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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2008 Open to Public Inspection

13916

_			10/01/00			
<u>A_</u>	For the 2008 c		ear, or tax year beginning $10/01/08$, and ending $9/30/09$			
В	Check of applicable	Please	C Name of organization NORTHWESTERN MICHIGAN CHILD &		D Emplo	yer identification number
Ш	Address change	use IRS label or	FAMILY SERVICES FOUNDATION, I	INC.		
	Name change	print or	Doing Business As		38-	2393955
금		type.	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Teleph	one number
닏	Initial return	See	3785 VETERANS DRIVE		231	-946-1597
Ш	Termination	Specific Instruc-	City or town, state or country, and ZIP + 4		G Gross rece	epts \$ 25,899
	Amended return	tions.	TRAVERSE CITY MI 49684	ſ		
亓	Application pending	F Nam	e and address of principal officer		H(a) Is this	a group return for
ш	Application pending		M SCHERRER		affiliate	
		37	85 VETERANS DRIVE		H(b) Are all include	affiliates Yes No
		TR	AVERSE CITY MI 49684			attach a list (see instructions)
ī	Tax-exempt stat				·	, ,
`	Website: ▶				H(c) Group	exemption number
	Type of organization		rporation Trust Association Other ▶ L Yea			M State of legal domicile MI
•		umma		ar or tormston —		THE CLARE OF TOGET CONTINUE COLOR
	T		the organization's mission or most significant activities			
	CTTD		- · · · · · · · · · · · · · · · · · · ·	ANI THE		
9	SUP	PORTS	CHILD & FAMILY SERVICES OF NORTHWESTERN MICHIGA	HIV, INC.		
ē						
Ĕ						
Š	2 Check t	his box	▶ ☐ if the organization discontinued its operations or disposed of more than 25	5% of its assets	3	
Ö	3 Number		g members of the governing body (Part VI, line 1a)		3	8
S	4 Number		pendent voting members of the governing body (Part VI, line 1b)		4	8
ij	5 Total nu		employees (Part V, line 2a)		5	0
Activities & Governance	S Total no		volunteers (estimate if necessary)		6	8
ĕ	7- Total at		lated business revenue from Part VIII, line 12, column (C)		7a	
	_					0
_	b Net unr	elated bu	isiness taxable income from Form 990-T, line 34	Prior Yea	/ 7b	Current Year
	0 04		d scorts (Dod VIII line 4h)	THOI TEA		Ourient rear
9		_	d grants (Part VIII, line 1h)			· · · · - · · ·
Revenue			revenue Par VIII, fine 29		022	1 000
\$			me (Pan Villy belumb A) lines 3 4, and 7d)		,032	1,899
_	11 Other re	evenue (Part VIII, column (A), lines 5 60 Bc, 9c, 10c, and 11e)		,207	-4,039
			add lines B through A figurates al Part VIII, column (A), line 12)		,175	-2 <u>,140</u>
	•		ar amounts paid (Part IX, column (A), lines 1-3)			
	14 Benefits	s paid o	or for name (A), line 4) compensation employee benefits (Part IX, column (A), lines 5–10)			
G	15 Salaries	s, othe r c	ompensation employee benefits (Part IX, column (A), lines 5–10)			
Se	16a Profess		draising fees (Part IX, column (A), line 11e)			_
Expenses	b Total fu	ndraisind	expenses (Part IX, column (D), line 25)	•		
ŭ	17 Other e	_	(Part IX, column (A), lines 11a-11d, 11f-24f)			
	1	•	Add lines 13-17 (must equal Part IX, column (A), line 25)			
		-	expenses Subtract line 18 from line 12	-6	,175	-2,140
58	E TO TREVEITE	C 1033 C/	penses outstact and to nontaine the	Beginning of		End of Year
Net Assets or	20 Total as	sets (Pa	rt X, line 16)	345	,094	340,526
Ass	21 Total lia		Part X, line 26)		,602	4,174
2	22 Net 255	•	nd balances Subtract line 21 from line 20		,492	336,352
			re Block		<u>, </u>	
			thes of perjury, I declare that I have examined this return, including accompanying schedules ar	nd statements or	d to the he	et of my knowledge
	aı	nder pena nd belief, r	t is true, co <u>rrect, and complete</u> Declaration of preparer (other than officer) is based on all inform	nation of which p	eparer has	any knowledge
		()	1.50			-12-10
Si	_	\rightarrow	~ Jourse			10.10
He	ere		ure of officer		Date	IDT CED
		JI	M SCHERRER CHIEF	EXECUTI	VE OF	FICER
_		Type o	r print name and title			1 8
	Р	reparer's	Date	Check if		Preparer's identifying number (see instructions)
Pa	iia _{si}	gnature	1 le W l. Scry 2/11/	/10 self- employe	d ▶ 🗀	P00142088
Pr	eparer's		KALCHER, VANDERWAL & TORREY, PC		EIN	▶ 38-2095735
U۶	se Only F		or yours &			, <u>-</u>
			A 928 S CARFTELD AVE STE 3		Phone	
	ıf l	self-emplo ddress, an			Phone no	231-946-2300

DAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

11 111	NORTHWESTERN MICH Statement of Program Servi	IIGAN CHILD & 38-2 ce Accomplishments (see instruction	393955 s)	Page 2
1 Briefly des	cribe the organization's mission	SERVICES OF NORTHWESTERN		
the prior Fo If "Yes," de 3 Did the org services? If "Yes," de 4 Describe th	orm 990 or 990-EZ? escribe these new services on Schedenization cease conducting, or make escribe these changes on Schedule (and exempt purpose achievements for	e significant changes in how it conducts, any pro O r each of the organization's three largest program	gram n services by expenses	Yes X No
allocations 4a (Code SUPPORT INC. THE VALUE.) (Expenses \$ CHILD & FAMILY ROUGH THE PROVISION	including grants of \$ SERVICES OF NORTHWESTERS ON OF OFFICE SPACE AT BECONTRIBUTIONS TO CHILD & AVAILABLE.) (Revenue \$ N MICHIGAN, CLOW MARKET)
4b (Code) (Expenses \$	including grants of \$) (Revenue \$)
4c (Code) (Expenses \$	including grants of \$) (Revenue \$	· · · · · · · · · · · · · · · · · · ·
	uram sanucas (Describe in Schedule			

) (Revenue \$

(Must equal Part IX, Line 25, column (B))

including grants of \$

(Expenses \$

4e Total program service expenses > \$

Part IV	Checklist	of Required	Schedules
	-		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	Ť		
_	Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
•	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25° If "Yes," complete Schedule D,			
	Parts VI, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
l4a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		_ <u>X</u> _
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		<u> </u>
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		<u> </u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
	Schedule J	23		_ <u>X</u> _
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			7.7
	24b–24d and complete Schedule K If "No," go to question 25	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	242		
_	to defease any tax-exempt bonds?	24c	 	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d_		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	25a		x
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	23a		
Ь	·	25b		x
	person from a prior year? If "Yes," complete Schedule L, Part I	200		├ -
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
2	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	<u> </u>		_ - -
27	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		x
	Substantial Contributor, of to a person related to such an individual: in 105, complete solicular z, 1 an		990	(2008)

Page 4

	rt IV Checklist of Required Schedules (continued)		Yes	No
8	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		X
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
)	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	_29		X
)	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31_		X
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	_ 34		X
,	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
i	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
,	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		X

Form 990 (2008)

· Pa	At V Statements Regarding Other IRS Filings and Tax Compliance					
	•				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
	U.S. Information Returns Enter -0- if not applicable	<u>1a</u>				
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	oortabl	le			1
	gaming (gambling) winnings to prize winners?	1 1	Ī	<u>1c</u>	X	ļ
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		ļ <u></u>			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns the second of the	ns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
_	Instructions)	J L				
3a		ару		30	1	x
	this return?			3a	+	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			<u>3b</u>	+	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		-			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	anciai		4a		x
L	account)? If "Yes," enter the name of the foreign country			40	+	
U	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Rank				
	and Financial Accounts	Dank				
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	1	x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the day year.	tion?		5b	†	X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			<u></u>		
Ŭ	Regarding Prohibited Tax Shelter Transaction?			5c		
6a				6a		X
b		ns or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more	than				
	\$75?			7a		X
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?			<u>7b</u>	<u> </u>	L
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs				j
	required to file Form 8282?			7c	1	X
đ	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
θ	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersona	al			
	benefit contract?			<u>7e</u>	<u> </u>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?		<u>7f</u>	_	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			<u>7g</u>	+	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	as				
	required?			<u>7h</u>	 	X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec					
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a spor	isoring		8	1	x
_	organization, have excess business holdings at any time during the year?			0		-
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			9a	1	x
a	Did the organization make any taxable distributions under section 4966?			9b		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			-35	1	
10_	Section 501(c)(7) organizations. Enter	10a	l			
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
ь 11	Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders	11a				
a b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them)	11b				
12a	and the second s		,	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				<u> </u>
				Fo	m 990	(2008)

38-2393955 Form 990 (2008) NORTHWESTERN MICHIGAN CHILD & Page 6 Governance, Management, and Disclosure (Sections A, B, and C request information about policies not Part VI required by the Internal Revenue Code.) Section A. Governing Body and Management Yes No For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions 1a Enter the number of voting members of the governing body 8 1b **b** Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 6 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8a a The governing body? X b Each committee with authority to act on behalf of the governing body? X 9a 9a Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, 9b affiliates, and branches to ensure their operations are consistent with those of the organization? 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations X must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at 11 X 11 the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies Yes Νo 12a X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give X 12b rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe in Schedule O how this is done 12¢ X 13 13 Does the organization have a written whistleblower policy? 14 X Does the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision X The organization's CEO, Executive Director, or top management official? 15a X Other officers or key employees of the organization? 15b Describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE 17 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply X Another's website X Upon request Own website Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the 20

