**Return of Organization Exempt From Income Tax**

Under section 501(c)(3), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations).

**Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

### Part I: Summary

1. Briefly describe the organization’s mission or most significant activities: **Metropolitan Family Services' mission is to provide and mobilize the services needed to strengthen**

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 2014 (Part V, line 2a)

6. Total number of volunteers (estimate if necessary)

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

### Revenue

- Contributions and grants (Part VIII, line 1h)
- Program service revenue (Part VIII, line 2g)
- Investment income (Part VIII, column (A), lines 3, 4, and 7d)
- Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
- Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

### Expenses

- Grants and similar amounts paid (Part IX, column (A), lines 1-3)
- Benefits paid to or for members (Part IX, column (A), line 4)
- Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)
- Professional fundraising fees (Part IX, column (A), line 11e)
- Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)
- Total unrelated business expenses from Part IX, column (D), line 25
- Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

### Net Assets or Fund Balances

- Total assets (Part X, line 16)
- Total liabilities (Part X, line 26)
- Net assets or fund balances. Subtract line 21 from line 20

### Signature Block

**Denis Hurley, Chief Financial Officer**

**Wayne Harder**

**MCGLADREY LLP**

**I S. WACKER DRIVE, STE 800**

**CHICAGO, IL 60606**

**Phone no. 312-634-3400**
Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

Metropolitan Family Services' mission is to provide and mobilize the services needed to strengthen families and communities.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? □ Yes □ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? □ Yes □ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

Emotional Wellness: We encourage healthy and productive lives. Through supportive, caring counseling, individuals and families in any phase of life are empowered to better handle life's challenges. Our mental health services provide psychiatric evaluation, case management and crisis intervention to help children and adults with chronic mental illness recover and be productive. We also offer assistance for older adults and their caregivers to meet the unique concerns of this stage of life. Compassionate violence prevention programs alleviate the impact of community or domestic violence. And specialized veterans' services help returning soldiers and their families reintegrate into civilian life and reconnect with one another.

Number of Clients Served - 22,703

Education: We prepare young people and parents for success. Our programs promote academic achievement and social and emotional development among children, youth and families to foster success in life. Helping parents, especially younger parents, prepare for the challenges of parenting ensures that children are cared for, nurtured and experience a future of promise and opportunity.

Number of Clients Served - 22,703

Economic Stability: We support strong, self-sustaining families. Our programs offer support and education to economically challenged families so they may improve the quality of their work, lifestyle and finances. We help families prepare for, find and sustain stable jobs and housing, which is vital to long-term stability. Through specialized counseling services, our Employee Assistance Network helps employees remain productive and achieve balance between their work and personal lives.

Number of Clients Served - 9,263

Other program services (Describe in Schedule O.)

Total program service expenses

31,909,868.
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Is the organization required to complete Schedule B, Schedule of Contributors?</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If &quot;Yes,&quot; complete Schedule C, Part I</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If &quot;Yes,&quot; complete Schedule C, Part II</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If &quot;Yes,&quot; complete Schedule C, Part III</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If &quot;Yes,&quot; complete Schedule D, Part I</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If &quot;Yes,&quot; complete Schedule D, Part II</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Did the organization maintain collections of works of art, historical treasures, or other similar assets? If &quot;Yes,&quot; complete Schedule D, Part III</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If &quot;Yes,&quot; complete Schedule D, Part IV</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If &quot;Yes,&quot; complete Schedule D, Part V</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>If the organization’s answer to any of the following questions is “Yes,” then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If &quot;Yes,&quot; complete Schedule D, Part VI</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If &quot;Yes,&quot; complete Schedule D, Part VII</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If &quot;Yes,&quot; complete Schedule D, Part VIII</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If &quot;Yes,&quot; complete Schedule D, Part IX</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e Did the organization report an amount for other liabilities in Part X, line 25? If &quot;Yes,&quot; complete Schedule D, Part X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>f Did the organization’s separate or consolidated financial statements for the tax year include a footnote that addresses the organization’s liability for uncertain tax positions under FIN 48 (ASC 740)? If &quot;Yes,&quot; complete Schedule D, Part XI</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12a Did the organization obtain separate, independent audited financial statements for the tax year? If &quot;Yes,&quot; complete Schedule D, Parts XI and XII</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Was the organization included in consolidated, independent audited financial statements for the tax year? If &quot;Yes,&quot; and if the organization answered &quot;No&quot; to line 12a, then completing Schedule D, Parts XI and XII is optional</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Is the organization a school described in section 170(b)(1)(A)(ii)? If &quot;Yes,&quot; complete Schedule E</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>14a</td>
<td>Did the organization maintain an office, employees, or agents outside of the United States?</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? If &quot;Yes,&quot; complete Schedule F, Parts I and IV</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? If &quot;Yes,&quot; complete Schedule F, Parts II and IV</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? If &quot;Yes,&quot; complete Schedule F, Parts III and IV</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If &quot;Yes,&quot; complete Schedule G, Part I</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If &quot;Yes,&quot; complete Schedule G, Part II</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If &quot;Yes,&quot; complete Schedule G, Part III</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>20a</td>
<td>Did the organization operate one or more hospital facilities? If &quot;Yes,&quot; complete Schedule H</td>
<td></td>
<td>X</td>
<td></td>
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<tr>
<td></td>
<td>b If &quot;Yes&quot; to line 20a, did the organization attach a copy of its audited financial statements to this return?</td>
<td></td>
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<tr>
<td>Question</td>
<td>Yes</td>
<td>No</td>
<td></td>
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<tr>
<td>------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>21 Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If &quot;Yes,&quot; complete Schedule I, Parts I and II</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If &quot;Yes,&quot; complete Schedule I, Parts I and III</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Did the organization answer &quot;Yes&quot; to Part VII, Section A, line 3, 4, or 5 about compensation of the organization’s current and former officers, directors, trustees, key employees, and highest compensated employees? If &quot;Yes,&quot; complete Schedule J</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; answer lines 24b through 24d and complete Schedule K. If &quot;No&quot;, go to line 25a</td>
<td></td>
<td>X</td>
<td></td>
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</tr>
<tr>
<td>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</td>
<td></td>
<td></td>
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<tr>
<td>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?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>d Did the organization act as an &quot;on behalf of&quot; issuer for bonds outstanding at any time during the year?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If &quot;Yes,&quot; complete Schedule L, Part I</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization’s prior Forms 990 or 990-EZ? If &quot;Yes,&quot; complete Schedule L, Part I</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If &quot;Yes,&quot; complete Schedule L, Part II</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If &quot;Yes,&quot; complete Schedule L, Part III</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a A current or former officer, director, trustee, or key employee? If &quot;Yes,&quot; complete Schedule L, Part IV</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b A family member of a current or former officer, director, trustee, or key employee? If &quot;Yes,&quot; complete Schedule L, Part IV</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If &quot;Yes,&quot; complete Schedule L, Part IV</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29 Did the organization receive more than $25,000 in non-cash contributions? If &quot;Yes,&quot; complete Schedule M</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If &quot;Yes,&quot; complete Schedule M</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31 Did the organization liquidate, terminate, or dissolve and cease operations? If &quot;Yes,&quot; complete Schedule N, Part I</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If &quot;Yes,&quot; complete Schedule N, Part II</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule R, Part I</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34 Was the organization related to any tax-exempt or taxable entity? If &quot;Yes,&quot; complete Schedule R, Part II, III, or IV, and Part V, line 1</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b If &quot;Yes&quot; to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If &quot;Yes,&quot; complete Schedule R, Part V, line 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If &quot;Yes,&quot; complete Schedule R, Part V, line 2</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule R, Part VI</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Enter the number reported in Box 3 of Form 1096. Enter 0 if not applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Enter the number of Forms W-2G included in line 1a. Enter 0 if not applicable</td>
<td>428</td>
<td></td>
</tr>
<tr>
<td>1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?</td>
<td></td>
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</tr>
<tr>
<td>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</td>
<td>1219</td>
<td></td>
</tr>
<tr>
<td>2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a Did the organization have unrelated business gross income of $1,000 or more during the year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3b If &quot;Yes,&quot; has it filed a Form 990-T for this year? If &quot;No,&quot; to line 3b, provide an explanation in Schedule O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4b If &quot;Yes,&quot; enter the name of the foreign country:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5c If &quot;Yes,&quot; to line 5a or 5b, did the organization file Form 8886-T?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6b If &quot;Yes,&quot; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Organizations that may receive deductible contributions under section 170(c).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b If &quot;Yes,&quot; did the organization notify the donor of the value of the goods or services provided?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7d If &quot;Yes,&quot; indicate the number of Forms 8282 filed during the year</td>
<td></td>
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</tr>
<tr>
<td>7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Sponsoring organizations maintaining donor advised funds.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9a Did the sponsoring organization make any taxable distributions under section 4966?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Section 501(c)(7) organizations. Enter:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Initial fees and capital contributions included on Part VIII, line 12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Section 501(c)(12) organizations. Enter:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11a Gross income from members or shareholders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12b If &quot;Yes,&quot; enter the amount of tax-exempt interest received or accrued during the year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13a Is the organization licensed to issue qualified health plans in more than one state?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13c Enter the amount of reserves on hand</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Did the organization receive any payments for indoor tanning services during the tax year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14a If &quot;Yes,&quot; has it filed a Form 720 to report these payments? If &quot;No,&quot; provide an explanation in Schedule O</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form 990 (2014)
Part VI Governance, Management, and Disclosure

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

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year ........................................ 1a 6
   Yes No
   If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. ........................................ 1b 6

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 governing documents since the prior Form 990 was filed? 4 X

5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X

6 Did the organization have members or stockholders? ........................................................... 6 X

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a X

   b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b X

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 X
   a The governing body? .................................................................................................................. 8a X
   b Each committee with authority to act on behalf of the governing body? 8b X

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. 9 X

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

10a Did the organization have local chapters, branches, or affiliates? ........................................................... 10a X
   b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X
   b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 11b X

12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X
   b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X
   c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X

13 Did the organization have a written whistleblower policy? 13 X

14 Did 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? 15 X
   a The organization's CEO, Executive Director, or top management official 15a X
   b Other officers or key employees of the organization 15b X
   If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 15c X

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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b X

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
   [X] Own website   [ ] Another's website   [X] Upon request   [ ] Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:  
   Denis Hurley, CFO - 312-986-4193
   One North Dearborn, Chicago, IL 60602-4322
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a. Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization’s tax year.

