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,450,216.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,750,408.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<3,300,192.>
4	Net unrealized gains (losses) on investments	4	<267,837.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	<14,546.>
8	Other (Describe in Part XIV)	8	2.
9	Total adjustments (net). Add lines 4-8	9	<282,381.>
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<3,582,573.>

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	8,225,009.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	<267,837.>		
b	Donated services and use of facilities	2b	51,414.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	<8,784.>		
e	Add lines 2a through 2d			2e	<225,207.>
3	Subtract line 2e from line 1			3	8,450,216.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)			5	8,450,216.

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

1	Total expenses and losses per audited financial statements			1	10,732,371.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	51,414.		
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	51,414.
3	Subtract line 2e from line 1			3	10,680,957.
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	1,069,451.		
c	Add lines 4a and 4b			4c	1,069,451.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)			5	11,750,408.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART V, LINE 4: MOST OF THE INCOME FROM THE ORGANIZATION'S PERMANENT ENDOWMENTS CAN BE USED FOR THE GENERAL OPERATIONS OF THE ORGANIZATION. THE ORGANIZATION ALSO HAS CERTAIN DONOR RESTRICTED FUNDS THAT ARE MAINTAINED WITH THE PERMANENT ENDOWMENT THAT THE ORGANIZATION PLANS TO USE ON PROGRAMS AS RESTRICTED BY THE DONOR. THE BOARD DESIGNATED NET ASSETS HAVE BEEN ESTABLISHED BY THE BOARD TO FUND THE OPERATIONS OF THE BUILDING AND TO ESTABLISH THE THEBAN BOARD DESIGNATED RESERVE FUND.

Part XIV Supplemental Information *(continued)*

PART X: FIN 48 DISCLOSURES: THE ORGANIZATION HAS THE FOLLOWING DISCLOSURE IN ITS AUDITED FINANCIAL STATEMENTS.

"FASB ASC 740 PRESCRIBES A COMPREHENSIVE MODEL FOR HOW AN ORGANIZATION SHOULD MEASURE, RECOGNIZE, PRESENT, AND DISCLOSE IN ITS FINANCIAL STATEMENTS UNCERTAIN TAX POSITIONS THAT THE ORGANIZATION HAS TAKEN IN THE TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION BY MAJOR TAX JURISDICTIONS OR EXPECTS TO TAKE ON A TAX RETURN. THE ORGANIZATION HAS ADOPTED FASB ASC 740 AND, THEREAFTER, HAS RECOGNIZED THE TAX BENEFITS FROM UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY THE TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH POSITIONS ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE ORGANIZATION'S OPEN AUDIT PERIODS ARE 2006-2009. THERE WAS NO IMPACT TO THE ORGANIZATION'S FINANCIAL STATEMENTS AS A RESULT OF THE IMPLEMENTATION OF FASB ASC 740."

PART XII, LINE 2D: SPECIAL EVENT EXPENSES

PART XIII, LINE 4B: PENSION EXPENSE AND SPECIAL EVENT EXPENSES

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2008

Open To Public Inspection

Name of the organization: FAMILY AND CHILD SERVICES OF WASHINGTON D.C., INC.

Employer identification number: 53-0208258

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

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

a [X] Mail solicitations
b [X] Email solicitations
c [X] Phone solicitations
d [X] In-person solicitations
e [X] Solicitation of non-government grants
f [X] Solicitation of government grants
g [X] Special fundraising events

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

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

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(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
COVIELLO	MANAGE FUND DEVELOPMENT FUNCTI		X	79,042.	69,270.	9,772.
Total ▶				79,042.	69,270.	9,772.

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

DC

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 AWARDS DINNER (event type)	(b) Event #2 CHARITY GOLF TOURNAMENT (event type)	(c) Other Events NONE (total number)	(d) Total Events (Add col. (a) through col. (c))
Revenue	1 Gross receipts	51,077.	27,965.		79,042.
	2 Less: Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	51,077.	27,965.		79,042.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	9,319.	8,503.		17,822.
	8 Direct expense summary. Add lines 4 through 7 in column (d)			▶	(17,822.)
	9 Net income summary. Combine lines 3 and 8 in column (d)			▶	61,220.

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 Non-cash 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 lines 1 and 7 in column (d)			▶	

		Yes	No
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?	9a		
b If "No," Explain: ________			
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b If "Yes," Explain: ________			
11 Does the organization operate gaming activities with nonmembers?	11		
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility	13a	%		
b An outside facility	13b	%		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:				
Name ▶				
Address ▶				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ______ and the amount of gaming revenue retained by the third party ▶ $ ______ .				
c If "Yes," enter name and address:				
Name ▶				
Address ▶				
16 Gaming manager information:				
Name ▶				
Gaming manager compensation ▶ $				
Description of services provided ▶				
☐ 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?		17a		
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.**
▶ **Attach to Form 990.**

OMB No. 1545-0047
2008
Open to Public Inspection

Name of the organization FAMILY AND CHILD SERVICES OF WASHINGTON D.C., INC.