231-946-8975

3785 VETERANS DRIVE

MI 49684

organization MIKE CARDA

TRAVERSE CITY

Page 7

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Name and Title Name Name	Check this box if the o	rganization did not compe		Ų ail		C)	unet	J. (UI ,	(D)	(E)	(F)
GORDON CORWELL TRUSTEE		Average hours per		_	chec	k all 1	a Highest compensated employee	Pormer Former	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation from the organization and related
RICHARD P. SMITH TRUSTEE		LL	x						0	0	
JACK L. OTTO TRUSTEE X 0 0 ALAN OLSON 0 0 0 PRESIDENT X X 0 0 EMMLEE CLANCEY VICE-PRES X X 0 0 WARREN CLINE III X X 0 0 0 TODD ENDRESEN X X 0 0 0 GALEN KRUPA X X 0 0 0 JIM SCHERRER X X 0 0 0		MITH	1	ļ	_						
TRUSTEE X 0 0 ALAN OLSON 0 0 0 PRESIDENT X X 0 0 EMMLEE CLANCEY 0 0 0 VICE-PRES X X 0 0 WARREN CLINE III 0 0 0 TODD ENDRESEN 0 0 0 SECRETARY X X 0 0 GALEN KRUPA 0 0 0 JIM SCHERRER X X 0 0			X	L				_	0	0	0
ALAN OLSON PRESIDENT)	l				ł				
PRESIDENT X X X 0 0 EMMLEE CLANCEY X X X 0 0 VICE-PRES X X X 0 0 WARREN CLINE III X X 0 0 TODD ENDRESEN X X X 0 0 SECRETARY X X X 0 0 GALEN KRUPA X X 0 0 JIM SCHERRER X X 0 0			X	_	<u> </u>	_	<u> </u>		0	0	0
EMMLEE CLANCEY VICE-PRES			v		v				0	0	0
VICE-PRES X X X 0 0 WARREN CLINE III X X X 0 0 TREASURER X X X 0 0 TODD ENDRESEN X X 0 0 SECRETARY X X 0 0 GALEN KRUPA X X 0 0 JIM SCHERRER 0 0 0		FY	^		^		├	┢			
WARREN CLINE III TREASURER X X 0 0 TODD ENDRESEN SECRETARY X X 0 0 GALEN KRUPA ASST SEC X X X 0 0 JIM SCHERRER			x		x			l	0	o	0
TODD ENDRESEN SECRETARY X X 0 0 0 GALEN KRUPA ASST SEC X X X 0 0 0 JIM SCHERRER		III					\Box				
SECRETARY X X 0 0 0 GALEN KRUPA ASST SEC X X X 0 0 JIM SCHERRER			X		X		<u> </u>		0	0	0
GALEN KRUPA ASST SEC X X X 0 0 0 JIM SCHERRER		N	x		x				o	0	0
JIM SCHERRER	GALEN KRUPA										
				-	-	⊢	\vdash	-		<u> </u>	0
					x				0	0	0
					_				-		
					_		-				
							$oxed{oxed}$				

<u>Form</u>	990 (20	008) NORI	HWESTERN	MICH	IIC	AN	7	HI	LD	ڇ	38-239	3955			Page 8
Par	t VII	Section A	. Officers, Direc	tors, Trus	tees	s, Ke	y E <u>r</u>	nplo	yees	s, an	d Highest Compensated	Employees (continued)			
•	Name a		(B) Average hours pe		-	_	checl	_	that a	_	(D) Reportable compensation	(E) Reportable compensation	Est	(F) mated ount of	
	•		week	•	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	o comp fro orgai and	ther ensation in the nization related izations	
		12,0													
													 		
	,								 			_	_		
											-				
															
													<u>. </u>		
1b	Total		<u> </u>		<u> </u>	L	l	<u> </u>	<u> </u>	▶					
2	Total n	umber of indi ation ▶ 0	viduals (including	g those in	1a) v	who	rece	ived	mor	e tha	an \$100,000 in reportable o	compensation from the			
3	Did the	organization									oyee, or highest compensate	ted		Yes	No X
4	For any	y individual lis	? If "Yes," comp sted on line 1a, is i related organiza	the sum	of re	port	able	com	pens	atio	n and other compensation s," complete Schedule J fo	from r such	3		
5	individi Did any service	y person liste	d on line 1a rece the organization	ive or acc	rue (comp	ens te So	ation	n fron Iule J	n an I for	y unrelated organization fo such person	or	5		x
Sect	ion B.	Independent	Contractors								ractors that received more	than \$100 000 of			
1	compe	nsation from	the organization		ensa	- lea	nuer	<u> </u>	ieni (7011U				(C)	
			Name and business	address							Descrip	(B) ution of services		(C) Compensa	ation
		<u> </u>		_											
									-						
		· · · · · · · · · · · · · · · · · · ·		-											
	Takat			Mare (1		. 41-	00:	. 41.			aved more than \$100,000 :-				
2 ——			the organization		aung	, u10:		· 1) V	NIIO I		ved more than \$100,000 ir			o m 990	(2008)

