**Return of Organization Exempt From Income Tax**

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code**

- Do not enter social security numbers on this form as it may be made public.
- Go to www.irs.gov/Form990 for instructions and the latest information.

**A For the 2019 calendar year, or tax year beginning and ending**

**B Check if applicable:**
- Address change
- Name change
- Initial return or terminated
- Amended return
- Application pending

**C Name of organization**

**FAMILY & CHILDREN'S SERVICE OF GREATER LYNN, INC.**

**D Employer identification number**

04-2235959

**E Telephone number**

781-598-5517

**G Gross receipts**

3,953,868

**H(a) Is this a group return**

for subordinates? **X** Yes

**H(b) Are all subordinates included?**

**X** Yes

If "No," attach a list. (see instructions)

**J Website:** WWW.PCSLYNN.ORG

**K Form of organization:**

- Corporation
- Trust
- Association
- Other

**L Year of formation:** 1959

**M State of legal domicile:** MA

**Part I Summary**

1. Briefly describe the organization's mission or most significant activities: **TO STRENGTHEN LIFE SKILLS OF FAMILIES, CHILDREN, AND INDIVIDUALS OF ALL AGES.**

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

3. Number of voting members of the governing body (Part VI, line 1a)

4. Number of independent voting members of the governing body (Part VI, line 1b)

5. Total number of individuals employed in calendar year 2019 (Part V, line 2a)

6. Total number of volunteers (estimate if necessary)

7a. Total unrelated business revenue from Part VIII, column (C), line 12

7b. Net unrelated business taxable income from Form 990-T, line 39

8. Contributions and grants (Part VIII, line 1h)

9. Program service revenue (Part VIII, line 2g)

10. Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11. Other revenue (Part VIII, column (A), lines 5, 6, 8c, 9c, 10c, and 11e)

12. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13. Grants and similar amounts paid (Part IX, column (A), lines 1-3)

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)

16a. Professional fundraising fees (Part IX, column (A), line 11e)

17. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

18. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

19. Revenue less expenses. Subtract line 18 from line 12

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<th>Prior Year</th>
<th>Current Year</th>
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**Part II Signature Block**

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

**Sign Here**

**Signature of officer**

**BRUCE BERZIN, TREASURER**

**Type or print name and title**

**Paid**

**Preparer's name**

**AMY CHAPMAN**

**Preparer's signature**

**AMY CHAPMAN**

**Date**

07/31/20

**Check**

**PTIN**

00843460

**Preparer**

**Firm's name**

**CLIFTONLARSONALLEN LLP**

**Use Only**

**Firm's address**

**300 CROWN COLONY DRIVE, SUITE 310**

**QUINCY, MA 02169**

**Phone no.**

407-802-1211

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

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2019)