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

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

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Gregory S. Bailey</td>
<td>0.50 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(2) Erik Barefield</td>
<td>0.50 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(3) Charles B. Boehrer</td>
<td>0.50 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(4) Marcus E. Boggs</td>
<td>0.50 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(5) Patrick J. Canning</td>
<td>0.50 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(6) Erica Canzona</td>
<td>0.50 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(7) Robert C. Carr</td>
<td>0.50 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(8) Piyush Chaudhari</td>
<td>0.50 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(9) Julie Chavez</td>
<td>0.50 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(10) Julia A. Cloud</td>
<td>0.50 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(11) Merle Goldblatt Cohen</td>
<td>0.50 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(12) Jennifer Comparoni</td>
<td>0.50 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(13) Marcus Cooper</td>
<td>0.50 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(14) Timothy S. Crane</td>
<td>0.50 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(15) John Cregier</td>
<td>0.50 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(16) Craig Esko</td>
<td>0.50 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(17) Dwight P. Pawcett</td>
<td>0.50 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Position</th>
<th>(C) Outgoing</th>
<th>(D) Reportable compensation from the organization</th>
<th>(E) Reportable compensation from related organizations</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(18) Michael P. Foradas</td>
<td>Board Member</td>
<td>X</td>
<td>0.0.0.0.0.</td>
<td>0.0.0.0.0.</td>
<td>0.0.0.0.0.</td>
</tr>
<tr>
<td>(19) Erin M. Gardiner</td>
<td>Board Member</td>
<td>X</td>
<td>0.0.0.0.0.</td>
<td>0.0.0.0.0.</td>
<td>0.0.0.0.0.</td>
</tr>
<tr>
<td>(20) C. Gary Gerst</td>
<td>Board Member</td>
<td>X</td>
<td>0.0.0.0.0.</td>
<td>0.0.0.0.0.</td>
<td>0.0.0.0.0.</td>
</tr>
<tr>
<td>(21) C. Graham Gerst</td>
<td>Board Member</td>
<td>X</td>
<td>0.0.0.0.0.</td>
<td>0.0.0.0.0.</td>
<td>0.0.0.0.0.</td>
</tr>
<tr>
<td>(22) Steven Gilford</td>
<td>Board Member</td>
<td>X</td>
<td>0.0.0.0.0.</td>
<td>0.0.0.0.0.</td>
<td>0.0.0.0.0.</td>
</tr>
<tr>
<td>(23) James V. Gilliam</td>
<td>Board Member</td>
<td>X</td>
<td>0.0.0.0.0.</td>
<td>0.0.0.0.0.</td>
<td>0.0.0.0.0.</td>
</tr>
<tr>
<td>(24) Kristine W. Givens, CPA, MST</td>
<td>Board Member</td>
<td>X</td>
<td>0.0.0.0.0.</td>
<td>0.0.0.0.0.</td>
<td>0.0.0.0.0.</td>
</tr>
<tr>
<td>(25) David F. Graham</td>
<td>Board Member</td>
<td>X</td>
<td>0.0.0.0.0.</td>
<td>0.0.0.0.0.</td>
<td>0.0.0.0.0.</td>
</tr>
<tr>
<td>(26) Kathryn Gramling</td>
<td>Board Member</td>
<td>X</td>
<td>0.0.0.0.0.</td>
<td>0.0.0.0.0.</td>
<td>0.0.0.0.0.</td>
</tr>
</tbody>
</table>

**Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization:** 14

**Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**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?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Independent Contractors

1. Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

<table>
<thead>
<tr>
<th>(A) Name and address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outsource Partners International Inc, 280</td>
<td>Outsourcing</td>
<td>283,882.</td>
</tr>
<tr>
<td>Park Avenue, 38th Floor, New York, NY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Streamline Healthcare Solutions LLC, 510E. Butler Court, Kalamazoo, MI 49007</td>
<td>Counsultancy</td>
<td>264,656.</td>
</tr>
<tr>
<td>Midwest Mechanical Services, 801 Parkview Boulevard, Lombard, IL 60148</td>
<td>Building Maintenance</td>
<td>240,050.</td>
</tr>
<tr>
<td>Joy Carpentry Inc, 6425 W 167th Street, Tinley Park, IL 60477</td>
<td>Building Maintenance</td>
<td>224,483.</td>
</tr>
<tr>
<td>ABM Janitorial Services, 75 Remittance Drive, Suite 3011, Chicago, IL 60675</td>
<td>Janitorial</td>
<td>151,416.</td>
</tr>
</tbody>
</table>

**Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization:** 7
<table>
<thead>
<tr>
<th>(A)</th>
<th>Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (check all that apply)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Stephen M. Griesemer</td>
<td>0.50</td>
<td>Board Member</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>28</td>
<td>Julie Q. Harmon</td>
<td>0.50</td>
<td>Board Member</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>29</td>
<td>Wallace W. Harris, Jr.</td>
<td>0.50</td>
<td>Board Member</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>30</td>
<td>William D. Heinz</td>
<td>0.50</td>
<td>Board Member</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>31</td>
<td>Roger Hochschild</td>
<td>0.50</td>
<td>Board Member</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>32</td>
<td>Lawrence Howe</td>
<td>0.50</td>
<td>Board Member</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>33</td>
<td>R. Thomas Howell, Jr.</td>
<td>0.50</td>
<td>Board Member</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>34</td>
<td>Tony W. Hunter</td>
<td>0.50</td>
<td>Chairman</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>35</td>
<td>W. Kirk James</td>
<td>0.50</td>
<td>Board Member</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>36</td>
<td>Ashley Duchossois Joyce LCSW</td>
<td>0.50</td>
<td>Board Member</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>37</td>
<td>Ronald Kropp</td>
<td>0.50</td>
<td>Board Member</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>38</td>
<td>John L. Maccarthy</td>
<td>0.50</td>
<td>Vice Chairman</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>39</td>
<td>Jeanne Marcus</td>
<td>0.50</td>
<td>Board Member</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>40</td>
<td>Glenn Mazade</td>
<td>0.50</td>
<td>Board Member</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>41</td>
<td>John V.N. McClure</td>
<td>0.50</td>
<td>Board Member</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>42</td>
<td>Martha Whittemore Melman</td>
<td>0.50</td>
<td>Board Member</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>43</td>
<td>Peyton Hall Owen, Jr.</td>
<td>0.50</td>
<td>Board Member</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>44</td>
<td>Diana Palomar</td>
<td>0.50</td>
<td>Board Member</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>45</td>
<td>Susan Peterson</td>
<td>0.50</td>
<td>Board Member</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>46</td>
<td>Virginia Johnson Pillman</td>
<td>0.50</td>
<td>Board Member</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>

Total to Part VII, Section A, line 1c
### Part VII

**Metropolitan Family Services**

**36-2167940**

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (check all that apply)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(47) Daniel F. Rahill</td>
<td>0.50</td>
<td>Board Member</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(48) Barbara Rapp</td>
<td>0.50</td>
<td>Board Member</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(49) Allen A. Rodriguez</td>
<td>0.50</td>
<td>Board Member</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(50) Audrey H. Rubin, J.D</td>
<td>0.50</td>
<td>Board Member</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(51) Sophia Ruffolo</td>
<td>0.50</td>
<td>Board Member</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(52) Roxana Ruiz</td>
<td>0.50</td>
<td>Board Member</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(53) Kathleen Kelly Rummel</td>
<td>0.50</td>
<td>Board Member</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(54) Lisa Cohen Schenkman</td>
<td>0.50</td>
<td>Board Member</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(55) Eileen P. Scudder</td>
<td>0.50</td>
<td>Board Member</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(56) Laurie Petzer Shults</td>
<td>0.50</td>
<td>Board Member</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(57) Scott W. Simmons</td>
<td>0.50</td>
<td>Board Member</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(58) Leslie M. Smith</td>
<td>0.50</td>
<td>Secretary</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(59) Scott C. Solberg</td>
<td>0.50</td>
<td>Board Member</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(60) Byron O. Spruell</td>
<td>0.50</td>
<td>Board Member</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(61) James E. Thompson</td>
<td>0.50</td>
<td>Board Member</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(62) David S. Tropp</td>
<td>0.50</td>
<td>Board Member</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(63) Lynn Turner</td>
<td>0.50</td>
<td>Board Member</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(64) Michael A. Vardas, Jr</td>
<td>0.50</td>
<td>Board Member</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(65) Monica Way</td>
<td>0.50</td>
<td>Board Member</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(66) Adrienne Weiss</td>
<td>0.50</td>
<td>Board Member</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

Total to Part VII, Section A, line 1c
<table>
<thead>
<tr>
<th>(A)</th>
<th>(B)</th>
<th>(C)</th>
<th>(D)</th>
<th>(E)</th>
<th>(F)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name and title</td>
<td>Average hours per week</td>
<td>Position</td>
<td>Reportable compensation from the organization (W-2/1099-MISC)</td>
<td>Reportable compensation from related organizations (W-2/1099-MISC)</td>
<td>Estimated amount of other compensation from the organization and related organizations</td>
</tr>
<tr>
<td>(67) Debbie K. Wright</td>
<td>0.50</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Board Member</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(68) Ricardo Estrada</td>
<td>40.00</td>
<td>0.</td>
<td>311,275.</td>
<td>0.</td>
<td>21,960.</td>
</tr>
<tr>
<td>President</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(69) Denis Hurley</td>
<td>40.00</td>
<td>0.50</td>
<td>145,384.</td>
<td>0.</td>
<td>13,352.</td>
</tr>
<tr>
<td>CFO, Treasurer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(70) Barbara Winkelman</td>
<td>40.00</td>
<td>0.50</td>
<td>59,879.</td>
<td>0.</td>
<td>9,857.</td>
</tr>
<tr>
<td>Assistant Secretary</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(71) Colleen Jones</td>
<td>40.00</td>
<td>0.50</td>
<td>211,649.</td>
<td>0.</td>
<td>7,729.</td>
</tr>
<tr>
<td>Chief Operating Officer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(72) Thomas Ramakel</td>
<td>40.00</td>
<td>0.50</td>
<td>166,055.</td>
<td>0.</td>
<td>6,009.</td>
</tr>
<tr>
<td>VP, IS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(73) George Conroy</td>
<td>40.00</td>
<td>0.50</td>
<td>151,064.</td>
<td>0.</td>
<td>15,963.</td>
</tr>
<tr>
<td>Sr VP, External Affairs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(74) Karina Ayala-Bermejo</td>
<td>40.00</td>
<td>0.50</td>
<td>151,210.</td>
<td>0.</td>
<td>25,155.</td>
</tr>
<tr>
<td>VP, HR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total to Part VII, Section A, line 1c</strong></td>
<td></td>
<td></td>
<td><strong>1,196,516.</strong></td>
<td><strong>100,025.</strong></td>
<td></td>
</tr>
</tbody>
</table>
### Part VIII Statement of Revenue

#### Contributions, Gifts, Grants and Other Similar Amounts

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total Revenue</th>
<th>(B) Related or Exempt Function Revenue</th>
<th>(C) Unrelated Business Revenue</th>
<th>(D) Revenue Excluded from Tax under Sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 a Federated campaigns</td>
<td>1,201,710.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 b Membership dues</td>
<td>1,472,869.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 c Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 e Government grants (contributions)</td>
<td>22,807,538.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>5,514,144.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total. Add lines 1a-1f</td>
<td></td>
<td></td>
<td></td>
<td>30,996,269.</td>
</tr>
</tbody>
</table>

#### Program Service Revenue

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
<th>(A) Total Revenue</th>
<th>(B) Related or Exempt Function Revenue</th>
<th>(C) Unrelated Business Revenue</th>
<th>(D) Revenue Excluded from Tax under Sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 a Emotional Wellness</td>
<td>900099</td>
<td>4,520,042.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 b Economic Stability</td>
<td>900099</td>
<td>1,947,950.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 c Education</td>
<td>900099</td>
<td>1,618,611.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 d Empowerment</td>
<td>900099</td>
<td>426,951.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total. Add lines 2a-2f</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8,513,554.</td>
</tr>
</tbody>
</table>

#### Other Revenue

<table>
<thead>
<tr>
<th>Other Revenue</th>
<th>(A) Total Revenue</th>
<th>(B) Related or Exempt Function Revenue</th>
<th>(C) Unrelated Business Revenue</th>
<th>(D) Revenue Excluded from Tax under Sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Investment income (including dividends, interest, and other similar amounts)</td>
<td>2,489,828.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Income from investment of tax-exempt bond proceeds</td>
<td>2,489,828.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Royalties</td>
<td>(i) Real</td>
<td>(ii) Personal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 a Gross rents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 b Less: rental expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 c Rental income or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 d Net rental income or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 a Gross amount from sales of assets other than inventory</td>
<td>2,376,015.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 b Less: cost or other basis and sales expenses</td>
<td>1,826,636.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 c Gain or (loss)</td>
<td>549,379.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 d Net gain or (loss)</td>
<td>549,379.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 a Gross income from fundraising events (not including $1,472,869 of contributions reported on line 1c). See Part IV, line 18</td>
<td>349,598.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 b Less: direct expenses</td>
<td>349,598.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 c Net income or (loss) from fundraising events</td>
<td>0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 a Gross income from gaming activities. See Part IV, line 19</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 b Less: direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 c Net income or (loss) from gaming activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 a Gross sales of inventory, less returns and allowances</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 b Less: cost of goods sold</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 c Net income or (loss) from sales of inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Miscellaneous Revenue

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th>Business Code</th>
<th>(A) Total Revenue</th>
<th>(B) Related or Exempt Function Revenue</th>
<th>(C) Unrelated Business Revenue</th>
<th>(D) Revenue Excluded from Tax under Sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 c</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 d</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 e</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total. Add lines 11a-11d</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>42,549,030.</td>
</tr>
</tbody>
</table>

