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CHANGE OF ACCOUNTING PERIOD

Short Form  
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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.  
The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2011

Open to Public Inspection

Form 990-EZ

Department of the Treasury  
Internal Revenue Service

A For the 2011 calendar year, or tax year beginning OCT 1, 2011 and ending MAR 31, 2012

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

C Name of organization: **CHERRY STREET SERVICES FOUNDATION**  
 Number and street (or P.O. box, if mail is not delivered to street address): **100 CHERRY ST SE**  
 City or town, state or country, and ZIP + 4: **GRAND RAPIDS, MI 49503-4526**

D Employer identification number: **38-3308516**

E Telephone number: **616-965-8200**

F Group Exemption Number: **▶**

G Accounting Method:  Cash  Accrual Other (specify) **▶**

H Check  if the organization is not required to attach Schedule B

I Website: **▶ N/A**

J Tax-exempt status (check only one) —  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527 (Form 990, 990-EZ, or 990-PF).

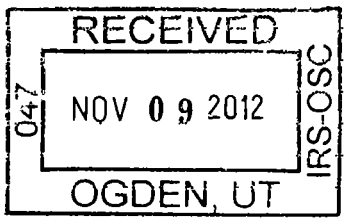
K Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **▶ \$ 3,815.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	3,815.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
6c	Less: direct expenses from gaming and fundraising events	6c		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	3,815.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	
	17	<b>Total expenses.</b> Add lines 10 through 16	17	0.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,815.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	-35,618.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	349,318.
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	317,515.



SCANNED BY 02-06-12

HA For Paperwork Reduction Act Notice, see the separate instructions Form 990-EZ (2011)

110

**Part II Balance Sheets.** (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	273,592.	22	317,515.
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	273,592.	25	317,515.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	309,210.	26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-35,618.	27	317,515.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 <b>TO RECEIVE AND ADMINISTER FUNDS TO PROMOTE AND SUPPORT THE COMMUNITY BASED TREATMENT AND PREVENTION MISSION AND PHILOSOPHY OF CHERRY STREET SERVICES, INC.</b> (Grants \$ 0. ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0.
29 _____ (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 _____ (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	0.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
RICHARD STEVENS, 100 CHERRY STREET SE, GRAND RAPIDS, MI 49503	PRESIDENT 0.50	0.	0.	0.
KINFU ADISU, 100 CHERRY STREET SE, GRAND RAPIDS, MI 49503	OFFICER 0.50	0.	0.	0.
CAROLYN AVERY, 100 CHERRY STREET SE, GRAND RAPIDS, MI 49503	VICE PRESIDENT 0.50	0.	0.	0.
PATRICIA AGOSTO, 100 CHERRY STREET SE, GRAND RAPIDS, MI 49503	OFFICER 0.50	0.	0.	0.
ALLEN TEN HOOR, 100 CHERRY STREET SE, GRAND RAPIDS, MI 49503	TREASURER 0.50	0.	0.	0.
JAN ENGLISH, 100 CHERRY STREET SE, GRAND RAPIDS, MI 49503	OFFICER 0.50	0.	0.	0.
ZIYADAH SHAKIR, 100 CHERRY STREET SE, GRAND RAPIDS, MI 49503	SECRETARY 0.50	0.	0.	0.
ROBERT JOHNSON, 100 CHERRY STREET SE, GRAND RAPIDS, MI 49503	OFFICER 0.50	0.	0.	0.
R. PAUL CLODFELDER, 100 CHERRY STREET SE, GRAND RAPIDS, MI 49503	DIRECTOR-AT-LARGE 0.50	0.	0.	0.
KIMBERLY LAVENDER, 100 CHERRY STREET SE, GRAND RAPIDS, MI 49503	OFFICER 0.50	0.	0.	0.
SERENA NORRIS, 100 CHERRY STREET SE, GRAND RAPIDS, MI 49503	OFFICER 0.50	0.	0.	0.
RACHAEL PLUMLEY, 100 CHERRY STREET SE, GRAND RAPIDS, MI 49503	OFFICER 0.50	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V [X]

