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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 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

2009**Open to Public Inspection****A** For the 2009 calendar year, or tax year beginning **January 1**, 2009, and ending **December 31**, 20 **09**

- B** Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization **Catholic Family Services**

Doing Business As

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

Room/suite

1819 Gull Road

City or town, state or country, and ZIP + 4

Kalamazoo, MI 49048-1611**F** Name and address of principal officer: **Francis H. Denny****D** Employer identification number**38 : 2072348****E** Telephone number**(269) 381-9800****G** Gross receipts \$ **2,611,859****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

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

H(c) Group exemption number ▶ **0928****I** Tax-exempt status ☒ 501(c) (**3**) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **catholicfamilyservices.org****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation. **1991****M** State of legal domicile: **MI****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: Catholic Family Services offers social services to people of all ages and faiths in southwest Michigan. Our vision is to help individuals and families develop stability, independence and healthy lifestyles. We provide tangible help to meet immediate needs while at the same time providing hope for a brighter future.	
	2	Check this box <input type="checkbox"/> 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 7
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 7
	5	Total number of employees (Part V, line 2a)	5 87
	6	Total number of volunteers (estimate if necessary)	6 100
	Revenue	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12
b		Net unrelated business taxable income from Part VIII, column (C), line 12	7b 0
8		Contributions and grants (Part VIII, line 14h)	Prior Year 2,727,716 Current Year 2,091,914
9		Program service revenue (Part VIII, line 2g)	470,480 493,285
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	24,031 18,160
Expenses	11	Other revenue (Part VIII, column (A), lines 5, 6c, 8c, 9c, 10c, and 11e)	(231) 2,937
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,221,996 2,606,296
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	272,374 312,513
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0 0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,970,016 1,827,546
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	60,000 0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 204,164	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	611,549 547,294
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,913,939 2,687,353
	19	Revenue less expenses. Subtract line 18 from line 12	308,057 (81,057)
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 2,872,665 End of Year 2,766,285
	21	Total liabilities (Part X, line 26)	239,160 213,837
	22	Net assets or fund balances. Subtract line 21 from line 20	2,633,505 2,552,448

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 ▶ *Amy Remmert* **May, 26, 2010**
Signature of officer Date

▶ **Amy Remmert, Board President**
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ _____ Date _____ Check if self-employed ☐ Preparer's identifying number (see instructions) _____

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ _____ EIN ▶ _____ Phone no. ▶ () _____

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

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

Cat. No 11282Y

Form **990** (2009)

SCANNED JUL 27 2010

917-21

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Part III Statement of Program Service Accomplishments

- 1** Briefly describe the organization's mission:
The mission of Catholic Family Services is to provide social services in the manner of Jesus Christ with compassion, care and concern for justice to all people in need and to advocate for their welfare, calling those of goodwill to assist in this mission in the Diocese of Kalamazoo.
-
- 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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,333,088 including grants of \$ 259,127) (Revenue \$ 142,669)
The Ark is located in Kalamazoo and is the only short term crisis intervention shelter serving youth ages 10-17 in the nine counties served by the Diocese of Kalamazoo. The Ark serves youth who have run away, are in danger of being homeless, or are experiencing a crisis. Youth stay up to 21 days and receive counseling, support services, and after care services at no charge. The goal is to reunite and strengthen families. In 2009, the Ark shelter served 174 runaway and homeless youth and 25 transitional placement youth, with a total of 1,746 days of care. The Ark Community Services helps homeless youth ages 16-21 to find housing; complete their education and find employment. In 2009, they provided 5,544 hours of counseling and case management services and 13,122 days of housing assistance to 131 youth. The Ark Outreach offers free education and prevention workshops in schools and other organizations and helps promote the Ark services. In 2009, staff made 354 presentations, reaching 15,292 youth and adults. Through community support, assistance in the form of clothing, furniture, household and personal items, holiday gift baskets, valued at \$9,825, were distributed to eligible youth served through these programs.