Employer identification number 53-0208258

Part I **General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] **Yes** [ ] **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ... ▶ [ ]

1 **(a)** Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I (Form 990) 2008**

832101 12-18-08

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
STIPENDS TO VOLUNTEERS TO CONDUCT PROGRAMS	68	110,944.	0.		
SPECIFIC ASSISTANCE TO INDIVIDUALS IN NEED	1906	0.	1,474,866.	FMV	PURCHASES OF FOOD, MEDICAL ASSISTANCE, CLOTHING, SPECIAL EDUCATION AND TUTORING, HOUSEHOLD SUPPLIES AND OTHER

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

(F) DESCRIPTION OF NON-CASH ASSISTANCE: PURCHASES OF FOOD, MEDICAL ASSISTANCE, CLOTHING, SPECIAL EDUCATION AND TUTORING, HOUSEHOLD SUPPLIES AND OTHER BOARD AND CARE EXPENSES.

SEE PART IV FOR COLUMN (F) DESCRIPTIONS

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: FAMILY AND CHILD SERVICES OF WASHINGTON D.C., INC.

Employer identification number: 53-0208258

Part I Questions Regarding Compensation

			Yes	No
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. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is 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	1b		
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?	2		
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. ☒ Compensation committee ☒ Written employment contract ☒ Independent compensation consultant ☒ Compensation survey or study ☐ Form 990 of other organizations ☒ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
a	Receive a severance payment or change of control payment?	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 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
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 Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 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) 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 compensation				
CHARLOTTE MCCONNELL	(i)	146,887.	0.	35,461.	4,713.	4,563.	191,624.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE K
(Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

OMB No. 1545-0047
2008
Open to Public Inspection

Name of the organization: FAMILY AND CHILD SERVICES OF WASHINGTON D.C., INC.

Employer identification number 53-0208258

Part I Bond Issues (Required for 2008)

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No
A	DISTRICT OF COLUMBIA		NONE	07/01/06	10,400,000.	ACQUISITION OF HQ BUILDING		X		X
B										
C										
D										
E										

Part II Proceeds (Optional for 2008)

		A	B	C	D	E
1	Total proceeds of issue					
2	Gross proceeds in reserve funds					
3	Proceeds in refunding or defeasance escrows					
4	Other unspent proceeds					
5	Issuance costs from proceeds					
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds					
8	Year of substantial completion					

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use (Optional for 2008)

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
FAMILY AND CHILD SERVICES OF WASHINGTON D.C., INC.	53-0208258

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WE PROVIDE A BROAD SPECTRUM OF SERVICES AND SUPPORT SYSTEMS FOR FAMILIES, CHILDREN, TEENAGERS, AND SENIORS WHO ARE THE MOST VULNERABLE IN OUR COMMUNITIES. OUR PASSION IS TO CREATE BRIGHTER FUTURES FOR ALL AGES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OUR PROGRAMS TOUCH EVERY ASPECT OF THE LIFESPAN, SINCE PEOPLE AT EVERY AGE MATTER TO US. SERVICES BEGIN IN CHILDHOOD WITH FOSTER CARE FOR YOUTH WHO HAVE BEEN ABUSED OR NEGLECTED & A RESIDENTIAL PROGRAM FOR TEEN MOTHERS & THEIR BABIES. AT CAMP MOSS HOLLOW, WE OFFER ADDITIONAL YOUTH DEVELOPMENT PROGRAMS IN A NATURAL SETTING. MENTAL HEALTH PROGRAMS OFFER AFFORDABLE, INDIVIDUAL, GROUP & FAMILY COUNSELING FOR PEOPLE OF ALL AGES STRUGGLING WITH EMOTIONAL OR PYSCHOLOGICAL DIFFICULTIES. SENIORS PROGRAMS FOCUS ON THE ELDERLY BY PROVIDING HEAVY HOUSE CLEANING, COUNSELING & FULL CASE MANAGEMENT. VOLUNTEER PROGRAMS ALLOW OLDER ADULTS TO USE THEIR LIFE EXPERIENCES TO SERVE THEIR COMMUNITIES THROUGH PAID WORK & VOLUNTEERING.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

THE DAY CARE PROGRAM CEASED OPERATIONS IN 2009.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

BRIGHT FUTURES: PROVIDED A HOME AND SUPPORTIVE SERVICES TO 33 YOUNG TEEN MOTHERS. THESE TEEN MOTHERS ARE WARDS OF THE DISTRICT OF COMLUMBIA.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: FAMILY AND CHILD SERVICES OF WASHINGTON D.C., INC.