Pa	rt V	Statement of Rev	<u>renue</u>						
						(A) Total revenue	(B) Related or	(C)	(D) Revenue
		•				rotal revenue	exempt	Unrelated business	excluded from tax
							function	revenue	under sections
10.10	········						revenue		512, 513, or 514
Program Service Revenue Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a						
E G	b	Membership dues	1b						
ar ar	С	Fundraising events	1c						
聖	d	Related organizations	1d		į				
S,E	е	Government grants (contributions)	1e						
<u>5.5</u>		All other contributions, giffs, grants,							
돌	•	and similar amounts not included above	4.5				'		
言さ									
25	g	Noncash contributions included in lines 1	1a-1f \$						
<u></u>	h	Total. Add lines 1a-1f			_				
e					Busn Code				
ē	2a								
æ	b								
9	_					·· ··			
Ξ								·	
Š	đ					-			
Тащ	Ө								
ğ	f	All other program service rev	/enue						
4	g	Total. Add lines 2a-2f			•				
	3	Investment income (including	a dividen	ds intere	st and				
		other similar amounts)	J	,	• .,	1,899			1,899
		•			· · · · ·				
	4	Income from investment of ta	ax-exem	pt boria pi	oceeds	+			
	5	Royalties							
		(ı) Real		(II) P	ersonal				
	6a	Gross Rents 24	1,000						
	b	Less rental exps 28	3,039						
	c		,039						
		` '	7.000			-4,039	-4,039		
		d Net rental income or (loss) 7a Gross amount from (i) Securities (ii)				4,035	4,033		
		sales of assets (i) Securit	ies	(11)	Other				
		other than inventory							
	b	Less cost or other			1				
		basis & sales exps							
	С	Gain or (loss)							
	d	Net gain or (loss)			•		1		•
•	8a	Gross income from fundraising ev	venis						
ž		(not including \$	i						
ē		of contributions reported on line 1	lc)						
8		See Part IV, line 18	a						
Other Revenu	b	Less direct expenses	ь						
돌		Net income or (loss) from ful	ndraising	events	<u> </u>				
_		Gross income from gaming activi	г						
	Ja								
		See Part IV, line 19	a l						
		Less direct expenses	þĮ					····-	
	С	Net income or (loss) from ga	ming act	tivities	•				
	10a	Gross sales of inventory, les	s						
		returns and allowances	a						
	ь	Less cost of goods sold	ьÌ						
		-		·onton:	•		1		
		Net income or (loss) from sa		rentory				 -	
	L	Miscellaneous Reven	ue		Busn. Code		1		
	11a								
	ь								
	ြင								
	ď	All other revenue							
	e	Total. Add lines 11a–11d			—				
			. 2- 2	4 5 64 7	, , ,				
	12	Total Revenue. Add lines 1h	ı, 2g, 3, 4	4, 5, 0 0, /			_4 020	o	1,899
	l	9c, 10c, and 11e			<u> </u>	-2,140	-4,039		1,633

Form 990 (2008) NORTHWESTERN MICHIGAN CHILD &

Statement of Functional Expenses

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

_	All other organizations must		are not required to comp	10to columnia (D), (O), and	
	not include amounts reported on lines 6b, 8b; 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and	· · · · · · · · · · · · · · · · · · ·			-
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
-	·				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes			-	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying		·····		
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				. <u>-</u>
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	·- ···			
20	Interest		-		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				·
23	Insurance				
24	Other expenses Itemize expenses not				
- 7	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	378 Of total expenses shown on line 25 below)				
h			·	· · ·	
c					
d					
0					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f				
26	Joint Costs. Check here Inf following				
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation				L

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 Cash--non-interest bearing 3,125 500 2 2 · Savings and temporary cash investments 3 Pledges and grants receivable, net 48,000 788 4 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L. 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 64,500 Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 9 722,354 10a 10a Land, buildings, and equipment cost basis b Less accumulated depreciation Complete 293,969 447,616 274,738 Part VI of Schedule D 10b 11 Investments—publicly traded securities 11 12 Investments—other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 14 Intangible assets Other assets See Part IV, line 11 15 340,526 345,094 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 6,602 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Liabilities 21 Escrow account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable 24 25 Other liabilities Complete Part X of Schedule D 25 6,602 4,174 26 Total liabilities. Add lines 17 through 25 **Assets or Fund Balances** Organizations that follow SFAS 117, check here ▶ complete lines 27 through 29, and lines 33 and 34. 338,492 336,352 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 338,492 336,352 33 Total net assets or fund balances 33 340,526 345,094 34 Total liabilities and net assets/fund balances Part XI **Financial Statements and Reporting** Yes No Accrual Other Accounting method used to prepare the Form 990 Cash 1 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant? X 2b b Were the organization's financial statements audited by an independent accountant? c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of X the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in X 3a the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits?

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

| 2

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Inspection

Name of the organization

NORTHWESTERN MICHIGAN CHILD & FAMILY SERVICES FOUNDATION, INC.