4b (Code:) (Expenses \$ 497,913 including grants of \$ 52,081) (Revenue \$ 7,078)
Caring Network serves pregnant and parenting women and their families in Kalamazoo, Berrien and Van Buren counties. The goals are to ensure healthy pregnancies and babies and to help develop healthy parenting behaviors. Services are provided at no charge to clients and include case management, in-home visits, referrals, pregnancy and parenting classes, postpartum depression screening, infant mortality screening and education, family literacy programs, material items, adoption counseling and transitional housing. In 2009, Caring Network provided 5,569 hours of case management services to 548 clients, plus briefly assisted 28 additional clients. 11 adults and 6 babies spent a total of 1,281 days in the Caring Network Apartments. 62 post adoption contacts were made, 4 cases were opened and 80 hours of service were provided. Through community support, assistance in the form of clothing, household items, carseats, cribs, diapers and holiday gift baskets valued at \$47,483 were given to eligible clients in three counties. Services to clients in Van Buren and Berrien counties ended in June 2009 due to state budget cuts.

4c (Code:) (Expenses \$ 200,800 including grants of \$ 705) (Revenue \$ 136,932)
The Bridges program provides high quality outpatient mental health counseling for individuals, couples, families and children. Bridges help clients resolve issues relating to depression, anger management, marital or relationship conflicts, grief, loss, gender identity and other life transitions, to improve their quality of life. In 2009, Bridges counseling provided group therapy sessions for children whose parents were incarcerated. Bridges accepts most insurance and serves many non-insured and low income clients through sliding fees for service. Bridges served 542 clients, providing 2,270 therapy sessions. In 2009, Bridges counseling was only available at the Kalamazoo office.

4d Other program services. (Describe in Schedule O.)
 (Expenses \$ 197,046 including grants of \$ 600) (Revenue \$ 206,606)

4e Total program service expenses **▶** 2,171,539

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	<input type="checkbox"/>	<input type="checkbox"/>
• 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 "Yes," complete Schedule D, Part VII.	<input type="checkbox"/>	<input type="checkbox"/>
• 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 "Yes," complete Schedule D, Part VIII.	<input type="checkbox"/>	<input type="checkbox"/>
• 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 "Yes," complete Schedule D, Part IX.	<input type="checkbox"/>	<input type="checkbox"/>
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	<input type="checkbox"/>	<input type="checkbox"/>
• 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? If "Yes," complete Schedule D, Part X.	<input type="checkbox"/>	<input type="checkbox"/>
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 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 "Yes," complete Schedule G, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		✓
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	✓	
23 Did the organization answer "Yes" 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? <i>If "Yes," complete Schedule J.</i>		✓
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>		✓
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		✓
25b 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? <i>If "Yes," complete Schedule L, Part I.</i>		✓
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? <i>If "Yes," complete Schedule L, Part II.</i>		✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		✓
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):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		✓
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		✓
28c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	✓	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		✓
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? <i>If "Yes," complete Schedule R, Part I.</i>		✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	✓	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		✓
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		✓
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? <i>If "Yes," complete Schedule R, Part VI.</i>		✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	✓	

Part 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	1a	63
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓
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	2a	87
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	✓
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	✓
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
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)?	4a	✓
b If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
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?	6a	✓
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a 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?	7a	✓
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	✓
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	✓
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	✓
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	N/A
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds. N/A		
a Did the organization make any taxable distributions under section 4966?	9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter: N/A		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter: N/A		
a Gross income from members or shareholders	11a	
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 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	N/A
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	

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

	Yes	No
1a Enter the number of voting members of the governing body	1a 7	
b Enter the number of voting members that are independent	1b 7	
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	✓
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	✓
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	✓
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	✓
6 Does the organization have members or stockholders?	6 ✓	
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:		
a The governing body?	8a ✓	
b Each committee with authority to act on behalf of the governing body?	8b ✓	
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	9a	✓

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	✓
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11 ✓	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a ✓	
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a ✓	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b ✓	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c ✓	
13 Does the organization have a written whistleblower policy?	13 ✓	
14 Does the organization have a written document retention and destruction policy?	14 ✓	
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?		
a The organization's CEO, Executive Director, or top management official	15a	✓
b Other officers or key employees of the organization	15b	✓
If "Yes" to line 15a or 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 with a taxable entity during the year?	16a	✓
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