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.
37b Did the organization file Form 1120-POL for this year? 37b X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a X
38b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9 39a N/A
39b Gross receipts, included on line 9, for public use of club facilities 39b N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.
40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b X
40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 0.
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e X
41 List the states with which a copy of this return is filed. 41 MI
42a The organization's books are in care of 42a LINDA CONSTANTINO Telephone no. 616-776-2128
Located at 100 CHERRY ST SE, GRAND RAPIDS, MI ZIP + 4 49503-4526
42b 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)? 42b X
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
42c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c X
If "Yes," enter the name of the foreign country:
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 43 N/A
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a X
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b X
44c Did the organization receive any payments for indoor tanning services during the year? 44c X
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?  Yes  No  
 If "Yes," complete Schedule C, Part I 46  Yes  No

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II  47  Yes  No  
 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  48  Yes  No  
 49a Did the organization make any transfers to an exempt non-charitable related organization?  49a  Yes  No  
 b If "Yes," was the related organization a section 527 organization?  49b  Yes  No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" NONE

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Yes  No

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** Date 11/2/2012  
 Signature of officer Linda Constantino  
 Type or print name and title Linda Constantino CFO

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MARGARET W. BISHOP, CPA</b>	Preparer's signature <u>Margaret W. Bishop</u>	Date <u>10/24/12</u>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00295096</b>
	Firm's name ▶ <b>BEENE GARTER LLP</b>			Firm's EIN ▶ <b>38-1337372</b>	
	Firm's address ▶ <b>56 GRANDVILLE AVE SW SUITE 100 GRAND RAPIDS, MI 49503-4036</b>			Phone no. <b>616-235-5200</b>	

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No 1545-0047

**2011**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Name of the organization **CHERRY STREET SERVICES FOUNDATION** Employer identification number **38-3308516**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

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

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state.
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
CHERRY STREET SERVI	38-2853534	7	X						0.
<b>Total</b>	<b>1</b>								<b>0.</b>

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

Schedule A (Form 990 or 990-EZ) 2011

**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> ► <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a 33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 33 1/3% support test - 2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2011.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2010.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support</b> (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**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2011**  
Open to Public  
Inspection

Name of the organization

**CHERRY STREET SERVICES FOUNDATION**

Employer identification number

**38-3308516**

**FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:**

DESCRIPTION OF PROPERTY:	AMOUNT:
INVESTMENT INCOME	3,815.

**FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:**

CHANGES IN NET ASSETS OR FUND BALANCES:	AMOUNT:
UNREALIZED GAIN ON INVESTMENTS	40,108.
LIABILITIES FORGIVEN DURING AQUISITION	309,210.
TOTAL TO FORM 990-EZ, LINE 20	349,318.

**FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:**

DESCRIPTION	BEG. OF YEAR	END OF YEAR
DUE TO AFFILIATES	309,210.	0.

**FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO RECEIVE AND ADMINISTER FUNDS TO PROMOTE AND SUPPORT THE COMMUNITY BASED TREATMENT AND PREVENTION MISSION AND PHILOSOPHY OF CHERRY STREET SERVICES, INC.**

**FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:**

**THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.**

**THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.**



***Michigan Department of Licensing and Regulatory Affairs***

***Filing Endorsement***

***This is to Certify that the CERTIFICATE OF AMENDMENT - CORPORATION  
for  
CHERRY STREET SERVICES FOUNDATION***

***ID NUMBER: 742831***

***received by facsimile transmission on October 10, 2011 is hereby endorsed  
Filed on October 11, 2011 by the Administrator.***

***The document is effective on the date filed, unless a  
subsequent effective date within 90 days after  
received date is stated in the document.***



***In testimony whereof, I have hereunto set my  
hand and affixed the Seal of the Department,  
in the City of Lansing, this 11TH day  
of October, 2011.***

A handwritten signature in black ink, appearing to read "Schiffman".