#### Total Revenue

<table>
<thead>
<tr>
<th>Total Revenue. See instructions.</th>
<th>(D) Revenue Excluded from Tax under Sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>8,513,554.</td>
</tr>
<tr>
<td></td>
<td>Total expenses</td>
</tr>
<tr>
<td>---</td>
<td>----------------</td>
</tr>
<tr>
<td>1</td>
<td>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic individuals. See Part IV, line 22</td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (non-employees):</td>
</tr>
<tr>
<td>a</td>
<td>Management</td>
</tr>
<tr>
<td>b</td>
<td>Legal</td>
</tr>
<tr>
<td>c</td>
<td>Accounting</td>
</tr>
<tr>
<td>d</td>
<td>Lobbying</td>
</tr>
<tr>
<td>e</td>
<td>Professional fundraising services, See Part IV, line 17</td>
</tr>
<tr>
<td>f</td>
<td>Investment management fees</td>
</tr>
<tr>
<td>g</td>
<td>Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)</td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
</tr>
<tr>
<td>24</td>
<td>Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)</td>
</tr>
<tr>
<td>a</td>
<td>Food</td>
</tr>
<tr>
<td>b</td>
<td>Client Transportation</td>
</tr>
<tr>
<td>c</td>
<td>Program Expense</td>
</tr>
<tr>
<td>d</td>
<td>Recruiting</td>
</tr>
<tr>
<td>e</td>
<td>All other expenses</td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses. Add lines 1 through 24e</td>
</tr>
</tbody>
</table>

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

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

Part IX Statement of Functional Expenses

Metropolitan Family Services 36-2167940

Food 569,621. 569,621.
Client Transportation 435,662. 435,662.
Program Expense 414,605. 414,605.
Recruiting 93,564. 93,564.
All other expenses 280,528. 120,701. 94,448. 65,379.
### Part X: Balance Sheet

#### Assets

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Beginning of year</th>
<th>End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>230,264.</td>
<td>128,448.</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>8,417,215.</td>
<td>10,857,104.</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>132,575.</td>
<td>230,624.</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from current and former officers, directors,</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>trustees, key employees, and highest compensated employees. Complete</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Part II of Schedule L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>contributing employers and sponsoring organizations of section 501(c)(9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>voluntary employees' beneficiary organizations (see instr). Complete</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Part II of Sch L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>597,458.</td>
<td>540,963.</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>b Less: accumulated depreciation</td>
<td>16,938,445.</td>
<td>16,531,513.</td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td><strong>Total assets.</strong> Add lines 1 through 15 (must equal line 34)</td>
<td>84,892,378.</td>
<td>86,570,811.</td>
</tr>
</tbody>
</table>

#### Liabilities

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Beginning of year</th>
<th>End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>8,264,209.</td>
<td>9,270,857.</td>
</tr>
<tr>
<td>18</td>
<td>Deferred revenue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Tax-exempt bond liabilities</td>
<td>866,511.</td>
<td>421,575.</td>
</tr>
<tr>
<td>20</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td>12,700,000.</td>
<td>12,700,000.</td>
</tr>
<tr>
<td>21</td>
<td>Loans and other payables to current and former officers, directors, trustees,</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>key employees, highest compensated employees, and disqualified persons.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Complete Part II of Schedule L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td>5,302,470.</td>
<td>4,995,547.</td>
</tr>
<tr>
<td>23</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Other liabilities (including federal income tax, payables to related third</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>parties, and other liabilities not included on lines 17-24). Complete Part</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>X of Schedule D</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td><strong>Total liabilities.</strong> Add lines 17 through 25</td>
<td>30,605,600.</td>
<td>31,133,447.</td>
</tr>
</tbody>
</table>

#### Net Assets or Fund Balances

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Beginning of year</th>
<th>End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Organizations that follow SFAS 117 (ASC 958), check here and complete lines</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>27 through 29, and lines 33 and 34.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Unrestricted net assets</td>
<td>-4,533,917.</td>
<td>-5,783,280.</td>
</tr>
<tr>
<td>29</td>
<td>Temporarily restricted net assets</td>
<td>37,982,370.</td>
<td>39,226,860.</td>
</tr>
<tr>
<td>30</td>
<td>Permanently restricted net assets</td>
<td>20,838,325.</td>
<td>21,993,784.</td>
</tr>
<tr>
<td>33</td>
<td><strong>Total net assets or fund balances</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34</td>
<td><strong>Total liabilities and net assets/fund balances</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Form 990 (2014)**
## Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>$42,549,030.</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>$38,352,124.</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>$4,196,906.</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
<td>$54,286,778.</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td>$-1,260,389.</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td>$-1,785,931.</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
<td>$55,437,364.</td>
</tr>
</tbody>
</table>

## Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990: Cash [X] Accrual [ ] Other [ ]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the organization changed its method of accounting from a prior year or checked &quot;Other,&quot; explain in Schedule O.</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization’s financial statements compiled or reviewed by an independent accountant?</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>[ ] Separate basis</td>
<td>[ ] Consolidated basis</td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization’s financial statements audited by an independent accountant?</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>[ ] Separate basis</td>
<td>[X] Consolidated basis</td>
</tr>
<tr>
<td>2c</td>
<td>If &quot;Yes&quot; to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>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?</td>
<td>X</td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</td>
<td>X</td>
</tr>
</tbody>
</table>
### Part I: Reason for Public Charity Status

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</td>
</tr>
<tr>
<td>2</td>
<td>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)</td>
</tr>
<tr>
<td>3</td>
<td>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</td>
</tr>
<tr>
<td>4</td>
<td>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:</td>
</tr>
<tr>
<td>5</td>
<td>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.)</td>
</tr>
<tr>
<td>6</td>
<td>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</td>
</tr>
<tr>
<td>7</td>
<td>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.)</td>
</tr>
<tr>
<td>8</td>
<td>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</td>
</tr>
<tr>
<td>9</td>
<td>An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions; subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</td>
</tr>
<tr>
<td>10</td>
<td>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</td>
</tr>
<tr>
<td>11</td>
<td>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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.</td>
</tr>
<tr>
<td></td>
<td>a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.</td>
</tr>
<tr>
<td></td>
<td>b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.</td>
</tr>
<tr>
<td></td>
<td>c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.</td>
</tr>
<tr>
<td></td>
<td>d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.</td>
</tr>
<tr>
<td></td>
<td>e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.</td>
</tr>
<tr>
<td></td>
<td>f Enter the number of supported organizations:</td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part II: Name and Employer Identification Number

**Name of the organization:** Metropolitan Family Services

**Employer identification number:** 36-2167940

### Table: Name and Employer Identification Number of Supported Organizations

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization described on lines 1-9 above or IRC section (see instructions)</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see Instructions)</th>
<th>(vi) Amount of other support (see Instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total: 1**
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2010</th>
<th>(b) 2011</th>
<th>(c) 2012</th>
<th>(d) 2013</th>
<th>(e) 2014</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>21,701,314</td>
<td>25,154,991</td>
<td>28,286,754</td>
<td>30,370,411</td>
<td>30,994,270</td>
<td>136,507,740</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td>21,701,314</td>
<td>25,154,991</td>
<td>28,286,754</td>
<td>30,370,411</td>
<td>30,994,270</td>
<td>136,507,740</td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2010</th>
<th>(b) 2011</th>
<th>(c) 2012</th>
<th>(d) 2013</th>
<th>(e) 2014</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>21,701,314</td>
<td>25,154,991</td>
<td>28,286,754</td>
<td>30,370,411</td>
<td>30,994,270</td>
<td>136,507,740</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td>598,807</td>
<td>6,728</td>
<td></td>
<td></td>
<td></td>
<td>6,441,130</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>142,948,870</td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>35,589,771</td>
</tr>
</tbody>
</table>

#### 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

<table>
<thead>
<tr>
<th></th>
<th>(a) 2010</th>
<th>(b) 2011</th>
<th>(c) 2012</th>
<th>(d) 2013</th>
<th>(e) 2014</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>95.49 %</td>
</tr>
<tr>
<td>15 Public support percentage from 2013 Schedule A, Part II, line 14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>96.43 %</td>
</tr>
</tbody>
</table>

#### 33 1/3% support test - 2014

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.

#### 33 1/3% support test - 2013

If the organization did not check a box on line 13, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

#### 10% - facts-and-circumstances test - 2014

If the organization did not check a box on line 13, 16a, 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

#### 10% - facts-and-circumstances test - 2013

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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

#### 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2010</th>
<th>(b) 2011</th>
<th>(c) 2012</th>
<th>(d) 2013</th>
<th>(e) 2014</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Public support (Subtract line 7c from line 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2010</th>
<th>(b) 2011</th>
<th>(c) 2012</th>
<th>(d) 2013</th>
<th>(e) 2014</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support. (Add lines 9, 10c, 11, and 12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))</td>
<td>15 %</td>
</tr>
<tr>
<td>16 Public support percentage from 2013 Schedule A, Part III, line 15</td>
<td>16 %</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))</td>
<td>17 %</td>
</tr>
<tr>
<td>18 Investment income percentage from 2013 Schedule A, Part III, line 17</td>
<td>18 %</td>
</tr>
</tbody>
</table>

#### 33 1/3% support tests - 2014

- 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
- If the organization did not check a box on line 14, 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

#### Private foundation

If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

---

432023 09-17-14 Schedule A (Form 990 or 990-EZ) 2014
### Section A. All Supporting Organizations

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are all of the organization’s supported organizations listed by name in the organization’s governing documents? If &quot;No&quot; describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If &quot;Yes,&quot; explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a. Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If &quot;Yes,&quot; answer (b) and (c) below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If &quot;Yes,&quot; describe in Part VI when and how the organization made the determination.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If &quot;Yes,&quot; explain in Part VI what controls the organization put in place to ensure such use.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a. Was any supported organization not organized in the United States (“foreign supported organization”)? If “Yes” and if you checked 11a or 11b in Part I, answer (b) and (c) below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If &quot;Yes,&quot; describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If “Yes,” explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a. Did the organization add, substitute, or remove any supported organizations during the tax year? If “Yes,” answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization’s organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization’s organizing document?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Substitutions only. Was the substitution the result of an event beyond the organization’s control?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization’s supported organizations? If &quot;Yes,&quot; provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If &quot;Yes,&quot; complete Part I of Schedule L (Form 990).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If &quot;Yes,&quot; complete Part I of Schedule L (Form 990).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9a. Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If &quot;Yes,&quot; provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If &quot;Yes,&quot; provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If &quot;Yes,&quot; provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a. Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If &quot;Yes,&quot; answer (b) below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part IV Supporting Organizations

11 Has the organization accepted a gift or contribution from any of the following persons?
   a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)
      below, the governing body of a supported organization?
   b A family member of a person described in (a) above?
   c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

Section B. Type I Supporting Organizations

1 Did the directors, trustees, or membership of one or more supported organizations have the power to
   regularly appoint or elect at least a majority of the organization’s directors or trustees at all times during the
tax year? If "No," describe in Part VI how the organization's supported organizations effectively operated, supervised,
or controlled the organization’s activities. If the organization had more than one supported organization,
describe how the powers to appoint and/or remove directors or trustees were allocated among the supported
organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported
organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,
supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

1 Were a majority of the organization’s directors or trustees during the tax year also a majority of the directors
or trustees of each of the organization’s supported organization(s)? If "No," describe in Part VI how control
or management of the supporting organization was vested in the same persons that controlled or managed
the supported organization(s).

Section D. Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the
organization’s tax year, (1) a written notice describing the type and amount of support provided during the prior tax
year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the
organization’s governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported
organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how
the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described in (2), did the organization’s supported organizations have a
significant voice in the organization’s investment policies and in directing the use of the organization’s
income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization’s
supported organizations played in this regard.