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

18 Section 6104 requires an organization to make its Forms 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.
☒ Own website ☒ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Frances H. Denny, 1819 Gull Road, Kalamazoo, MI 49048-1611 (269)-381-9800

[illegible]

1b Total	81,805	0	26,131
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5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		✓
4		✓
5		✓

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
None		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a	333,386				
	b Membership dues	1b	0				
	c Fundraising events	1c	9,140				
	d Related organizations	1d	182,000				
	e Government grants (contributions).	1e	1,277,870				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	289,518				
	g Noncash contributions included in lines 1a-1f: \$		57,308				
	h Total. Add lines 1a-1f			2,091,914			
Program Service Revenue		Business Code					
	2a Baraga mgmt/staff reimb. fees	900099	206,606	206,606			
	b ARK related Program fees	900099	142,669	142,669			
	c Bridges Counseling fees	900099	136,932	136,932			
	d Caring Network Apart. fees	900099	7,078	7,078			
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		493,285				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		19,679			19,679	
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		0				
		(i) Real	(ii) Personal				
	6a Gross Rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)		0				
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory		500				
	b Less: cost or other basis and sales expenses		2,019				
	c Gain or (loss)		(1,519)				
	d Net gain or (loss)		(1,519)			(1,519)	
	8a Gross income from fundraising events (not including \$ 9,140 of contributions reported on line 1c). See Part IV, line 18	a	3,128				
	b Less: direct expenses	b	3,544				
	c Net income or (loss) from fundraising events		(416)	(416)			
	9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b						
c Net income or (loss) from gaming activities		0					
10a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory		0					
Miscellaneous Revenue		Business Code					
11a Increase in Beneficial Interest	900099	3,353			3,353		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		3,353					
12 Total revenue. See instructions.		2,606,296	492,869	0	21,513		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 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	312,513	312,513		
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	107,936	29,747	33,742	44,447
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	1,275,073	1,069,639	121,706	83,728
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	65,467	53,860	7,039	4,568
9 Other employee benefits	269,202	217,213	44,123	7,866
10 Payroll taxes	109,868	88,973	11,820	9,075
11 Fees for services (non-employees):				
a Management	5,843	1,118	2,019	2,706
b Legal	12,575	9,854	2,244	477
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	38,232	25,801	9,754	2,677
12 Advertising and promotion	21,815	1,158	2,002	18,655
13 Office expenses	140,271	111,057	7,922	21,292
14 Information technology	16,978	13,631	2,013	1,334
15 Royalties				
16 Occupancy	87,368	82,869	2,410	2,089
17 Travel	35,729	34,111	636	982
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	17,473	13,639	3,128	706
20 Interest	571		571	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	112,073	112,073		
23 Insurance	26,689	22,219	2,506	1,964
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a Organization Dues and Membership	23,396	21,535	653	1,208
b Miscellaneous	7,981	7,837	54	90
c Other - Fundraising	300			300
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	2,687,353	2,228,847	254,342	204,164
26 Joint costs. Check here <input type="checkbox"/> if 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				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	4,458	1	4,061
	2 Savings and temporary cash investments	577,327	2	424,594
	3 Pledges and grants receivable, net	468,820	3	397,898
	4 Accounts receivable, net	23,603	4	60,220
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	23,891	9	38,059
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 2,171,761			
	b Less: accumulated depreciation 10b (1,353,294)	871,826	10c	818,467
	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 Intangible assets		14	
	15 Other assets. See Part IV, line 11	901,740	15	1,022,986
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,872,665	16	2,766,285	
Liabilities	17 Accounts payable and accrued expenses	196,610	17	211,287
	18 Grants payable		18	
	19 Deferred revenue	2,550	19	2,550
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	40,000	24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	239,160	26	213,837
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,525,486	27	1,652,568
	28 Temporarily restricted net assets	1,108,019	28	899,880
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,633,505	33	2,552,448
	34 Total liabilities and net assets/fund balances	2,872,665	34	2,766,285

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . .
- b** Were the organization's financial statements audited by an independent accountant? . . .
- c** If "Yes" 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? . . .
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- 3a** 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? . . .
- b** If "Yes," 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.