Employer identification number 38-2393955

P	art I	Reas	on for Public Charity	Status (All organizations	must o	complet	te this	part.)	(see i	nstruc	tions)	
The	orga	nization is not	a private foundation because	se it is (Please check only one	organızatı	on)						
1	Ň		•	sociation of churches described	_		1)(A)(i).					
2	П	· ·	cribed in section 170(b)(1)(,, ,,,					
3	Н			ce organization described in sec	ction 170	(b)(1)(A)(iii). (Atta	ch Sch	edule H)		
4	Н			d in conjunction with a hospital of							osnital's name	
7	ш	city, and state		a in conjunction with a nespital t	acsonibca	iii Sootio	/// 17 0 (D	,,,,,,,,,,	,		oopital o mamo,	
_		• -		of a callage or unwersely award	or operat	ad by a a	ovornmo	ntal un	t docor	bod in		
5	ш			of a college or university owned	or operac	eu by a g	overnine	intai uiii	i descii	beu III		
_		-	b)(1)(A)(iv). (Complete Part									
6	Н	•		jovernmental unit described in s								
7	Ш	-	•	substantial part of its support fro	om a gove	ernmenta	I unit or i	rom the	genera	al public	;	
		described in	section 170(b)(1)(A)(vi). (C	omplete Part II)								
8	Н	A community	trust described in section '	170(b)(1)(A)(vi). (Complete Part	II)							
9	\sqcup	An organizati	on that normally receives (1) more than 33 1/3 % of its sup	port from	contribut	ions, me	mbersh	ıp fees	, and gr	oss	
		receipts from	activities related to its exer	npt functions—subject to certain	exceptio	ns, and (2	2) no mo	re than	33 1/3	% of its		
		support from	gross investment income a	nd unrelated business taxable in	come (le:	ss section	n 511 tax) from b	usines	ses		
		acquired by t	he organization after June 3	30, 1975 See section 509(a)(2).	(Comple	te Part III)					
10		An organizati	on organized and operated	exclusively to test for public safe	ety See s	ection 5	09(a)(4).	(see in:	structio	ns)		
11	X	An organizati	on organized and operated	exclusively for the benefit of, to	perform ti	he functio	ns of, or	to carr	out th	е		
		purposes of o	one or more publicly support	ted organizations described in se	ection 509	9(a)(1) or	section	509(a)(2	2) See	section	1	
		509(a)(3). Ch	eck the box that describes t	the type of supporting organizati	on and co	mplete li	nes 11e	through	11h			
		a X Type	I b Type II	c Type III–Functions	ally Integr	ated	d	□ тур	e III–O	ther		
е	X			ganization is not controlled direc			one or m	ore disc	ualified	l		
	_		-	and other than one or more put							า	
			section 509(a)(2)	·	•	_						
f		` , , ,		ermination from the IRS that it is	a Type I,	Type II,	or Type	III supp	orting			
•		-	check this box		,	• •	•	• •	•			
g		•		ition accepted any gift or contrib	ution from	n anv of ti	ne					_
В		following per										
		• .		ontrols, either alone or together	with ners	nns descr	nhed in (ш			Γ	Yes No
					With perso	J.113 GC301	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			11g(i)	X
				of the supported organization?							11g(ii)	X
			member of a person descri								11g(III)	X
			•	described in (i) or (ii) above?							[119(11)]	
h		Provide the i	ollowing information about t	the organizations the organization	1		!		·			
(i)		of supported	(ii) EIN	(iii) Type of organization	1 ' '	organization	(v) Did y	-		is the	(vii) Amo	
	org	anization		(described on lines 1–9 above or IRC section	1 ''	sted in your document?	col (i)	ization in of your	organiza (i) organ	ized in the	suppo	л
				(see instructions))] 90.0	20021110111		ort?		S?		
				1	Yes	No	Yes	No	Yes	No		
CI	IIF	D & FAN	ILY SERVICES	OF NORTHWESTERN	MICH	IGAN	IN	2.				
			38-2534222	7	x	1	x		X			
		 -		-								
		 										
					<u> </u>							_
		***		 		i	t					

20	-2	2	۵	3	Ω	F	E	
	-2	_	"	_	7	2	ú	

Page 2

	(Complete only if you che	ecked the box	<u>on line 5, 7, o</u>	<u>r 8 of Part I.)</u>			
Sec	tion A. Public Support						
	endar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						_
4	Total. Add lines 1-3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	<u></u>	<u> </u>	L			
	tion B. Total Support				T		
Cal	endar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	·					
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10			l	<u> </u>	L	
12	Gross receipts from related activities, etc	,				12	
13	First five years. If the Form 990 is for the	-	t, second, third, fo	uπn, or ππn tax yea	ar as a section 501	I(C)(3)	▶ □
800	organization, check this box and stop here tion C. Computation of Public Su		tage				
36 0 14	Public support percentage for 2008 (line 6			an (f))		14	. %
14 15	Public support percentage for 2006 (line of Public support percentage from 2007 School			III (1 <i>))</i>		15	
16a	33 1/3 % support test—2008. If the organ			13 and line 14 is	33 1/3 % or more		<u> </u>
IVa	and stop here. The organization qualifies				00 170 70 01 1110101		▶ 🗌
b	33 1/3 % support test—2007. If the organ				15 is 33 1/3 % or r	nore, check this	
~	box and stop here. The organization quali						▶ 🗌
17a	10%-facts-and-circumstances test—200				Sa, or 16b, and line	14 is 10% or	_
	more, and if the organization meets the "fa						_
	organization meets the "facts-and-circums						▶ 🗌
b	10%-facts-and-circumstances test—200						or
-	more, and if the organization meets the "fa						
	organization meets the "facts-and-circums						▶□
18	Private foundation. If the organization did						▶□
			* -				n 990 or 990-EZ) 2008