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year
(see instructions):
   a The organization satisfied the Activities Test. Complete line 2 below.
   b The organization is the parent of each of its supported organizations. Complete line 3 below.
   c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer (a) and (b) below.
   a Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of
      the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify
      those supported organizations and explain how these activities directly furthered their exempt purposes,
      how the organization was responsive to those supported organizations, and how the organization determined
      that these activities constituted substantially all of its activities.
   b Did the activities described in (a) constitute activities that, but for the organization’s involvement, one or more
      of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the
      reasons for the organization's position that its supported organization(s) would have engaged in these
      activities but for the organization’s involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.
   a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or
      trustees of each of the supported organizations? Provide details in Part VI.
   b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each
      of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.
### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

#### Metropolitan Family Services

#### Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th>Item</th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Net short-term capital gain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Recoveries of prior-year distributions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Other gross income (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Add lines 1 through 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Depreciation and depletion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Other expenses (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th>Item</th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Average monthly value of securities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Average monthly cash balances</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Fair market value of other non-exempt-use assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Total (add lines 1a, 1b, and 1c)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Discount claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Acquisition indebtedness applicable to non-exempt-use assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Subtract line 2 from line 1d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Multiply line 5 by .035</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Recoveries of prior-year distributions</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Minimum Asset Amount (add line 7 to line 6)</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C - Distributable Amount

<table>
<thead>
<tr>
<th>Item</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Adjusted net income for prior year (from Section A, line 8, Column A)</td>
<td></td>
</tr>
<tr>
<td>2. Enter 85% of line 1</td>
<td></td>
</tr>
<tr>
<td>3. Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
<td></td>
</tr>
<tr>
<td>4. Enter greater of line 2 or line 3</td>
<td></td>
</tr>
<tr>
<td>5. Income tax imposed in prior year</td>
<td></td>
</tr>
<tr>
<td><strong>Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)</strong></td>
<td></td>
</tr>
</tbody>
</table>

#### Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).
### Section D - Distributions

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI). See instructions.</td>
</tr>
<tr>
<td>7</td>
<td>Total annual distributions. Add lines 1 through 6.</td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2014 from Section C, line 6</td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by Line 9 amount</td>
</tr>
</tbody>
</table>

### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th></th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2014</th>
<th>(iii) Distributable Amount for 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2014 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2014 (reasonable cause required—see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2014:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>d</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>e From 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Total of lines 3a through e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2014 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2009 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2014 from Section D, line 7: $</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2014 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Excess distributions carryover to 2015. Add lines 3j and 4c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Breakdown of line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>d Excess from 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>e Excess from 2014</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part VI  Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).
** PUBLIC DISCLOSURE COPY **

** Schedule B (Form 990, 990-EZ, or 990-PF) **

** Name of the organization **

** Metropolitan Family Services **

** Employer identification number **

36-2167940

** Organization type (check one): **

<table>
<thead>
<tr>
<th>Filers of:</th>
<th>Section:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or 990-EZ</td>
<td>□ 501(c)(3) exempt private foundation</td>
</tr>
<tr>
<td></td>
<td>□ 4947(a)(1) nonexempt charitable trust treated as a private foundation</td>
</tr>
<tr>
<td></td>
<td>□ 527 political organization</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>□ 501(c)(3) exempt private foundation</td>
</tr>
<tr>
<td></td>
<td>□ 4947(a)(1) nonexempt charitable trust treated as a private foundation</td>
</tr>
<tr>
<td></td>
<td>□ 501(c)(3) taxable private foundation</td>
</tr>
</tbody>
</table>

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

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

** General Rule **

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor’s total contributions.

** Special Rules **

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

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling $5,000 or more during the year ................................. $

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

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$8,102,379.</td>
<td>Person ☒ Payroll ☐ Noncash ☐</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$6,588,639.</td>
<td>Person ☒ Payroll ☐ Noncash ☐</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>$3,315,870.</td>
<td>Person ☒ Payroll ☐ Noncash ☐</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>$3,169,891.</td>
<td>Person ☒ Payroll ☐ Noncash ☐</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>$2,821,529.</td>
<td>Person ☒ Payroll ☐ Noncash ☐</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>$1,496,464.</td>
<td>Person ☒ Payroll ☐ Noncash ☐</td>
</tr>
</tbody>
</table>
## Metropolitan Family Services

### Part I Contributors

**Page 2**

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td></td>
<td>$1,000,000.</td>
<td>Person X Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>$1,000,000.</td>
<td>Person X Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>9</td>
<td></td>
<td>$1,000,000.</td>
<td>Person X Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>10</td>
<td></td>
<td>$948,837.</td>
<td>Person X Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>11</td>
<td></td>
<td>$703,996.</td>
<td>Person X Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>12</td>
<td></td>
<td>$698,667.</td>
<td>Person X Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
</tbody>
</table>
Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

**Metropolitan Family Services**

36-2167940

<table>
<thead>
<tr>
<th>Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) No. from Part I</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
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<td></td>
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<tr>
<td></td>
</tr>
<tr>
<td>No. from Part I</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
</tbody>
</table>

Metropolitan Family Services

Name of organization

36-2167940

Employer identification number

For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this info. once.)
**Political Campaign and Lobbying Activities**

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

<table>
<thead>
<tr>
<th>Name of organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metropolitan Family Services</td>
<td>36-2167940</td>
</tr>
</tbody>
</table>

**Part I-A**

Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1. Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2. Political expenditures

3. Volunteer hours

**Part I-B**

Complete if the organization is exempt under section 501(c)(3).

1. Enter the amount of any excise tax incurred by the organization under section 4955

2. Enter the amount of any excise tax incurred by organization managers under section 4955

3. If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

   - Yes
   - No

4a. Was a correction made?

   - Yes
   - No

b. If "Yes," describe in Part IV.

**Part I-C**

Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1. Enter the amount directly expended by the filing organization for section 527 exempt function activities

2. Enter the amount of the filing organization’s funds contributed to other organizations for section 527 exempt function activities

3. Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b

4. Did the filing organization file Form 1120-POL for this year?

5. Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization’s funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

<table>
<thead>
<tr>
<th>(a) Name</th>
<th>(b) Address</th>
<th>(c) EIN</th>
<th>(d) Amount paid from filing organization’s funds. If none, enter -0-.</th>
<th>(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

**A** Check □ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check □ if the filing organization checked box A and "limited control" provisions apply.

#### Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

<table>
<thead>
<tr>
<th>Column</th>
<th>Description</th>
<th>(a) Filing organization's totals</th>
<th>(b) Affiliated group totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Total lobbying expenditures to influence public opinion (grass roots lobbying)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b</td>
<td>Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td>36,000.</td>
<td></td>
</tr>
<tr>
<td>1c</td>
<td>Total lobbying expenditures (add lines 1a and 1b)</td>
<td>36,000.</td>
<td></td>
</tr>
<tr>
<td>1d</td>
<td>Other exempt purpose expenditures</td>
<td>37,755,964.</td>
<td></td>
</tr>
<tr>
<td>1e</td>
<td>Total exempt purpose expenditures (add lines 1c and 1d)</td>
<td>37,791,964.</td>
<td></td>
</tr>
<tr>
<td>1f</td>
<td>Lobbying nontaxable amount. Enter the amount from the following table in both columns.</td>
<td>1,000,000.</td>
<td></td>
</tr>
</tbody>
</table>

#### If the amount on line 1e, column (a) or (b) is:

- **Not over $500,000**
  - The lobbying nontaxable amount is: 20% of the amount on line 1e.
- **Over $500,000 but not over $1,000,000**
  - The lobbying nontaxable amount is: $100,000 plus 15% of the excess over $500,000.
- **Over $1,000,000 but not over $1,500,000**
  - The lobbying nontaxable amount is: $175,000 plus 10% of the excess over $1,000,000.
- **Over $1,500,000 but not over $17,000,000**
  - The lobbying nontaxable amount is: $225,000 plus 5% of the excess over $1,500,000.
- **Over $17,000,000**
  - The lobbying nontaxable amount is: $1,000,000.

#### 4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

#### Lobbying Expenditures During 4-Year Averaging Period

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2011</th>
<th>(b) 2012</th>
<th>(c) 2013</th>
<th>(d) 2014</th>
<th>(e) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a Lobbying nontaxable amount</td>
<td>1,000,000.</td>
<td>1,000,000.</td>
<td>1,000,000.</td>
<td>1,000,000.</td>
<td>4,000,000.</td>
</tr>
<tr>
<td>b Lobbying ceiling amount (150% of line 2a, column (e))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6,000,000.</td>
</tr>
<tr>
<td>c Total lobbying expenditures</td>
<td>2,246.</td>
<td>17,217.</td>
<td>36,000.</td>
<td>36,000.</td>
<td>91,463.</td>
</tr>
<tr>
<td>d Grassroots nontaxable amount</td>
<td>250,000.</td>
<td>250,000.</td>
<td>250,000.</td>
<td>250,000.</td>
<td>1,000,000.</td>
</tr>
<tr>
<td>e Grassroots ceiling amount (150% of line 2d, column (e))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,500,000.</td>
</tr>
<tr>
<td>f Grassroots lobbying expenditures</td>
<td>17,217.</td>
<td>36,000.</td>
<td>36,000.</td>
<td>89,217.</td>
<td></td>
</tr>
</tbody>
</table>
Schedule C (Form 990 or 990-EZ) 2014

Metropolitan Family Services 36-2167940 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>1</td>
<td>During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Volunteers?</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Media advertisements?</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Mailings to members, legislators, or the public?</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Publications, or published or broadcast statements?</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Grants to other organizations for lobbying purposes?</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Direct contact with legislators, their staffs, government officials, or a legislative body?</td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Other activities?</td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Total. Add lines 1c through 1i</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>If &quot;Yes,&quot; enter the amount of any tax incurred under section 4912</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>If &quot;Yes,&quot; enter the amount of any tax incurred by organization managers under section 4912</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?</td>
<td></td>
</tr>
</tbody>
</table>

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Were substantially all (90% or more) dues received nondeductible by members?</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Did the organization make only in-house lobbying expenditures of $2,000 or less?</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Did the organization agree to carry over lobbying and political expenditures from the prior year?</td>
<td></td>
</tr>
</tbody>
</table>

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

<table>
<thead>
<tr>
<th></th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dues, assessments and similar amounts from members</td>
</tr>
<tr>
<td>2</td>
<td>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</td>
</tr>
<tr>
<td>a</td>
<td>Current year</td>
</tr>
<tr>
<td>b</td>
<td>Carryover from last year</td>
</tr>
<tr>
<td>c</td>
<td>Total</td>
</tr>
<tr>
<td>3</td>
<td>Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</td>
</tr>
<tr>
<td>4</td>
<td>If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?</td>
</tr>
<tr>
<td>5</td>
<td>Taxable amount of lobbying and political expenditures (see instructions)</td>
</tr>
</tbody>
</table>

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.
## Part I
Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered “Yes” to Form 990, Part IV, line 6.

<table>
<thead>
<tr>
<th></th>
<th>a) Donor advised funds</th>
<th>b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
</tbody>
</table>

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?
   - Yes [ ]
   - No [ ]

## Part II
Conservation Easements

Complete if the organization answered “Yes” to Form 990, Part IV, line 7.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Held at the End of the Tax Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Purpose(s) of conservation easements held by the organization</td>
<td>Preservation of land for public use (e.g., recreation or education)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Preservation of a historically important land area</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Protection of natural habitat</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Preservation of a certified historic structure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Preservation of open space</td>
</tr>
</tbody>
</table>

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

   a. Total number of conservation easements
   - Held at End of Tax Year: 2a
   - Total acreage restricted by conservation easements: 2b
   - Number of conservation easements on a certified historic structure included in (a): 2c
   - Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year: 2d

3. Number of conservation easements listed in the National Register: 2d

4. Number of states where property subject to conservation easement is located: 4

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

6. Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year: 6

7. Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year: 7

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 XIII, 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

1b. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

   i. Revenue included in Form 990, Part VIII, line 1
   - $<br />

   ii. Assets included in Form 990, Part X
   - $<br />

2. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

   a. Revenue included in Form 990, Part VIII, line 1
   - $<br />

   b. Assets included in Form 990, Part X
   - $
### Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

3. Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
   - Public exhibition
   - Scholarly research
   - Preservation for future generations
   - Loan or exchange programs
   - Other

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

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

### Part IV Escrow and Custodial Arrangements

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 XIII and complete the following table:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

2a. Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
   - Yes
   - No

b. If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

### Part V Endowment Funds

1a. Beginning of year balance

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
<tbody>
<tr>
<td>58,350,421</td>
<td>51,704,252</td>
<td>49,283,171</td>
<td>52,273,474</td>
<td>46,751,819</td>
</tr>
</tbody>
</table>

b. Contributions

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
<tbody>
<tr>
<td>58,350,421</td>
<td>51,704,252</td>
<td>49,283,171</td>
<td>52,273,474</td>
<td>46,751,819</td>
</tr>
</tbody>
</table>

2. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
   - Board designated or quasi-endowment
   - Permanent endowment
   - Temporarily restricted endowment

   The percentages in lines 2a, 2b, and 2c should equal 100%.