	Yes	No
2a		✓
2b	✓	
2c	✓	
3a	✓	
3b	✓	

Schedule A (Form 990 or 990-EZ) 2009

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,058,690	2,416,814	2,248,425	2,727,716	2,091,914	11,543,559
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	2,058,690	2,416,814	2,248,425	2,727,716	2,091,914	11,543,559
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)						133,983
6 Public support. Subtract line 5 from line 4.						11,409,576

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	2,058,690	2,416,814	2,248,425	2,727,716	2,091,914	11,543,559
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	23,615	22,074	22,078	23,228	23,032	114,027
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						11,657,586
12 Gross receipts from related activities, etc. (see instructions)					12	2,325,687
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	97.87 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	96.80 %
16a 33⅓% support test—2009. If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33⅓% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►		<input type="checkbox"/>

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.)

N/A

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
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						
c 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, and 12.)						

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** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33⅓% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33⅓% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

N/A

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

Catholic Family Services

Employer identification number

38 : 2072348

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. N/A

- | | (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 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. N/A

- 1 Purpose(s) of conservation easements held by the organization (check all that apply). N/A
- | | |
|---|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |
- 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.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06 | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶
- 4 Number of states where property subject to conservation easement is located ▶
- 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 ▶
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$
- 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 XIV, 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. N/A

- 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ \$
- (ii) Assets included in Form 990, Part X ▶ \$
- 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 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$
- b Assets included in Form 990, Part X ▶ \$

Part III	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 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):
- a** ☐ Public exhibition
- b** ☐ Scholarly research
- c** ☐ Preservation for future generations
- d** ☐ Loan or exchange programs
- e** ☐ Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 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.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. N/A

- 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 XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

- 2a** Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No
b If "Yes," explain the arrangement in Part XIV.

Part V	Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.
---------------	--

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . .	383,793	390,050			
b Contributions	310	57,000			
c Net investment earnings, gains, and losses	14,830	12,288			
d Grants or scholarships					
e Other expenditures for facilities and programs	(38,153)	(75,545)			
f Administrative expenses					
g End of year balance	360,780	383,793			

- 2 Provide the estimated percentage of the year end balance held as:**

- | | | |
|---|---------------------------------------|---------|
| a | Board designated or quasi-endowment ▶ | 95.75 % |
| b | Permanent endowment ▶ | 4.25 % |
| c | Term endowment ▶ | 0.00 % |

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

	Yes	No
3a(i)	✓	
3a(ii)	✓	
3b	✓	

- | | |
|-----------------------------|-------|
| (i) unrelated organizations | |
| (ii) related organizations | |

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		252,465		252,465
b Buildings		1,481,280	1,061,317	419,963
c Leasehold improvements		59,687	24,112	35,575
d Equipment		220,364	151,376	68,988
e Other		157,965	116,489	41,467
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				818,467

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other N/A		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
N/A		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Property held for development of new ARK Services for Youth campus and housing for older youth	662,206
Beneficial Interest in Assets held at the Kalamazoo Community Foundation	15,339
Quasi-endowment fund held at the Michigan Catholic Conference	6,254
Quasi-endowment fund and other restricted contributions held at the Diocese of Kalamazoo	339,187
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	N/A
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. FIN 48 Footnote. In Part XIV, 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.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,606,296
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,687,353
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	(81,057)
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 through 8	9	0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	(81,057)

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	2,609,840
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	3,128
e	Add lines 2a through 2d	2e	3,128
3	Subtract line 2e from line 1	3	2,606,712
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	(416)
c	Add lines 4a and 4b	4c	(416)
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,606,296

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,690,897
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	3,544
e	Add lines 2a through 2d	2e	3,544
3	Subtract line 2e from line 1	3	2,687,353
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,687,353

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V - Endowment funds, Line 4

1 - Catholic Family Services Endowment Fund is a component fund of the Kalamazoo Community Foundation, and, as such, is subject to the Foundation's authority to redirect donations received to another beneficiary without approval if the purpose of the fund is deemed no longer widely beneficial or necessary, incapable of fulfillment, or inconsistent with the charitable needs of the community. The gift principal is never distributed, but is carefully invested so that the earnings can be used to benefit the community year after year.