____ Page 3

Pa	Support Schedule for O				(2)		
	(Complete only if you che	ecked the box	on line 9 of Pa	art I.)			
	tion A. Public Support				4 11 0007	1 ()0000	
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")				_		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	_					
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Sec	tion B. Total Support		Ł	L	<u>.</u>	.1	·
	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	(4) 2004	(2) 2000	(0) 2000	(4, 200)	(0,2000	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						_
С	Add lines 10a and 10b					 	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,	······			<u> </u>		
	and 12)		<u> </u>	<u> </u>	<u> </u>	1()(2)	
14	First five years. If the Form 990 is for the		t, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)	▶ [
<u></u>	organization, check this box and stop here		<u> </u>				
	tion C. Computation of Public Su			(0)		15	
15	Public support percentage for 2008 (line 8	• • • • • • • • • • • • • • • • • • • •		ın (t))		16	
16	Public support percentage from 2007 Sch					16_	
	tion D. Computation of Investme) (D)		17	
17	Investment income percentage for 2008 (I			s, column (1))		18	%
18	Investment income percentage from 2007 33 1/3 % support tests—2008. If the orga			e 14 and line 15 :	s more than 33 1/		
19a	17 is not more than 33 1/3 %, check this b						▶ [
ь	33 1/3 % support tests—2007. If the orga	inization did not ch	eck a box on line	14 or line 19a and	line 16 is more th	nan 33 1/3%, and	٠ ــ
U	line 18 is not more than 33 1/3 %, check to						▶ [
20	Private foundation. If the organization did						<u></u> ▶

Schedule A (Form 990 or 990-EZ) 2008 NORTHWESTERN MICHIGAN CHILD &

38-2393955

Page 4

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

Open to Public Inspection

	e of the organization	Employer identification number						
	ORTHWESTERN MICHIGAN CHILD & AMILY SERVICES FOUNDATION, INC.	38-2393955						
Pa	Organizations Maintaining Donor Advised F the organization answered "Yes" to Form 990		Accounts. Complete if					
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate contributions to (during year)							
3	Aggregate grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in writing the	hat the assets held in donor advised		1				
	funds are the organization's property, subject to the organization's ex	-	∐ Yes ∐	No				
6	Did the organization inform all grantees, donors, and donor advisors	_						
	used only for charitable purposes and not for the benefit of the donor	or donor advisor or other	п., п	1				
	impermissible private benefit?		Yes	No				
_ <u>Pa</u>	art II Conservation Easements. Complete if the or		m 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization (che							
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically im						
	Protection of natural habitat	Preservation of certified historic s	structure					
•	Preservation of open space Complete lines 2a–2d if the organization held a qualified conservation	a contribution in the form of a concentration	agagment					
2	on the last day of the tax year	recontribution in the form of a conservation	easement					
	on the last day of the tax year		Held at the End of the	e Year				
а	Total number of conservation easements		2a	<u> </u>				
b			2b					
c	No. 1	ncluded in (a)	2c					
d		, ,	2d					
3	Number of conservation easements modified, transferred, released,							
J	the taxable year	oximguished, or terminated by the organiza	g					
4	Number of states where property subject to conservation easement i	s located >						
5	Does the organization have a written policy regarding the periodic mo							
•	enforcement of the conservation easements it holds?	since and a second and	☐ Yes ☐	No				
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforce	cing easements during the year						
7	Amount of expenses incurred in monitoring, inspecting, and enforcing		_					
8	Does each conservation easement reported on line 2(d) above satisf							
_	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?	,	☐ Yes ☐	No				
9	In Part XIV, describe how the organization reports conservation ease	ments in its revenue and expense statemer	nt, and					
	balance sheet, and include, if applicable, the text of the footnote to the							
	the organization's accounting for conservation easements							
Pa	Organizations Maintaining Collections of Ar Complete if the organization answered "Yes"	t, Historical Treasures, or Other to Form 990, Part IV, line 8.	Similar Assets.					
1a	If the organization elected, as permitted under SFAS 116, not to report art, historical treasures, or other similar assets held for public exhibit provide, in Part XIV, the text of the footnote to its financial statement	ion, education, or research in furtherance of						
b	If the organization elected, as permitted under SFAS 116, to report in historical treasures, or other similar assets held for public exhibition, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1							
	(ii) Assets included in Form 990, Part X		▶ 5 _					
2	If the organization received or held works of art, historical treasures,		ovide the					
	following amounts required to be reported under SFAS 116 relating to	o these items						
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$					
b	Assets included in Form 990, Part X		▶ \$					