Employer identification number: 53-0208258

EXPENSES $ 1048595. INCLUDING GRANTS OF $ 112836. REVENUE $ 1329612.

DAY CARE: CHILDREN RECEIVED CHILD CARE FROM A NETWORK OF FAMILY CHILD CARE PROVIDERS. THE DAY CARE PROGRAM ENDED IN 2009.

EXPENSES $ 1038394. INCLUDING GRANTS OF $ 18210. REVENUE $ 496457.

CAMP/YOUTH DEVELOPMENT: 924 OF DC'S URBAN-DWELLING CHILDREN AGES 7-14 YEARS ATTENDED SUMMER AND WINTER CAMP SESSIONS. THEY EXPERIENCED OUTDOOR FUN AND LEARNED LIFE SKILLS ON A 401 ACRE CAMP SITE IN RURAL VIRGINIA.

EXPENSES $ 904096. INCLUDING GRANTS OF $ 84719. REVENUE $ 310019.

SENIOR VOLUNTEER PROGRAM: FOR FY 09, 20 NEW PARTNERSHIPS WERE FORMED, THUS MAKING IT POSSIBLE TO MAINTAIN A TOTAL OF 100 PARTNERSHIPS - COMMONLY REFERRED TO AS WORKSTATIONS WITHIN THE DISTRICT'S GOVERNMENTAL AGENCIES, INDUSTRIES AND ORGANIZATIONS. ALSO, THE RSVP UNIT HAS CREATED 300 VOLUNTEER OPPORTUNITIES.

EXPENSES $ 559382. INCLUDING GRANTS OF $ 153693. REVENUE $ 268326.

ALZHEIMER'S WEEKEND RESPITE: 26 PARTICIPANTS 70 YEARS OF AGE AND OVER SUFFERING FROM ALZHEIMER'S DISEASE RECEIVED SATURDAY CARE, PROVIDING A RESPITE FOR THEIR CAREGIVERS.

EXPENSES $ 132814. INCLUDING GRANTS OF $ 5377. REVENUE $ 36110.

FORM 990, PART VI, SECTION A, LINE 3: THE CEO AND CFO DUTIES WERE PERFORMED BY CONSULTANTS UNDER TEMPORARY ARRANGEMENTS FOR A PORTION OF THE

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YEAR.

FORM 990, PART VI, SECTION A, LINE 10: ONCE FORM 990 IS COMPLETED, IT WILL BE DISTRIBUTED TO EXECUTIVE MANAGEMENT FOR REVIEW. MANAGEMENT WILL THEN SUBMIT FORM 990 TO FAMILY MATTERS FINANCE COMMITTEE AND THE CHAIR OF THE BOARD. ONCE THEY HAVE COMPLETED THEIR REVIEW, IT WILL BE PRESENTED TO THE FULL BOARD OF TRUSTEES PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE CEO HAS RESPONSIBILITY FOR IMPLEMENTING AND OVERSEEING THE COMPLIANCE PLAN. THE PLAN REQUIRES THAT ALL CURRENT EMPLOYEES AND TRUSTEES ACKNOWLEDGE AN UNDERSTANDING OF THE POLICY ON A REGULAR BASIS. THE BOARD CHAIR OR DESIGNEE WILL SERVE AS THE BACKUP COMPLIANCE OFFICER IN THE EVENT AN ALLEGATION OF WRONG DOING IS MADE AGAINST THE CEO.

FORM 990, PART VI, SECTION B, LINE 15: CEO: THE ORGANIZATION HAS A GOVERNANCE COMMITTEE THAT OVERSEES THE COMPENSATION PROCESS FOR THE CEO. AS PART OF THAT PROCESS, THE COMMITTEE REVIEWS SALARY MODELS, SURVEYS AND AVAILABLE COMPENSATION AND USES THAT INFORMATION TO CONCLUDE ON THE COMPENSATION DECISIONS. THE GOVERANCE COMMITTEE ENGAGED AN INDEPENDENT COMPENSATION CONSULTANT TO REVIEW THE CEO COMPENSATION AND MAKE RECOMMENDATIONS. A WRITTEN EMPLOYMENT CONTRACT WAS DEVELOPED FOR THE CEO. THIS WAS APPROVED BY THE GOVERNANCE COMMITTEE AND THEN SENT TO THE FULL BOARD OF TRUSTEES FOR APPROVAL.