Part XIV Supplemental Information *(continued)***Part V - Endowment funds, Line 4 (continued)**

2 - The Quasi-endowment fund held by the Michigan Catholic Conference was established as a long-term investment account for future maintenance and upkeep of facilities and programs.

3 - The Quasi-endowment fund held at the Diocese of Kalamazoo was created for holding and investing restricted contributions from the Diocese of Kalamazoo and the general public. Monies are requested when needed for agency operations in compliance with donor intent.

Part XII - Reconciliation of Revenue, Line 2d

This is the expense reimbursement portion of funds raised at the Caring Network fund-raising event toward the cost of the dinner.

Part XII - Reconciliation of Revenue, Line 4b

Net revenue for the Caring Network fund-raising event was \$8,724. This is the sum of contributions received, which is \$9140 less net cost of dinner. This net is not included in the revenue section of the agency financial statements.

Part XIII - Reconciliation of Expenses, Line d

This amount is the direct expenses related to the Caring Network fund-raising event.

Name of the organization

Name of the organization
Catholic Family Services

Employer identification number

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2072348

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

[illegible]

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

Cat. No. 50055P

Schedule I (Form 990) 2009

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Housing for homeless pregnant women & youth	77	199,266	0		
Utilities for homeless youth placed in housing	57	18,448	0		
Bus Tokens/Transportation for low-income clients	373	12,685	0		
Educational supplies and fees/Incentives for client	188	9,219	23,306		
Clothing/Food/Personal items for vulnerable client	197	8,593	26,405		
Household/Furniture for homeless youth placed	51	5,008	65		
Carseats/Baby items for pregnant/parenting women	37	1,986	7,532		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.					

Part I, line 2 - Catholic Family Services closely monitors its grants to ensure that they are used for proper purposes and are not otherwise diverted from their intended

use. This monitoring includes monthly review of statistical, outcome, and financial data through agency management teams and quarterly review by the Board of

Directors. All requests for client assistance require specific documentation, including the client number to track expenditures to specific grants and client case

files and the program supervisor's approval. The Finance Director reviews and approves all expenditures based on funding levels and compliance with grant budgets.

The agency also complies with all requests for audits and reviews by funding bodies and has had no significant compliance findings in 2009, ensuring appropriate

use of these funds. Each program also provides training to direct service, management, and administrative staff on proper service delivery and budget compliance

issues, reviewing requirements and specific grant/contractual obligations frequently. Staff are required to attend trainings and technical assistance sessions

sponsored by grantors to ensure they are aware of the latest contractual information and best practices of implementation whenever offered.

Part III - The number of Housing and Utilities assistance recipients has been determined by the number of program participants, which is verified through grant

reporting. Other categories of assistance are estimated based on the number of purchases in each category and the number of clients served in each program.

For column B, the number of recipients for non-cash assistance (column d) is not included in this total.

**SCHEDULE M
(Form 990)**Department of the Treasury
Internal Revenue Service**Noncash Contributions**► Complete if the organizations answered "Yes" on Form
990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2009**Open To Public
Inspection**

Name of the organization

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38 : 2072348**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	✓		57,308	IRS Standards
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (.....)				
26 Other ► (.....)				
27 Other ► (.....)				
28 Other ► (.....)				

29 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

29

N/A

Yes No

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 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?

30a

✓

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?

31

✓

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

32a

✓

b If "Yes," describe in Part II.

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

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

N/A

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.

► Attach to Form 990.