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

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

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

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

### Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>b Buildings</td>
<td>20,829,503</td>
<td>7,265,807</td>
<td>13,563,696</td>
<td></td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td>1,706,686</td>
<td>1,706,686</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>d Equipment</td>
<td>8,419,622</td>
<td>8,243,428</td>
<td>176,194</td>
<td></td>
</tr>
<tr>
<td>e Other</td>
<td>16,531,513</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)
### Part VII Investments - Other Securities
Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part VIII Investments - Program Related.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part IX Other Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
</tr>
<tr>
<td><strong>Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)</strong></td>
<td></td>
</tr>
</tbody>
</table>

### Part X Other Liabilities.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. **Description of liability** | **Book value** |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Federal income taxes</td>
<td></td>
</tr>
<tr>
<td>2. Funds Held in Custody for Others</td>
<td>24,385.</td>
</tr>
<tr>
<td>3. Interest Rate Swap</td>
<td>3,721,083.</td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
</tr>
<tr>
<td><strong>Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)</strong></td>
<td>3,745,468.</td>
</tr>
</tbody>
</table>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X].

Schedule D (Form 990) 2014
## Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Amount 1</th>
<th>Amount 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>55,480,883</td>
<td>1,260,389</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Net unrealized gains (losses) on investments</td>
<td>3,184,432</td>
<td>11,287,890</td>
</tr>
<tr>
<td></td>
<td>b Donated services and use of facilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Recoveries of prior year grants</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.)</td>
<td>280,080</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td></td>
<td>13,211,933</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>280,080</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b</td>
<td></td>
<td>280,080</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)</td>
<td></td>
<td>42,268,950</td>
</tr>
</tbody>
</table>

## Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Amount 1</th>
<th>Amount 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td>54,330,297</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Donated services and use of facilities</td>
<td>3,184,432</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Prior year adjustments</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Other losses</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.)</td>
<td>11,287,890</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td></td>
<td>14,472,322</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>280,080</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b</td>
<td></td>
<td>-1,505,851</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</td>
<td></td>
<td>38,352,124</td>
</tr>
</tbody>
</table>

## Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, line 4:

The intended use of the organization's endowment fund is to support the programs of the agency.

Part X, Line 2:

The Agency is exempt from income taxes under the provisions of Section 501(c)(3) of the Internal Revenue Code and applicable state law. The accounting standard on accounting for uncertainty in income taxes addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under this guidance, the Agency may recognize the tax benefit from an uncertain tax position 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. Examples of tax positions include the tax-exempt status of the Agency and various positions related to the potential sources of unrelated business taxable income (UBIT). The tax benefits recognized in the financial statements from such a position are measured based on the largest benefit that has a greater than 50 percent likelihood of being realized upon ultimate settlement. There were no unrecognized tax benefits identified or recorded as liabilities for the reporting periods presented in the financial statements. The Agency files Form 990 in the U.S. federal jurisdiction and the State of Illinois. The Agency is generally no longer subject to examination by the Internal Revenue Service for tax years before 2011. As of June 30, 2014 and 2013, and the years then ended, there are no material un-recognized/de-recognized tax benefits or tax penalties or interest.

<table>
<thead>
<tr>
<th>Part XI, Line 2d - Other Adjustments:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Affiliate Revenue - Metropolitan Family Services DuPage</strong></td>
<td>11,287,890</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part XII, Line 2d - Other Adjustments:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Affiliate Expense - Metropolitan Family Services DuPage</strong></td>
<td>11,287,890</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part XII, Line 4b - Other Adjustments:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Change in Market Value Swaps</strong></td>
<td>-274,040</td>
</tr>
<tr>
<td><strong>Pension Adjustment</strong></td>
<td>-1,511,891</td>
</tr>
<tr>
<td><strong>Total to Schedule D, Part XII, Line 4b</strong></td>
<td>-1,785,931</td>
</tr>
</tbody>
</table>
**Part I  Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.
   - a) Mail solicitations
   - b) Internet and email solicitations
   - c) Phone solicitations
   - d) In-person solicitations
   - e) Solicitation of non-government grants
   - f) Solicitation of government grants
   - g) Special fundraising events

2. 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?  
   - a) Yes  
   - b) 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.

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total

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

   - Metropolitan Family Services
   - Employer identification number 36-2167940

LHA  For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
### Part II Fundraising Events

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

<table>
<thead>
<tr>
<th>Event</th>
<th>Event #1 Holiday Celebration</th>
<th>Event #2 Metropolis</th>
<th>Other events</th>
<th>Total events</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(a)</td>
<td>(b)</td>
<td>(c)</td>
<td>(d)</td>
</tr>
<tr>
<td>Revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Gross receipts</td>
<td>1,435,929.</td>
<td>85,646.</td>
<td>300,892.</td>
<td>1,822,467.</td>
</tr>
<tr>
<td>2 Less: Contributions</td>
<td>1,165,556.</td>
<td>51,570.</td>
<td>255,743.</td>
<td>1,472,869.</td>
</tr>
<tr>
<td>3 Gross income (line 1 minus line 2)</td>
<td>270,373.</td>
<td>34,076.</td>
<td>45,149.</td>
<td>349,598.</td>
</tr>
<tr>
<td>Direct Expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Food and beverages</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Entertainment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Other direct expenses</td>
<td>270,373.</td>
<td>34,076.</td>
<td>45,149.</td>
<td>349,598.</td>
</tr>
</tbody>
</table>

#### 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.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Bingo</th>
<th>Pull tabs/instant bingo/progressive bingo</th>
<th>Other gaming</th>
<th>Total gaming (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Other direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Enter the state(s) in which the organization conducts gaming activities:

**a** Is the organization licensed to conduct gaming activities in each of these states? [ ] Yes [ ] No

If "No," explain:

**b** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? [ ] Yes [ ] No

If "Yes," explain:

---

432082 06-28-14 Schedule G (Form 990 or 990-EZ) 2014
Schedule G (Form 990 or 990-EZ) 2014

Metropolitan Family Services, 36-2167940

11 Does the organization conduct gaming activities with nonmembers? 

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? 

13 Indicate the percentage of gaming activity conducted in:
   a. The organization’s facility
   b. An outside facility

14 Enter the name and address of the person who prepares the organization’s gaming/special events books and records:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
</table>

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 

b If "Yes," enter the amount of gaming revenue received by the organization $ and the amount of gaming revenue retained by the third party $.

c If "Yes," enter name and address of the third party:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
</table>

16 Gaming manager information:

<table>
<thead>
<tr>
<th>Name</th>
<th>Gaming manager compensation $</th>
<th>Description of services provided</th>
</tr>
</thead>
</table>

   □ 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? 

   b. Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization’s own exempt activities during the tax year $.

**Part IV** Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).
**SCHEDULE I**  
(Form 990)

**Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization: Metropolitan Family Services

| Employer identification number | 36-2167940 |

### 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?  
   - 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 Domestic Organizations and Domestic Governments**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>1 (a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section if applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

2. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3. Enter total number of other organizations listed in the line 1 table

LHA  
For Paperwork Reduction Act Notice, see the Instructions for Form 990.
### Part III: Grants and Other Assistance to Domestic Individuals

Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of non-cash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>After School Activity</td>
<td>103</td>
<td>12,357.</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clothing</td>
<td>21</td>
<td>33,939.</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td>558</td>
<td>31,496.</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Furniture/Household Cost/Phone</td>
<td>15</td>
<td>5,421.</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gas</td>
<td>87</td>
<td>19,318.</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part IV: Supplemental Information

Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

**Part I, Line 2:**

Grant funds are distributed to needy clients as part of ongoing services.

**Metropolitan Family Services provides financial assistance to active clients if it appears that a temporary limited infusion of funds will clearly help to maintain, establish or re-establish family stability.**

Categories of assistance for which grants may pay include: food, shelter, utility, household expenses, transportation, clothing, and medical needs.
<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of non-cash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>1,917</td>
<td>67,555</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rent</td>
<td>112</td>
<td>69,018</td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**SCHEDULE J**
(From 990)

**Compensation Information**
For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

**Name of the organization**: Metropolitan Family Services

**Employer identification number**: 36-2167940

**Part I Questions Regarding Compensation**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First-class or charter travel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel for companions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax indemnification and gross-up payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discretionary spending account</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing allowance or residence for personal use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payments for business use of personal residence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health or social club dues or initiation fees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal services (e.g., maid, chauffeur, chef)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- Compensation committee
- Independent compensation consultant
- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

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

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

a The organization?

b Any related organization?

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?

b Any related organization?

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

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

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

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

Schedule J (Form 990) 2014
**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred in prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Ricardo Estrada</td>
<td>(i) 303,899. 0. 7,376. 9,490. 12,470. 333,235. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
</tr>
<tr>
<td>President</td>
<td>(ii) 0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
</tr>
<tr>
<td>(2) Denis Hurley</td>
<td>(i) 137,044. 0. 8,340. 5,200. 8,152. 158,736. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
</tr>
<tr>
<td>CFO, Treasurer</td>
<td>(ii) 0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
</tr>
<tr>
<td>(3) Colleen Jones</td>
<td>(i) 211,649. 0. 0. 7,574. 155. 219,378. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
</tr>
<tr>
<td>Chief Operating Officer</td>
<td>(ii) 0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
</tr>
<tr>
<td>(4) Thomas Ramakel</td>
<td>(i) 166,055. 0. 0. 5,854. 155. 172,064. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
</tr>
<tr>
<td>VP, IS</td>
<td>(ii) 0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
</tr>
<tr>
<td>(5) George Conroy</td>
<td>(i) 151,064. 0. 0. 5,215. 10,748. 167,027. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
</tr>
<tr>
<td>Sr VP, External Affairs</td>
<td>(ii) 0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
</tr>
<tr>
<td>(6) Karina Ayala-Bermejo</td>
<td>(i) 151,210. 0. 0. 5,658. 19,497. 176,365. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
</tr>
<tr>
<td>VP, HR</td>
<td>(ii) 0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td>0. 0. 0. 0. 0. 0.</td>
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</tbody>
</table>
Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

________________________________________________________________________

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________________________________________________________________________
<table>
<thead>
<tr>
<th>Part I</th>
<th>Types of Property</th>
<th>(a) Check if applicable</th>
<th>(b) Number of contributions or items contributed</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</th>
<th>(d) Method of determining noncash contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Art - Works of art</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2</td>
<td>Art - Historical treasures</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>3</td>
<td>Art - Fractional interests</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Books and publications</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Clothing and household goods</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>6</td>
<td>Cars and other vehicles</td>
<td></td>
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<tr>
<td>7</td>
<td>Boats and planes</td>
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<tr>
<td>8</td>
<td>Intellectual property</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Securities - Publicly traded</td>
<td></td>
<td>X 23 310,590. Fair Market Value</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Securities - Closely held stock</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Securities - Partnership, LLC, or trust interests</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>12</td>
<td>Securities - Miscellaneous</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>13</td>
<td>Qualified conservation contribution - Historic structures</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>14</td>
<td>Qualified conservation contribution - Other</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>15</td>
<td>Real estate - Residential</td>
<td></td>
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</tr>
<tr>
<td>16</td>
<td>Real estate - Commercial</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Real estate - Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Collectibles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Food inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Drugs and medical supplies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Taxidermy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Historical artifacts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Scientific specimens</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Archeological artifacts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Other</td>
<td>( )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Other</td>
<td>( )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Other</td>
<td>( )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Other</td>
<td>( )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement</td>
<td>29</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?  
  b If "Yes," describe the arrangement in Part II.  