Sche	dule D (Form 990) 2008 NORTHWESTE	RN MICHIGAN	CHILD &		38-23	93955		Page 2
Pa	rt III Organizations Maintaining	Collections of Art,	Historical Tre	asures,	or Other	Similar Ass	sets (conti	nued)
3	Using the organization's accession and other rulems (check all that apply)							
а	Public exhibition	d 🖂 Loan (or exchange progra	ams				
b	Scholarly research	e Other	or exertainge progre	21113				
	Preservation for future generations	₽ ☐ Other				· - ·		
С	_							
4	Provide a description of the organization's colle Part XIV	ections and explain how t	they further the org	ganization's	s exempt pu	irpose in		
5	During the year, did the organization solicit or rassets to be sold to raise funds rather than to be	e maintained as part of	the organization's	collection?	•		Yes	☐ No
	Trust, Escrow and Custodia Part IV, line 9, or reported ar	amount on Form	990, Part X, Iir	<u>ne 21.</u>		ed "Yes" to	Form 990 	·,
1a	Is the organization an agent, trustee, custodian	or other intermediary fo	r contributions or o	other asset	s not			
	ıncluded on Form 990, Part X?							∐ No
b	If "Yes," explain the arrangement in Part XIV ar	nd complete the following	g table					
							Amou	int
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fori	m 990. Part X. line 21?				<u> </u>	Yes	No
	If "Yes," explain the arrangement in Part XIV	. ,						
	rt V Endowment Funds. Comple	te if organization a	nswered "Yes"	to Forn	n 990, Pa	rt IV, line 10	Ó.	
		(a) Current year	(b) Prior year		years back	(d) Three years		ur years back
1a	Beginning of year balance							
	Contributions				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Investment earnings or losses				••••••			************
	Grants or scholarships							
	Other expenditures for facilities				••••••			
Ð								
	and programs							
	Administrative expenses							
g	End of year balance				•••••	<u> </u>	i	
2	Provide the estimated percentage of the year e							
а	Board designated or quasi-endowment	%						
b	Permanent endowment ▶ %							
	Term endowment ▶ %							
3a	Are there endowment funds not in the possess	ion of the organization th	nat are held and ac	Iministered	I for the			<u> </u>
	organization by							Yes No
	(i) unrelated organizations						3a(i	
	(ii) related organizations						3a(ii)
b	If "Yes" to 3a(II), are the related organizations li	isted as required on Sch	edule R?				3b	
4	Describe in Part XIV the intended uses of the control of the contr							
Pa	rt VI Investments—Land, Buildin	gs, and Equipmen	t. See Form 9	90, Part	X, line 10	0		
	Description of investment	(a) Cost or other basis	(b) Cost or (other	(c) De	preciation	(d) Boo	k value
		(investment)	basis (oth	er)				. <u> </u>
1a	Land		12	7,278			1	27,278
	Buildings		56	7,455		422,912	1	.44,543
	Leasehold improvements							
d	Equipment		2	7,621		24,704		2,917
	Other				-	-		
	I. Add lines 1a-1e (Column (d) should equal Fo	rm 990, Part X, column (B), line 10(c))		_	>	2	274,738

Schedule D (Form 990) 2008

Schedule D (For	rm 990) 2008 NORTHWESTERN MICHIGA	AN CHILD &	38-2393955	Page :
Part VII	Investments-Other Securities. See Form	990, Part X, line 12	-	
	(a) Description of security or category	(b) Book value	(c) Method of valua	ntion
	(including name of security)		Cost or end-of-year mai	ket value
Financial derivat	tives and other financial products			
Closely-held equ	uity interests		<u> </u>	
Other		_		
		_		
		_		
		_		
		_		
		_		
			<u></u>	
Total. (Column ((b) should equal Form 990, Part X, col (B) line 12)	DOD D 1 V 1 10		
Part VIII	Investments—Program Related. See Form			
	(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mai	
 				
				_
			 	
			ļ	
	W			
Total (Column ((b) should equal Form 990, Part X, col (B) line 13)	•		
	Other Assets. See Form 990, Part X, line 15		L	
1 404 124	(a) Description	<u> </u>		(b) Book value
				
				-
	<u> </u>			<u>. </u>
				
	(b) should equal Form 990, Part X, col (B) line 15)	25		
Part X	Other Liabilities. See Form 990, Part X, line (a) Description of liability	(b) Amount		
Federal income		(b) / inoditi		
rederal income	laxes			
				
		-		
			1	
			1	
				
			1	
Total. (Column ((b) should equal Form 990, Part X, col (B) line 25)	>		
	vide the text of the footnote to the organization's financial	statements that reports the or	ganızatıon's liabılıty for	
=	sitions under FIN 48			