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Form 990, Part I - Summary, Line 6

We utilize about 100 volunteers at Catholic Family Services to provide services on a regular, ongoing basis in all of our programs. Volunteers serve on our board of directors, participate in the quality assurance review process, help with bookkeeping and filing, provide receptionist support, help in the client resource rooms, assist with mailings, handle the Caring Network 24 hour Warm Line, serve as Mother Friend mentors and help plan and organize special events. Volunteers also administer the Diocesan Heating Assistance program. In addition, we also have many individuals and groups who come in and help out on various projects throughout the year; including outside yard work; planting flowers; inside painting; cleaning and reorganization of storage areas.

Form 990, Part III - Statement of Program Service Accomplishments, Line 4d

Baraga Manor, (Otsego Senior Apartments) in Otsego provides affordable and safe living for adults ages 62 or older and/or mobility-impaired adults. There are 48 one bedroom units. Amenities include a community center and laundry facilities on each floor. Staffing includes a service coordinator and a maintenance manager. In 2009, 52 adults were provided with 17,488 days of residence.

Form 990, Part III, Statement of Program Service Accomplishments - Other Services

The Heating Assistance Program, offered in collaboration with the Diocese of Kalamazoo, helps low-income families and individuals with their winter heating bills. In 2009, \$70,766 passed through our agency from the Diocese of Kalamazoo and was disbursed to 388 families (1,191 adults and children) in the nine county region of the Diocese. This program is administered each year by volunteers.

Form 990, Part VI - Governance, Management, and Disclosure, Section A, Line 6

Catholic Family Services, a corporation, is established on a membership, non-stock basis, and the sole Member is the Roman Catholic Bishop of the Diocese of Kalamazoo (the "Member").

Name of the organization

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38 : 2072348**Form 990, Part VI - Governance, Management, and Disclosure, Section A, Line 7a**

The Board of Directors, serving without compensation, is the governing body of the Corporation, and shall be appointed or approved by, and may be removed by the Member. Board members shall recruit prospective Board members. A written list of candidates for the Board shall be prepared by the Board and shall be furnished to the Member. After approval and appointment by the Member, the list of candidates shall be submitted to the directors and an election shall be held as detailed in the bylaws.

Form 990, Part VI - Governance, Management, and Disclosure, Section A, Line 7b

The Member shall have the power to review and ratify or veto all decisions of the Board and the officers, including any policy or program adopted by the Board. The Corporation shall forward to the Member, as soon as possible after any meeting of the Board, the minutes of the meeting. The Corporation shall also provide to the Member such other minutes or reports as he may request from time to time. An annual financial report, certified by independent auditors, shall be forwarded to the Member within 150 days after the end of the Corporation's fiscal year.

Form 990, Part VI - Governance, Management, and Disclosure , Section B, Line 11a

The 990 and all required schedules are prepared by qualified agency staff. The Draft IRS 990 is then forwarded with all schedules for review to the organization's independent auditors. Changes or corrections are made to the draft as needed and then the completed IRS 990 return and schedules are submitted via email to the Board of Directors for review and comments. After all questions and comments are addressed with the Board, the Form 990 is signed by the Board President. Staff then copy Form 990 and all schedules before mailing the final signed return.

Form 990, Part VI - Governance, Management, and Disclosure, Section B, Line 12c

The process of monitoring conflict of interest transactions includes procedures that require specific disclosures to be made as follows: 1- All Board Members and the Executive Director should complete the Statement of Disclosure at the first meeting of each year. A disclosure reminder statement is printed on the bottom of each board agenda. 2- All staff members engaging in private practice need to disclose this activity and gain approval of the Executive Director as per agency policy and procedures. 3- The Executive Director must disclose intent to engage in outside employment and gain approval from the Board to do so. 4- Any area covered by the Conflict of Interest policy must be followed.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.

► Attach to Form 990.

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Form 990, Part VI - Governance, Management, and Disclosure, Section B, Line 12c (Continued)

In order to maintain high standards of ethical conduct, board members, personnel (employees and volunteers) and/or consultants are required to disclose situations that might be perceived to be a conflict of interest or a circumstance of unfair gain.