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?  

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  
  b If "Yes," describe in Part II.  

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.  

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
Schedule M, Part I, Column (b):

There were 23 security contributions, totaling 5,235 units of stock.

Schedule M, Line 32b:

Broker used to sell stock gifts.
Form 990, Part I, Line 1, Description of Organization Mission:
families and communities.

Form 990, Part III, Line 4d, Other Program Services:
Empowerment: We help families stand up and be heard.
The Legal Aid Society provides a wide range of essential legal services to low-income families who, without us, would have no other access to legal help. We offer legal assistance for cases of domestic violence, family and elder law, and housing and consumer issues, and hold workshops to educate people of their rights in these areas. All Legal Aid Society clients have access to the full scope of counseling and other services offered by Metropolitan Family Services. In addition, Public Policy initiatives advocate for better laws and systems that are more responsive to the needs of low-income families.

Number of Clients Served – 15,423
Expenses $ 1,895,321. including grants of $ 0. Revenue $ 426,951.

Form 990, Part VI, Section A, line 2:
Lisa Cohen Schenkman and Merle Goldblatt Cohen have a family relationship.
Gary Gerst and Graham Gerst have a family relationship.

Form 990, Part VI, Section A, line 6:
Metropolitan Family Services has two classes of members: direct members, who shall be the members from time to time of the Board of Directors of the Corporation; and advisory board members, who shall be persons interested in...
the work of the Corporation and elected to membership by the members of the Board of Directors.

Form 990, Part VI, Section A, line 7a:
The Board of Directors shall be occupied by members of the Corporation, as elected by the existing Board of Directors.

Form 990, Part VI, Section B, line 11:
The Form 990 is reviewed by the Board Audit Committee. The committee obtains confirmation that the independent accountants have reviewed the Form 990 and that they have concluded that it was prepared in accordance with applicable laws and regulations. A copy of the Form 990 is provided to the board before filing with the Internal Revenue Service.

Form 990, Part VI, Section B, Line 12c:
The agency distributes the conflict of interest policy once a year to all board members and to all employees in leadership positions. Along with the policy each person receives a questionnaire that they must complete. The questionnaire is designed to identify any possible conflict of interest situations that may exist. Each person receiving the questionnaire must confirm that they have received a copy of the policy, read and understand the policy, completed all questions in the questionnaire, and agree to continually comply with the policy.

Members and leaders have the expectation to report any potential conflict of interest transaction before it occurs during the year. Members do recuse themselves from voting if a conflict of interest is present. The audit committee reviews a summary of the responses to the questionnaires and follows up as needed.
Form 990, Part VI, Section B, Line 15:

The board appoints a compensation committee whose responsibility it is to set compensation for the CEO and those employees reporting to the CEO. The committee uses benchmark data to set salary levels. Minutes of the committee's meetings are maintained and approved.

Form 990, Part VI, Section C, Line 19:

The agency's financial statements are made available to the public via the agency's website. Governing documents and the conflict of interest policy are made available to the public upon request. Documents are provided within the same period of disclosure as Section 6104(d) describes.

Form 5471

The shareholders of Columbus Insurance, Ltd. meet Form 5471 Category 3 and 5 filing requirements because of IRC Section 953(c). None of the shareholders meet the 10% ownership requirements stated in the instructions for Form 5471 Schedule B. Accordingly, no shareholder list is required per the instructions.

Form 990, Part XI, line 9, Changes in Net Assets:


Change in market value of swaps $-274,040.

Pension adjustment $-1,511,891.

Total to Form 990, Part XI, Line 9 $-1,785,931.
### Part I: Identification of Disregarded Entities

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
<th>(f)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name, address, and EIN (if applicable) of disregarded entity</td>
<td>Primary activity</td>
<td>Legal domicile (state or foreign country)</td>
<td>Total income</td>
<td>End-of-year assets</td>
<td>Direct controlling entity</td>
</tr>
<tr>
<td>Metropolitan Family Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part II: Identification of Related Tax-Exempt Organizations

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
<th>(f)</th>
<th>(g)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name, address, and EIN of related organization</td>
<td>Primary activity</td>
<td>Legal domicile (state or foreign country)</td>
<td>Exempt Code section</td>
<td>Public charity status (if section 501(c)(3))</td>
<td>Direct controlling entity</td>
<td>Section 512(b)(13) controlled entity?</td>
</tr>
<tr>
<td>Metropolitan Family Services of DuPage - 36-2167661, 222 East Willow Ave, Wheaton, IL 60187-5426</td>
<td>Counseling</td>
<td>Illinois</td>
<td>501(c)(3)</td>
<td>7</td>
<td>N/A</td>
<td>X</td>
</tr>
</tbody>
</table>

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
### Part III: Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

| (a) | Name, address, and EIN of related organization | (b) | Primary activity | (c) | Legal domicile (state or foreign country) | (d) | Direct controlling entity | (e) | Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) | Share of total income | (g) | Share of end-of-year assets | (h) | Disproportionate allocations? | (i) | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) | General or managing partner? | (k) | Percentage ownership |
|-----|-----------------------------------------------|-----|-----------------|-----|------------------------------------------|-----|--------------------------|-----|--------------------------|-----|-------------------|-----|----------------------|-----|--------------------------|-----|-------------------------|-----|------------------------|
|     |                                               |     |                 |     |                                          |     |                          |     |                          |     |                   |     |                      |     |                         |     |                        |     |                        |
|     |                                               |     |                 |     |                                          |     |                          |     |                          |     |                   |     |                      |     |                         |     |                        |     |                        |
|     |                                               |     |                 |     |                                          |     |                          |     |                          |     |                   |     |                      |     |                         |     |                        |     |                        |
|     |                                               |     |                 |     |                                          |     |                          |     |                          |     |                   |     |                      |     |                         |     |                        |     |                        |
|     |                                               |     |                 |     |                                          |     |                          |     |                          |     |                   |     |                      |     |                         |     |                        |     |                        |
|     |                                               |     |                 |     |                                          |     |                          |     |                          |     |                   |     |                      |     |                         |     |                        |     |                        |
|     |                                               |     |                 |     |                                          |     |                          |     |                          |     |                   |     |                      |     |                         |     |                        |     |                        |
|     |                                               |     |                 |     |                                          |     |                          |     |                          |     |                   |     |                      |     |                         |     |                        |     |                        |

### Part IV: Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) | Name, address, and EIN of related organization | (b) | Primary activity | (c) | Legal domicile (state or foreign country) | (d) | Direct controlling entity | (e) | Type of entity (C corp, S corp, or trust) | (f) | Share of total income | (g) | Share of end-of-year assets | (h) | Percentage ownership | (i) | Section 512(b)(13) controlled entity? |
|-----|-----------------------------------------------|-----|-----------------|-----|------------------------------------------|-----|--------------------------|-----|------------------|-----|-------------------|-----|----------------------|-----|------------------------|-----|
|     |                                               |     |                 |     |                                          |     |                          |     |                 |     |                   |     |                      |     |                        |     |                        |
|     |                                               |     |                 |     |                                          |     |                          |     |                 |     |                   |     |                      |     |                        |     |                        |
|     |                                               |     |                 |     |                                          |     |                          |     |                 |     |                   |     |                      |     |                        |     |                        |
|     |                                               |     |                 |     |                                          |     |                          |     |                 |     |                   |     |                      |     |                        |     |                        |
|     |                                               |     |                 |     |                                          |     |                          |     |                 |     |                   |     |                      |     |                        |     |                        |
|     |                                               |     |                 |     |                                          |     |                          |     |                 |     |                   |     |                      |     |                        |     |                        |
|     |                                               |     |                 |     |                                          |     |                          |     |                 |     |                   |     |                      |     |                        |     |                        |
|     |                                               |     |                 |     |                                          |     |                          |     |                 |     |                   |     |                      |     |                        |     |                        |
|     |                                               |     |                 |     |                                          |     |                          |     |                 |     |                   |     |                      |     |                        |     |                        |

432162  08-14-14
Part V  Transactions With Related Organizations  Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
   - Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
   - Gift, grant, or capital contribution to related organization(s)
   - Gift, grant, or capital contribution from related organization(s)
   - Loans or loan guarantees to or for related organization(s)
   - Dividends from related organization(s)
   - Sale of assets to related organization(s)
   - Purchase of assets from related organization(s)
   - Exchange of assets with related organization(s)
   - Lease of facilities, equipment, or other assets to related organization(s)
   - Lease of facilities, equipment, or other assets from related organization(s)
   - Performance of services or membership or fundraising solicitations for related organization(s)
   - Performance of services or membership or fundraising solicitations by related organization(s)
   - Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
   - Sharing of paid employees with related organization(s)
   - Reimbursement paid to related organization(s) for expenses
   - Reimbursement paid by related organization(s) for expenses
   - Other transfer of cash or property to related organization(s)
   - Other transfer of cash or property from related organization(s)

If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

<table>
<thead>
<tr>
<th>(a) Name of related organization</th>
<th>(b) Transaction type (a-s)</th>
<th>(c) Amount involved</th>
<th>(d) Method of determining amount involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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<tr>
<td>(2)</td>
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<td>(6)</td>
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</tbody>
</table>

Schedule R (Form 990) 2014  Metropolitan Family Services  36-2167940  Page 3
### Schedule R (Form 990) 2014

**Metropolitan Family Services**

**Part VI  Unrelated Organizations Taxable as a Partnership**

Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(e) Are all partners sec. 501(c)(3) orgs.?</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td>Yes or No</td>
<td>Yes or No</td>
<td>Yes or No</td>
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<td>Yes or No</td>
<td>Percentage ownership</td>
</tr>
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</tr>
</tbody>
</table>

Schedule R (Form 990) 2014
Information Return of U.S. Persons With Respect To Certain Foreign Corporations

For more information about Form 5471, see www.irs.gov/form5471.

Name of person filing this return

Metropolitan Family Services

A Identifying number

36-2167940

B Category of filer (See instructions. Check applicable box(es)):

1 (repealed) 2 3 X 4 5

City or town, state, and ZIP code

One North Dearborn, No. 1000

Chicago, IL  60602-4322

C Enter the total percentage of the foreign corporation’s voting stock

you owned at the end of its annual accounting period

%  

D Person(s) on whose behalf this information return is filed:

<table>
<thead>
<tr>
<th>(1) Name</th>
<th>(2) Address</th>
<th>(3) Identifying number</th>
<th>(4) Check applicable box(es)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Shareholder</td>
</tr>
</tbody>
</table>

Important: Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated.

1a Name and address of foreign corporation

Columbus Insurance Ltd., c/o Marsh Mgmt Svc Cay

Governors Sq, Bldg 4, 2nd Fl, 23 Lime Tree Bay

Grand Cayman

Cayman Islands

b(1) Employer identification number, if any

98-0171631

b(2) Reference ID number (see instructions)

c Country under whose laws incorporated

Cayman Islands

d Date of incorporation

09/20/94

e Principal place of business

Cayman Islands

f Principal business activity

Insurance

h Functional currency

United States, Dollar

2 Provide the following information for the foreign corporation’s accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States

b If a U.S. income tax return was filed, enter:

(i) Taxable income or (loss)

(ii) U.S. income tax paid (after all credits)

C Name and address of foreign corporation’s statutory or resident agent in country of incorporation

Marsh Management Svs Cay Ltd.

Governors Sq, #4, 2F, 23 Lime Tree

Grand Cayman

CAYMAN ISLANDS

d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different

Marsh Management Svs Cay Ltd.

