**Form 990**

**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.
- Go to www.irs.gov/Form990 for instructions and the latest information.

**B** Name of organization

**OAKLAND FAMILY SERVICES**

**114 ORCHARD LAKE RD, PONTIAC, MI 48341**

**2020**

**Open to Public Inspection**

**A** For the 2020 calendar year, or tax year beginning OCT 1, 2020 and ending SEP 30, 2021

**B** Name of organization

**OAKLAND FAMILY SERVICES**

**D** Employer identification number

**38-1358388**

**E** Telephone number

**248-858-7766**

**Q** Gross receipts

**14,975,471**

**J** Website

**HTTP://WWW.OAKLANDFAMILYSERVICES.ORG/**

**K** Form of organization

**Corporation**

**L** Year of formation

**1921**

**M** State of legal domicile

**MI**

**Part I Summary**

1. Briefly describe the organization’s mission or most significant activities: **SEE SCHEDULE O**

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 2020 (Part V, line 2a)

6. Total number of volunteers (estimate if necessary)

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

   b. Net unrelated business taxable income from Form 990-T, Part I, line 11

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Prior Year</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 Contributions and grants (Part VIII, line 1h)</td>
<td>8,366,520</td>
<td>9,820,003</td>
</tr>
<tr>
<td>9 Program service revenue (Part VIII, line 2g)</td>
<td>5,047,480</td>
<td>5,030,503</td>
</tr>
<tr>
<td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td>
<td>9,465</td>
<td>4,467</td>
</tr>
<tr>
<td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td>
<td>132,899</td>
<td>120,498</td>
</tr>
<tr>
<td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td>
<td>13,556,364</td>
<td>14,975,471</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Prior Year</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td>
<td>902,753</td>
<td>960,872</td>
</tr>
<tr>
<td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td>
<td>9,324,438</td>
<td>9,310,248</td>
</tr>
<tr>
<td>16 Professional fundraising fees (Part IX, column (A), line 11e)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</td>
<td>351,714</td>
<td></td>
</tr>
<tr>
<td>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td>
<td>13,177,425</td>
<td>13,147,666</td>
</tr>
<tr>
<td>19 Revenue less expenses, Subtract line 18 from line 12</td>
<td>378,939</td>
<td>1,827,805</td>
</tr>
</tbody>
</table>

**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**

**JAIMIE CLAYTON, PRESIDENT**

**Date**

**Signature of officer**

**Type or print name and title**

**KAREN SHAHIFK**

**Preparer’s signature**

**03/18/22**

**PTIN**

**Preparer**

**Firm’s name**

**UHY ADVISORS MI, INC.**

**Preparer’s EIN**

**38-1910111**

**Use Only**

**Firm’s address**

**1979 HOLLAND AVE, SUITE A**

**PORT HURON, MI 48060**

**Phone no.810-984-3829**

May the IRS discuss this return with the preparer shown above? See instructions

**X Yes**

**No**

**032001 12-23-20**

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

**Form 990 (2020)**