Sche	dule D (Form 990) 2008 NORTHWESTERN MICHIGAN CHILD &		38-239395	5	Page 4
.Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Fi	<u>inar</u>	ncial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	-2,140
4	Net unrealized gains (losses) on investments			_4	
5	Donated services and use of facilities			5	
6	Investment expenses			_6	
7	Prior period adjustments			7	· · · · -
8	Other (Describe in Part XIV)			8_	
9	Total adjustments (net) Add lines 4-8			9	0.110
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		211 5	10	-2,140
Pa	at XII Reconciliation of Revenue per Audited Financial Statement	s W	ith Revenue per Rei		25 000
1	Total revenue, gains, and other support per audited financial statements				25,899
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	_ 1			
		2a			
		2b		ŀ	
	·	2c	28,039	ŀ	
	- mor (mor	2d	20,039	2	28 030
	Add lines 2a through 2d			2e	28,039 -2,140
3	Subtract line 2e from line 1	1		 	2,140
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	40		- 1	
		4a 4b		- 1	
	Other (Describe in Part XIV) Add lines 4a and 4b	40	-	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12)			5	-2,140
	rt XIII Reconciliation of Expenses per Audited Financial Statemen	its V	Vith Expenses per R		
1	Total expenses and losses per audited financial statements		<u> </u>	1	28,039
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	· · · · · · · · · · · · · · · · · · ·	2a		- 1	
b	Prior year adjustments	2b		- 1	
		2c		1	
	·	2d	28,039	- 1	
9	Add lines 2a through 2d			2e	28,039
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			- 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1	
b	Other (Describe in Part XIV)	4b		İ	
С	Add lines 4a and 4b			4c	
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)			5	
	rt XIV Supplemental Information				<u> </u>
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines				
	2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d an PART XI, LINE 8 - RECONCILATION OF CHANGES -				
_	EXPENSES NETTED AGAINST RENTAL INCOME			\$	28,039
_:	EXPENSES NETTED AGAINST RENTAL INCOME		_ _	\$	28_,039
_					
_	PART XII, LINE 2D - REVENUE AMOUNTS INCLUDED	_ I]			
_;	EXPENSES NETTED AGAINST RENTAL INCOME			\$	28,039
_			_		

Schedule D	(Form 9	90) 20	08 N	ORT					<u>:HI</u>	<u>GAN</u>	CH	IIL	ם פ				<u> 38-</u>	-23	93	155	<u>, </u>				P	age 5
. Part XI\	/ Su	ppler	nental	Info	mat	ion (continu	ıed)																		
_PART	r <u>XI</u> I	[I	LINE	_ 2 <u>D</u>	· _ - .	EXE	ENS	E _#	я МО	ЙИĪ	_S_1	īЙC	: <u>ក</u> ល	<u>D</u> ED	Ī	N_F	' <u>I</u> N <u>Z</u>	йС	I <u>A</u> I	<u>ւջ</u>	=	<u>ot</u>	HEF	<u> </u>	_	
EXP	ENSES	S NE	TTED	AG	AIN	IST	REN	ITAI	. I	NCO	ME									Ś	3		2	28_,	039)
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SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

2008 Open to Public Inspection

OMB No 1545-0047

Name of the organization

NORTHWESTERN MICHIGAN CHILD & FAMILY SERVICES FOUNDATION, INC.

Employer identification number 38-2393955

FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS USED TO REVIEW FORM 990

AFTER THE FORM 990 IS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT, IT IS

REVIEWED BY THE AUDIT COMMITTEE. THIS COMMITTEE APPROVES IT FOR THE BOARD,

AND IT IS SIGNED BY THE ORGANIZATION'S CEO.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
ONGOING DISCLOSURE IS REQUIRED. ANY CONFLICT IS TO BE REPORTED WHEN
IDENTIFIED OR DISCOVERED. MONITORING IS THROUGH PERIODIC INVESTIGATION AND
AUDIT.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL ORGANIZATION HAS NO COMPENSATED EMPLOYEES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
FORMS 1023 AND 990 ARE AVAILABLE UPON REQUEST AND THE 990 IS AVAILABLE ON
THE GUIDESTAR WEBSITE. THE CONFLICT OF INTEREST POLICY IS AVAILABLE ON
REQUEST.

						139				
Forms	Oth	er Notes and	d Loans Receivable							
.990 / 990-PF				_		2008				
	For calendar year 2008, o	r tax year beginning	10/01/08	, and ending S	/30/09					
Name NOPTHWESTERN	MICHIGAN CHILD	£			Employer	Identification Number				
	CES FOUNDATION,				38-23	93955				
	<u></u>				1 00					
FORM 990, PA	RT X, LINE 7 -	ADDITIONAL	INFORMATIO	N						
W TOAN - CHT	Name of borrower LD & FAMILY SER	VICEC	 	Relationship to d	isqualified per	rson				
(1) LOAN - CHI	TD & LWMITT SEK	AICES	+	<u> </u>						
(3)		·			· . . <u>-</u>					
(4)										
(5)										
(6)										
(7)	· · · · · · · · · · · · · · · · · · ·									
(8)										
(9) (10)			· 							
110/										
Original amoun	ıt .	Maturity				Interest				
borrowed	Date of loan	date		epayment terms		rate				
<u>(1)</u>			DEMAND NO	OTE - VARI	ABLE II	NT				
(2)				·						
(3) (4)			<u> </u>							
(5)					<u>-</u>					
(6)										
(7)										
(8)										
(9)										
(10)			<u> </u>							
Se	curity provided by borrower			Purpose	of loan					
(1) NONE			WORKING C							
(2)										
(3)			-		_	<u> </u>				
(4)			 			_				
<u>(5)</u> (6)			-							
(7)		•		· -	_ -					
(8)					•					
(9)			<u> </u>							
(10)	······································		<u> </u>							
<u></u>				1	·····					
Consider	ation furnished by lender		Balance due at beginning of year	Balance due end of year		Fair market value (990-PF only)				
(1) CASH	ation ruministica by lender		Joginning or your		500					
(2)										
(3)										
(4)										
(5)				 						
(6)				 						
(7) (8)				 						
(9)										
(10)										

Totals

64,500