Governors Sq, #4, 2F, 23 Lime Tree

Grand Cayman

CAYMAN ISLANDS

Schedule A Stock of the Foreign Corporation

(a) Description of each class of stock

(b) Number of shares issued and outstanding

(i) Beginning of annual accounting period (ii) End of annual accounting period

Common  99  0

Preferred  99  0

See Statement 1
### Schedule B  U.S. Shareholders of Foreign Corporation

<table>
<thead>
<tr>
<th>(a) Name, address, and identifying number of shareholder</th>
<th>(b) Description of each class of stock held by shareholder. <strong>Note:</strong> This description should match the corresponding description entered in Schedule A, column (a).</th>
<th>(c) Number of shares held at beginning of annual accounting period</th>
<th>(d) Number of shares held at end of annual accounting period</th>
<th>(e) Pro rata share of subpart F income (enter as a percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

### Schedule C  Income Statement

**Important:** Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.

<table>
<thead>
<tr>
<th>Income</th>
<th>Functional Currency</th>
<th>U.S. Dollars</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Gross receipts or sales</td>
<td>1a</td>
<td></td>
</tr>
<tr>
<td>b Returns and allowances</td>
<td>1b</td>
<td></td>
</tr>
<tr>
<td>c Subtract line 1b from line 1a</td>
<td>1c</td>
<td></td>
</tr>
<tr>
<td>2 Cost of goods sold</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3 Gross profit (subtract line 2 from line 1c)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4 Dividends</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5 Interest</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6a Gross rents</td>
<td>6a</td>
<td></td>
</tr>
<tr>
<td>b Gross royalties and license fees</td>
<td>6b</td>
<td></td>
</tr>
<tr>
<td>7 Net gain or (loss) on sale of capital assets</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8 Other income (attach statement)</td>
<td>See Statement 2</td>
<td>See Statement 2</td>
</tr>
<tr>
<td>9 Total income (add lines 3 through 8)</td>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Deductions</th>
<th>Functional Currency</th>
<th>U.S. Dollars</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 Compensation not deducted elsewhere</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>11a Rents</td>
<td>11a</td>
<td></td>
</tr>
<tr>
<td>b Royalties and license fees</td>
<td>11b</td>
<td></td>
</tr>
<tr>
<td>12 Interest</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>13 Depreciation not deducted elsewhere</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>14 Depletion</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>15 Taxes (exclude provision for income, war profits, and excess profits taxes)</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>16 Other deductions (attach statement - exclude provision for income, war profits, and excess profits taxes)</td>
<td>See Statement 3</td>
<td>See Statement 3</td>
</tr>
<tr>
<td>17 Total deductions (add lines 10 through 16)</td>
<td>17</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Net Income</th>
<th>Functional Currency</th>
<th>U.S. Dollars</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 Net income or (loss) before extraordinary items, prior period adjustments, and the provision for income, war profits, and excess profits taxes (subtract line 17 from line 9)</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>19 Extraordinary items and prior period adjustments</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>20 Provision for income, war profits, and excess profits taxes</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>21 Current year net income or (loss) per books (combine lines 18 through 20)</td>
<td>21</td>
<td></td>
</tr>
</tbody>
</table>
### Schedule E  Income, War Profits, and Excess Profits Taxes Paid or Accrued

<table>
<thead>
<tr>
<th>Name of country or U.S. possession</th>
<th>Amount of tax</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(b) In foreign currency</td>
</tr>
<tr>
<td>U.S.</td>
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<td>1</td>
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<tr>
<td>8 Total</td>
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</tbody>
</table>

### Schedule F  Balance Sheet

**Important:** Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

#### Assets

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Beginning of annual accounting period</th>
<th>End of annual accounting period</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash</td>
<td>10,532,052.</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Trade notes and accounts receivable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Less allowance for bad debts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Inventories</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Other current assets (attach statement)</td>
<td>See Statement 4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Loans to shareholders and other related persons</td>
<td></td>
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</tr>
<tr>
<td>6</td>
<td>Investment in subsidiaries (attach statement)</td>
<td></td>
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<tr>
<td>7</td>
<td>Other investments (attach statement)</td>
<td>See Statement 5</td>
<td></td>
</tr>
<tr>
<td>8a</td>
<td>Buildings and other depreciable assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Less accumulated depreciation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9a</td>
<td>Depletable assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Less accumulated depletion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Land (net of any amortization)</td>
<td></td>
<td></td>
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<tr>
<td>11</td>
<td>Intangible assets:</td>
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<td></td>
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<tr>
<td>a</td>
<td>Goodwill</td>
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<td></td>
</tr>
<tr>
<td>b</td>
<td>Organization costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Patents, trademarks, and other intangible assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Less accumulated amortization for lines 11a, b, and c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Other assets (attach statement)</td>
<td>See Statement 6</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Total assets</td>
<td>203,350,500.</td>
<td></td>
</tr>
</tbody>
</table>

#### Liabilities and Shareholders' Equity

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Accounts payable</td>
<td>643,698.</td>
</tr>
<tr>
<td>15</td>
<td>Other current liabilities (attach statement)</td>
<td>1,752,638.</td>
</tr>
<tr>
<td>16</td>
<td>Loans from shareholders and other related persons</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Other liabilities (attach statement)</td>
<td>94,192,868.</td>
</tr>
<tr>
<td>18</td>
<td>Capital stock:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Preferred stock</td>
<td>1.</td>
</tr>
<tr>
<td>b</td>
<td>Common stock</td>
<td>1.</td>
</tr>
<tr>
<td>19</td>
<td>Paid-in or capital surplus (attach reconciliation)</td>
<td>35,537,931.</td>
</tr>
<tr>
<td>20</td>
<td>Retained earnings</td>
<td>71,223,363.</td>
</tr>
<tr>
<td>21</td>
<td>Less cost of treasury stock</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Total liabilities and shareholders' equity</td>
<td>203,350,500.</td>
</tr>
</tbody>
</table>
### Schedule G  Other Information

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership?</td>
<td>☑</td>
</tr>
<tr>
<td>2</td>
<td>During the tax year, did the foreign corporation own an interest in any trust?</td>
<td>☑</td>
</tr>
<tr>
<td>3</td>
<td>During the tax year, did the foreign corporation own any foreign entities that were disregarded as entities separate from their owners under Regulations sections 301.7701-2 and 301.7701-3?</td>
<td>☑</td>
</tr>
<tr>
<td>4</td>
<td>During the tax year, was the foreign corporation a participant in any cost sharing arrangement?</td>
<td>☑</td>
</tr>
<tr>
<td>5</td>
<td>During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement?</td>
<td>☑</td>
</tr>
<tr>
<td>6</td>
<td>During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4?</td>
<td>☑</td>
</tr>
<tr>
<td>7</td>
<td>During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)?</td>
<td>☑</td>
</tr>
<tr>
<td>8</td>
<td>During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?</td>
<td>☑</td>
</tr>
</tbody>
</table>

### Schedule H  Current Earnings and Profits

**Important:** Enter the amounts on lines 1 through 5c in functional currency.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Current year net income or (loss) per foreign books of account</td>
</tr>
</tbody>
</table>
| 2 | Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):
| a | Capital gains or losses |
| b | Depreciation and amortization |
| c | Depletion |
| d | Investment or incentive allowance |
| e | Charges to statutory reserves |
| f | Inventory adjustments |
| g | Taxes |
| h | Other (attach statement) |
|   | Statement 9 |
| 3 | Total net additions |
| 4 | Total net subtractions |
| 5a | Current earnings and profits (line 1 plus line 3 minus line 4) |
| 5b | DASTM gain or (loss) for foreign corporations that use DASTM |
| 5c | Combine lines 5a and 5b |
| 5d | Current earnings and profits in U.S. dollars (line 5c translated at the appropriate exchange rate as defined in section 989(b) and the related regulations) |

Enter exchange rate used for line 5d

### Schedule I  Summary of Shareholder's Income From Foreign Corporation

If item D on page 1 is completed, a separate Schedule I must be filed for each Category 4 or 5 filer for whom reporting is furnished on this Form 5471. This schedule I is being completed for:

<table>
<thead>
<tr>
<th>Name of U.S. shareholder</th>
<th>Identifying number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Subpart F income (line 38b, Worksheet A in the instructions)</td>
</tr>
<tr>
<td>2</td>
<td>Earnings invested in U.S. property (line 17, Worksheet B in the instructions)</td>
</tr>
<tr>
<td>3</td>
<td>Previously excluded subpart F income withdrawn from qualified investments (line 6b, Worksheet C in the instructions)</td>
</tr>
<tr>
<td>4</td>
<td>Previously excluded export trade income withdrawn from investment in export trade assets (line 7b, Worksheet D in the instructions)</td>
</tr>
<tr>
<td>5</td>
<td>Factoring income</td>
</tr>
<tr>
<td>6</td>
<td>Total of lines 1 through 5. Enter here and on your income tax return</td>
</tr>
<tr>
<td>7</td>
<td>Dividends received (translated at spot rate on payment date under section 989(b)(1))</td>
</tr>
<tr>
<td>8</td>
<td>Exchange gain or (loss) on a distribution of previously taxed income</td>
</tr>
</tbody>
</table>

- Was any income of the foreign corporation blocked? ☑
- Did any such income become unblocked during the tax year (see section 964(b))? ☑

If the answer to either question is "Yes," attach an explanation.
### Form 5471 Name, Address, Identifying Number and Number of Shares Subscribed to by Each Subscriber to the Stock of the Foreign Corporation

<table>
<thead>
<tr>
<th>Name and Address</th>
<th>Identifying Number</th>
<th>Number of Shares</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Form 5471 Other Income

<table>
<thead>
<tr>
<th>Description</th>
<th>Functional Currency</th>
<th>Exchange Rate</th>
<th>U.S. Dollar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claims Indemnifications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provisional Claims Indemnifications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrealized Gains on Securities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total to 5471, Schedule C, line 8</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Form 5471 Other Deductions

<table>
<thead>
<tr>
<th>Description</th>
<th>Functional Currency</th>
<th>Exchange Rate</th>
<th>U.S. Dollar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reinsurance Premium</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Losses Incurred</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policy Issuance and Program Costs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrative Costs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total to 5471, Schedule C, line 16</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Form 5471 Other Current Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>Beg. of Annual Accounting Period</th>
<th>End of Annual Accounting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance Balances Receivable - Short-Term</td>
<td>3,111,180.</td>
<td></td>
</tr>
<tr>
<td>Premiums Due From Ceding Insurer</td>
<td>5,402,462.</td>
<td></td>
</tr>
<tr>
<td>Prepaid Expenses and Other A/R</td>
<td>119,391.</td>
<td></td>
</tr>
<tr>
<td><strong>Total to 5471, Page 3, Schedule F, line 4</strong></td>
<td>8,633,033.</td>
<td></td>
</tr>
</tbody>
</table>
### Other Investments

<table>
<thead>
<tr>
<th>Description</th>
<th>Beg. of Annual Accounting Period</th>
<th>End of Annual Accounting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Captive Investors Fund</td>
<td>143,277,257.</td>
<td></td>
</tr>
<tr>
<td>Total to 5471, Page 3, Schedule F, line 7</td>
<td></td>
<td>143,277,257.</td>
</tr>
</tbody>
</table>

### Other Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>Beg. of Annual Accounting Period</th>
<th>End of Annual Accounting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provisional Claims Indemnifications Rec</td>
<td>35,153,394.</td>
<td></td>
</tr>
<tr>
<td>Loss Escrow Funds Withheld</td>
<td>3,800,000.</td>
<td></td>
</tr>
<tr>
<td>Losses Due From Ceding Insurer</td>
<td>372,283.</td>
<td></td>
</tr>
<tr>
<td>Deferred Cash Flow Premiums Receivable</td>
<td>591,947.</td>
<td></td>
</tr>
<tr>
<td>Insurance Balances Receivable - Long-Term</td>
<td>990,534.</td>
<td></td>
</tr>
<tr>
<td>Total to 5471, Page 3, Schedule F, line 12</td>
<td></td>
<td>40,908,158.</td>
</tr>
</tbody>
</table>

### Other Current Liabilities

<table>
<thead>
<tr>
<th>Description</th>
<th>Beg. of Annual Accounting Period</th>
<th>End of Annual Accounting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Losses Payable</td>
<td>1,752,638.</td>
<td></td>
</tr>
<tr>
<td>Total to 5471, Page 3, Schedule F, line 15</td>
<td></td>
<td>1,752,638.</td>
</tr>
</tbody>
</table>
## Other Liabilities Statement 8