Conflicts of interest should be discussed as soon as they are discerned or anticipated, regardless of where the conflict may be. These can be resolved through open disclosure or discussion, through the Open Door Policy (for staff and volunteers), or through consultation with legal counsel and/or, if there is a disagreement, through involvement of a higher authority within the agency.

Board members are required to abstain from discussions and voting on issues when a conflict of interest exists.

Form 990, Part VI - Governance, Management, and Disclosure, Section C, Line 19

Catholic Family Services makes Forms 990 completed within the last three years; Governing Documents (By-laws and Articles of Incorporation); Conflict of Interest Statement, and the most recently completed Audit available to the public through inspection during regular business hours at the organization's principal office. Copies of these documents can be requested through the agency's website or via written request. Requested documents will be mailed within 30 days.

Form 990, Part VII - Compensation of Officers, Section A, Line 1a, Column (B)

None of the individual directors (Board members) listed in Column (A) worked for related organizations in 2009.

Officer, Frances H. Denny, worked an average of 3.75 hours per week providing management related services for Otsego Senior Apartments, a related organization. Catholic Family Services is a managing agent for this complex and management fees are paid to the corporation for services performed by Frances Denny, officer, and other agency staff related to management, oversight and support services for Otsego Senior Apartments.

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Form 990, Part VII - Compensation of Officers, Section A, Line 1a, Column (E) & (F)

No compensation in any form was paid to any person listed on Form 990, Part VII, Section (A) from related organizations.

Amounts reported in Column (F) were paid from the Corporation, not related organizations. There were no business relationships with related organizations reported by any directors or officers in their annual disclosure statement, other than Otsego Senior Apartments (disclosed above). There were no conflicts of interest relating to business matters through the course of managing operations during the fiscal year that would require any disclosures since no compensation was received.

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ Attach to Form 990.

▶ See separate instructions.

**Department of the Treasury
Internal Revenue Service**

Name of the organization

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Part I **Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

[illegible]

Part II **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

[illegible]

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 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?

- a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity **1a** ☐ **Yes** ☐ **No**
- b** Gift, grant, or capital contribution to other organization(s) **1b** ☐ **Yes** ☐ **No**
- c** Gift, grant, or capital contribution from other organization(s) **1c** ☒ **Yes** ☐ **No**
- d** Loans or loan guarantees to or for other organization(s) **1d** ☐ **Yes** ☐ **No**
- e** Loans or loan guarantees by other organization(s) **1e** ☐ **Yes** ☐ **No**
- f** Sale of assets to other organization(s) **1f** ☐ **Yes** ☐ **No**
- g** Purchase of assets from other organization(s) **1g** ☐ **Yes** ☐ **No**
- h** Exchange of assets **1h** ☐ **Yes** ☐ **No**
- i** Lease of facilities, equipment, or other assets to other organization(s) **1i** ☐ **Yes** ☐ **No**
- j** Lease of facilities, equipment, or other assets from other organization(s) **1j** ☐ **Yes** ☐ **No**
- k** Performance of services or membership or fundraising solicitations for other organization(s) **1k** ☒ **Yes** ☐ **No**
- l** Performance of services or membership or fundraising solicitations by other organization(s) **1l** ☐ **Yes** ☐ **No**
- m** Sharing of facilities, equipment, mailing lists, or other assets **1m** ☐ **Yes** ☐ **No**
- n** Sharing of paid employees **1n** ☐ **Yes** ☐ **No**
- o** Reimbursement paid to other organization for expenses **1o** ☐ **Yes** ☐ **No**
- p** Reimbursement paid by other organization for expenses **1p** ☒ **Yes** ☐ **No**
- q** Other transfer of cash or property to other organization(s) **1q** ☐ **Yes** ☐ **No**
- r** Other transfer of cash or property from other organization(s) **1r** ☐ **Yes** ☐ **No**

2 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.

	(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved
(1)	Otsego Senior Apartments, Inc.	k	31,994
(2)	Otsego Senior Apartments, Inc.	p	174,612
(3)	Diocese of Kalamazoo	c	182,400
(4)			
(5)			
(6)			