THE HUMAN RESOURCE DIRECTOR LAUNCHES THE PROCESS FOR OTHER OFFICERS AND KEY

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Name of the organization	Employer identification number
FAMILY AND CHILD SERVICES OF WASHINGTON D.C., INC.	53-0208258

EMPLOYEES BY FIRST TAKING INTO ACCOUNT THE ORGANIZATION'S POLICY BY REVIEWING AND COLLECTING VARIOUS DATA SOURCES WHICH INCLUDE A REVIEW OF BASE PAY FOR OFFICERS AND KEY EMPLOYEES, SHORT-TERM INCENTIVES AND BENEFITS DETERMINED BY THE CURRENT MARKET RATE. IN ADDITION, DATA IS COLLECTED AND REVIEWED FROM THE FOLLOWING SOURCES: NON-PROFITS AND/OR FOR-PROFIT AGENCIES; SMALL-BUSINESS EXECUTIVE SALARY.COM, US DEPARTMENT OF LABOR-OCCUPATIONAL EMPLOYMENT WAGES, AND ALLIANCE FOR FAMILIES AND CHILDREN SURVEY REPORTS. THE CEO AND/OR COO THEN REVIEWS THE ORGANIZATION'S WAGE AND CLASSIFICATION PROGRAM WITH THE HR DIRECTOR AND MAKES COMPENSATION DETERMINATIONS.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION WILL MAKE ITS GOVERNING DOCUMENTS AVAILABLE UPON REQUEST. ADDTIONALLY, FORM 990 IS AVAILABLE ON THE WEBSITE WWW.GUIDESTAR.ORG.

FORM 990, PART XI, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

FORM 990, PART I, LINES 8 AND 9

PRIOR YEAR GOVERNMENT CONTRACTS - IN PRIOR YEAR, CERTAIN GOVERNMENT GRANTS AND CONTRACTS WERE CLASSIFIED AS CONTRIBUTIONS AND SIMILAR GRANTS AND CONTRACTS ARE CLASSIFIED AS PROGRAM SERVICE REVENUE IN THE CURRENT YEAR.

FORM 990, PART I, LINE 16A

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2009 PROFESSIONAL FUNDRAISING FEES - THE ORGANIZATION CONTRACTED WITH A VENDOR TO MANAGE THE FUND DEVELOPMENT FUNCTION WHICH INCLUDES BRAND MANAGEMENT, FUND-RAISING AND MARKETING.

FORM 990, PART IV, LINE 9

UNDER ONE OF THE ORGANIZATION'S GRANT AWARDS THAT TOTALED $45,000 IN REVENUE OVER TWO YEARS, THE ORGANIZATION PROVIDED DEBT MANAGEMENT COUNSELING TO ASSIST 27 SENIOR CITIZENS THAT WERE UNABLE TO MANAGE THEIR DEBT ON THEIR OWN.

FORM 990, PART VII

THE FOLLOWING OFFICERS AND KEY EMPLOYEES BEGAN AFTER DECEMBER 31, 2008: TONYA J. SMALLWOOD, DOLPHENE WILLIAMS, STEPHANIE BURCH AND JAY MERIWETHER. THE COMPENSATION AMOUNT IS THEREFORE REPORTED AS $0 SINCE COLUMNS D, E & F ARE PRESENTED FOR CALENDAR YEAR 2008 IN ACCORDANCE WITH FORM 990 INSTRUCTIONS.

Form **8868** (Rev. April 2009) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print	Name of Exempt Organization	Employer identification number
	FAMILY AND CHILD SERVICES OF WASHINGTON D.C., INC.	53-0208258
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1509 16TH STREET, NW	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036	

Check type of return to be filed (file a separate application for each return):

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ THE ORGANIZATION 1509 16TH STREET, NW - WASHINGTON, DC 20036

  Telephone No. ▶ 202-536-1420 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until MAY 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ [ ] calendar year ______ or

▶ [X] tax year beginning OCT 1, 2008, and ending SEP 30, 2009.

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

● If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

● If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print. File by the extended due date for filing the return. See instructions.	
Name of Exempt Organization: FAMILY AND CHILD SERVICES OF WASHINGTON D.C., INC.	Employer identification number: 53-0208258
Number, street, and room or suite no. If a P.O. box, see instructions. 1509 16TH STREET, NW	For IRS use only
City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036	

Check type of return to be filed (File a separate application for each return):

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

● The books are in the care of ▶ THE ORGANIZATION 1509 16TH STREET, NW - WASHINGTON, DC 20036

Telephone No. ▶ 202-536-1420 FAX No. ▶

● If the organization does not have an office or place of business in the United States, check this box ▶ [ ]

● If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______ . If this is for the whole group, check this box ▶ [ ] . If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until AUGUST 15, 2010 .

5 For calendar year ______ , or other tax year beginning OCT 1, 2008 , and ending SEP 30, 2009 .

6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
ADDITIONAL INFORMATION IS NEEDED IN ORDER TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ [signature] Title ▶ CPA Date ▶ 4/20/10

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05-26-09