<table>
<thead>
<tr>
<th>Description</th>
<th>Beg. of Annual Accounting Period</th>
<th>End of Annual Accounting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss Reserves</td>
<td>29,349,496.</td>
<td></td>
</tr>
<tr>
<td>Incurred But Not Reported Reserves</td>
<td>64,843,372.</td>
<td></td>
</tr>
<tr>
<td><strong>Total to 5471, Page 3, Schedule F, line 17</strong></td>
<td>94,192,868.</td>
<td></td>
</tr>
</tbody>
</table>

## Other Net Adjustments Statement 9

<table>
<thead>
<tr>
<th>Description</th>
<th>Net Additions</th>
<th>Net Subtractions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provisional Claim Indemnification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrealized Gains on Securities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loss Reserve Discounting</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total to 5471, Page 4, Schedule H, line 2h</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Schedule J (Form 5471)

**Accumulated Earnings and Profits (E&P) of Controlled Foreign Corporation**

#### Important:
Enter amounts in functional currency.

<table>
<thead>
<tr>
<th></th>
<th>(a) Post-1986 Undistributed Earnings (post-86 section 959(c)(3) balance)</th>
<th>(b) Pre-1987 E&amp;P Not Previously Taxed (pre-87 section 959(c)(3) balance)</th>
<th>(c) Previously Taxed E&amp;P (sections 959(c)(1) and (2) balances)</th>
<th>(d) Total Section 964(a) E&amp;P (combine columns (a), (b), and (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Balance at beginning of year</td>
<td>-189,755</td>
<td></td>
<td>842,637. 652,882.</td>
</tr>
<tr>
<td>2a</td>
<td>Current year E&amp;P</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Current year deficit in E&amp;P</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Total current and accumulated E&amp;P not previously taxed (line 1 plus line 2a or line 1 minus line 2b)</td>
<td>-189,755</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Amounts included under section 951(a) or reclassified under section 959(c) in current year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a</td>
<td>Actual distributions or reclassifications of previously taxed E&amp;P</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Actual distributions of nonpreviously taxed E&amp;P</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6a</td>
<td>Balance of previously taxed E&amp;P at end of year (line 1 plus line 4, minus line 5a)</td>
<td></td>
<td></td>
<td>842,637.</td>
</tr>
<tr>
<td>b</td>
<td>Balance of E&amp;P not previously taxed at end of year (line 3 minus line 4, minus line 5b)</td>
<td>-189,755</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Balance at end of year. (Enter amount from line 6a or line 6b, whichever is applicable.)</td>
<td>-189,755</td>
<td></td>
<td>842,637. 652,882.</td>
</tr>
</tbody>
</table>

**LHA** For Paperwork Reduction Act Notice, see the Instructions for Form 5471.
Name of person filing Form 5471 | Identifying number
---|---
Metropolitan Family Services | 36-2167940

Name of foreign corporation | EIN (if any) | Reference ID number
---|---|---
Columbus Insurance Ltd., c/o Marsh | 98-0171631

**Important:** Complete a separate Schedule O for each foreign corporation for which information must be reported.

### Part I To Be Completed by U.S. Officers and Directors

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of shareholder for whom acquisition information is reported</td>
<td>Address of shareholder</td>
<td>Identifying number of shareholder</td>
<td>Date of original 10% acquisition</td>
<td>Date of additional 10% acquisition</td>
</tr>
</tbody>
</table>

### Part II To Be Completed by U.S. Shareholders

**Note:** If this return is required because one or more shareholders became U.S. persons, attach a list showing the names of such persons and the date each became a U.S. person.

#### Section A - General Shareholder Information

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name, address, and identifying number of shareholder(s) filing this schedule</td>
<td>For shareholder's latest U.S. income tax return filed, indicate:</td>
<td>Date (if any) shareholder last filed information return under section 6546 for the foreign corporation</td>
</tr>
<tr>
<td></td>
<td>Type of return (enter form number)</td>
<td>Internal Revenue Service Center where filed</td>
</tr>
</tbody>
</table>

#### Section B - U.S. Persons Who Are Officers or Directors of the Foreign Corporation

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of U.S. officer or director</td>
<td>Address</td>
<td>Social security number</td>
<td>Check appropriate box(es)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Officer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tom Strunk</td>
<td>60 Weldon Parkway, Maryland Heights MO 63043</td>
</tr>
<tr>
<td>Wayne Hauge</td>
<td>213 Vandale Drive, Houston PA 15342</td>
</tr>
<tr>
<td>Jim Phillips</td>
<td>812 Huron Rd, Ste 880, Cleveland OH 44115</td>
</tr>
</tbody>
</table>

**For Paperwork Reduction Act Notice, see the Instructions for Form 5471.**

Schedule O (Form 5471) (Rev. 12-2012)
### Section D - Disposition of Stock

<table>
<thead>
<tr>
<th>(a) Name of shareholder disposing of stock</th>
<th>(b) Class of stock</th>
<th>(c) Date of disposition</th>
<th>(d) Method of disposition</th>
<th>(e) Number of shares disposed of</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(1) Directly</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(2) Indirectly</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(3) Constructively</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(f) Amount paid or value given</th>
<th>(g) Name and address of person from whom shares were acquired</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>(f) Amount received</th>
<th>(g) Name and address of person to whom disposition of stock was made</th>
</tr>
</thead>
</table>

### Section E - Organization or Reorganization of Foreign Corporation

<table>
<thead>
<tr>
<th>(a) Name and address of transferor</th>
<th>(b) Identifying number (if any)</th>
<th>(c) Date of transfer</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>(d) Assets transferred to foreign corporation</th>
<th>(e) Description of assets transferred by, or notes or securities issued by, foreign corporation</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Description of assets</td>
<td></td>
</tr>
<tr>
<td>(2) Fair market value</td>
<td></td>
</tr>
<tr>
<td>(3) Adjusted basis (if transferor was U.S. person)</td>
<td></td>
</tr>
</tbody>
</table>

### Section F - Additional Information

(a) If the foreign corporation or a predecessor U.S. corporation filed (or joined with a consolidated group in filing) a U.S. income tax return for any of the last 3 years, attach a statement indicating the year for which a return was filed (and, if applicable, the name of the corporation filing the consolidated return), the taxable income or loss, and the U.S. income tax paid (after all credits).

(b) List the date of any reorganization of the foreign corporation that occurred during the last 4 years while any U.S. person held 10% or more in value or vote (directly or indirectly) of the corporation's stock.

(c) If the foreign corporation is a member of a group constituting a chain of ownership, attach a chart, for each unit of which a shareholder owns 10% or more in value or voting power of the outstanding stock. The chart must indicate the corporation's position in the chain of ownership and the percentages of stock ownership (see instructions for an example).
<table>
<thead>
<tr>
<th>(a) Name of U.S. Officer or Director</th>
<th>(b) Address</th>
<th>(c) Social Security Number</th>
<th>(d) Check Appropriate Box(es)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jeff Mulzer</td>
<td>534 Mozart Street&lt;br&gt;Tell City IN 47586-0249</td>
<td>36-2167940</td>
<td>X</td>
</tr>
</tbody>
</table>
**ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT**

**Attorney General LISA MADIGAN**
State of Illinois
Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

**Report for the Fiscal Period:**

**Beginning 07/01/2014**

**& Ending 06/30/2015**

**Federal ID # 36-2167940**

Are contributions to the organization tax deductible? □ Yes □ No

Date Organization was created: 02/15/1857

---

**LEGAL**

<table>
<thead>
<tr>
<th>NAME</th>
<th>Metropolitan Family Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS</td>
<td>One North Dearborn, No. 1000</td>
</tr>
<tr>
<td>CITY, STATE</td>
<td>Chicago, IL</td>
</tr>
<tr>
<td>ZIP CODE</td>
<td>60602-4322</td>
</tr>
</tbody>
</table>

---

**SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:**

| D) | PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.) | 39.749% | $17,051,883. |
| E) | GOVERNMENT GRANTS & MEMBERSHIP DUES | 53.166% | $22,807,538. |
| F) | OTHER REVENUES | 7.085% | $3,039,207. |

**SUMMARY OF ALL EXPENDITURES DURING THE YEAR:**

| H) | OPERATING CHARITABLE PROGRAM EXPENSE | 82.451% | $31,909,868. |
| J) | TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I) | 82.451% | $31,909,868. |

**SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:**

| L) | TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K) | 82.451% | $31,909,868. |
| M) | MANAGEMENT AND GENERAL EXPENSE | 12.375% | $4,789,180. |
| N) | FUNDRAISING EXPENSE | 5.175% | $2,002,675. |

**SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:**

| P) | TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS | 100% | $0. |
| Q) | TOTAL FUNDRAISERS FEES AND EXPENSES | % | $0. |
| R) | NET RECEIVED BY THE CHARITY (P MINUS Q=R) | % | $0. |

**COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:**

| T) | NAME: Ricardo Estrada, President | $333,235. |
| U) | NAME: Colleen Jones, Chief Operating Officer | $219,378. |
| V) | NAME: Karina Ayala-Bermejo, VP HR | $176,365. |

**CHARITABLE PROGRAM DESCRIPTION:**

| W) | DESCRIPTION: Family and Individual Services | Code Category: 111 |
| X) | DESCRIPTION: |
| Y) | DESCRIPTION: |
### IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Was the organization the subject of any court action, fine, penalty or judgment?</td>
<td>❌</td>
<td></td>
</tr>
<tr>
<td>2. Has the organization or a current director, trustee, officer or employee thereof, ever been convicted by any court of any misdemeanor involving the misuse or misappropriation of funds or any felony?</td>
<td>❌</td>
<td></td>
</tr>
<tr>
<td>3. Did the organization make a grant award or contribution to any organization in which any of its officers, directors or trustees owns an interest; or was it a party to any transaction in which any of its officers, directors or trustees has a material financial interest; or did any officer, director or trustee receive anything of value not reported as compensation?</td>
<td>❌</td>
<td></td>
</tr>
<tr>
<td>4. Has the organization invested in any corporate stock in which any officer, director or trustee owns more than 10% of the outstanding shares?</td>
<td>❌</td>
<td></td>
</tr>
<tr>
<td>5. Is any property of the organization held in the name of or commingled with the property of any other person or organization?</td>
<td>❌</td>
<td></td>
</tr>
<tr>
<td>6. Did the organization use the services of a professional fundraiser? (Attach Form IFC)</td>
<td>❌</td>
<td></td>
</tr>
<tr>
<td>7a. Did the organization allocate the cost of any solicitation, mailing, advertisement or literature costs between program service and fundraising expenses?</td>
<td>❌</td>
<td></td>
</tr>
<tr>
<td>7b. If 'yes', enter (i) the aggregate amount of these joint costs $; (ii) the amount allocated to program services $; (iii) the amount allocated to management and general $; and (iv) the amount allocated to fundraising $</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Did the organization expend its restricted funds for purposes other than restricted purposes?</td>
<td>❌</td>
<td></td>
</tr>
<tr>
<td>9. Has the organization ever been refused registration or had its registration or tax exemption suspended or revoked by any governmental agency?</td>
<td>❌</td>
<td></td>
</tr>
<tr>
<td>10. Was there or do you have any knowledge of any kickback, bribe, or any theft, defalcation, misappropriation, commingling or misuse of organizational funds?</td>
<td>❌</td>
<td></td>
</tr>
</tbody>
</table>

### List the name and address of the financial institutions where the organization maintains its three largest accounts:

- **The Northern Trust Company, Chicago, IL**
- **US Bank, Chicago, IL**

### Reports are due within six months of your fiscal year end. For fees due see instructions. Reports that are late or incomplete are subject to a $100.00 penalty.

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**Ricardo Estrada**  
President or Trustee (Print Name)  
Signature  
Date

**Denis Hurley**  
Treasurer or Trustee (Print Name)  
Signature  
Date

**Wayne Harder**  
Preparer (Print Name)  
Signature  
Date