Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► **Do not enter social security numbers on this form as it may be made public.**
► **Information about Form 990 and its instructions is at *www.irs.gov/form990.***

OMB No. 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning , 2016, and ending ,

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization: FAMILY ELDERCARE, INC.

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 1700 RUTHERFORD LANE

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: AUSTIN TX 78754

D Employer identification number: 74-2286387

E Telephone number: (512) 450-0844

G Gross receipts $ 5,615,291.

F Name and address of principal officer: KENT HERRING 1700 RUTHERFORD LANE AUSTIN TX 78754

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If 'No,' attach a list. (see instructions)

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

J Website: ► WWW.FAMILYELDERCARE.ORG

H(c) Group exemption number ►

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of formation: 1982

M State of legal domicile: TX

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO SERVE AND SUPPORT PEOPLE WITH SPECIAL NEEDS, PROMOTE THE DIGNITY AND WELL-BEING OF THE ELDERLY, EDUCATE THE PUBLIC ABOUT AGING ISSUES AND INTERVENE TO PREVENT ABUSE, NEGLECT AND EXPLOITATION THROUGH A VARIETY OF SERVICES.

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)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	157
6	Total number of volunteers (estimate if necessary)	6	420
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-1,227.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-1,227.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,445,077.	3,234,086.
9	Program service revenue (Part VIII, line 2g)	1,671,541.	1,830,797.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	81.	512.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	231,755.	432,277.
12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,348,454.	5,497,672.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	56,860.	103,958.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,451,946.	3,805,437.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ► 403,217.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	739,008.	900,452.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,247,814.	4,809,847.
19	Revenue less expenses. Subtract line 18 from line 12	100,640.	687,825.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,252,634.	3,139,837.
21	Total liabilities (Part X, line 26)	347,832.	546,213.
22	Net assets or fund balances. Subtract line 21 from line 20	1,904,802.	2,593,624.

Part II Signature Block

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

Sign Here

► Signature of officer — Date: 06/26/17

► KENT HERRING — Type or print name and title: CEO

Paid Preparer Use Only

Print/Type preparer's name: Peter L. Allman, CPA	Preparer's signature	Date: 06/22/17	Check [ ] if self-employed	PTIN: P00648533
Firm's name ► Allman & Associates Inc.			Firm's EIN ► 46-2979080	
Firm's address ► 9600 Great Hills Trail, Suite 150W Austin TX 78759			Phone no. (512) 502-3077	

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