***Director***

***Bureau of Commercial Services***

BCS/CD-516 (Rev 04/11)

<b>MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMERCIAL SERVICES</b>		
Date Received		
	This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.	
<b>Name</b> Cameron S. DeLong Warner Norcross & Judd LLP		
<b>Address</b> 111 Lyon Street, Suite 900		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
Grand Rapids	MI	49503
		<b>EFFECTIVE DATE:</b>

Document will be returned to the name and address you enter above.  
If left blank, document will be returned to the registered office.

### CERTIFICATE OF AMENDMENT TO THE ARTICLES OF INCORPORATION

For use by Domestic Profit and Nonprofit Corporations  
(Please read information and instructions on the last page)

Pursuant to the provisions of Act 284, Public Acts of 1972, (profit corporations), or Act 162, Public Acts of 1982 (nonprofit corporations), the undersigned corporation executes the following Certificate:

1. The present name of the corporation is:	Proaction Behavioral Health Alliance Foundation
2. The identification number assigned by the Bureau is:	742831

3 Article _____ of the Articles of Incorporation is hereby amended to read as follows:  Articles I, II, VI, VII, VIII, IX, and X of the Articles of Incorporation are hereby amended to read as set forth in attached Exhibit A.
--

**6. Nonprofit corporation only: Member, shareholder, or board approval**

The foregoing amendment to the Articles of Incorporation was duly adopted on the 6th day of

October, 2011 by the (check one of the following)

**Member or shareholder approval for nonprofit corporations organized on a membership or share basis**


- members or shareholders at a meeting in accordance with Section 611(2) of the Act.
- written consent of the members or shareholders having not less than the minimum number of votes required by statute in accordance with Section 407(1) and (2) of the Act. Written notice to members or shareholders who have consented in writing has been given. (Note: Written consent by less than all of the members or shareholders is permitted only if such provision appears in the Articles of Incorporation.)
- written consent of all the members or shareholders entitled to vote in accordance with section 407(3) of the Act.

**Directors (Only if the Articles state that the corporation is organized on a directorship basis)**

- directors at a meeting in accordance with Section 611(2) of the Act
- written consent of all directors pursuant to Section 525 of the Act.

Nonprofit Corporations

Signed this 6th day of October, 2011

By   
(Signature of President, Vice-President, Chairperson or Vice-Chairperson)

Michael Reagan, President  
(Type or Print Name) (Type or Print Title)

**EXHIBIT A**

**to the Certificate of Amendment  
to the Articles of Incorporation  
for Proaction Behavioral Health Alliance Foundation**

**ARTICLE I**

**Name**

The name of the corporation is Cherry Street Services Foundation.

**ARTICLE II**

**Purpose**

The Corporation is established for the following purposes:

2.1 To receive and administer funds in order to promote and support the community-based treatment and prevention mission and philosophy of Cherry Street Services, Inc., a Michigan nonprofit corporation, and its subsidiaries provided that Cherry Street Services, Inc., and its subsidiaries are exempt from tax within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1988, as amended (the "Code"), or comparable subsequent legislation.

2.2 To provide financial resources through volunteer services and fund-raising activities to support and benefit the mission of Cherry Street Services, Inc., and its subsidiaries.

2.3 (unchanged)

2.4 (unchanged)

**ARTICLE VI**

**Member**

The sole Member of the Corporation shall be Cherry Street Services, Inc. The Member shall have the power to vote on all issues and matters to be submitted to a vote of Members of a nonprofit corporation under Michigan law.

## ARTICLE VII

### Reserved To Powers

7.1 The Board of Trustees of the Corporation shall have such powers which now or hereafter may be conferred by law upon a corporation organized for the purposes set forth herein, or necessary or incidental to the powers so conferred, subject to the limitation and condition that action by Cherry Street Services, Inc., as the sole Member, is required for the following:

(subparagraphs a. through g. unchanged)

## ARTICLE VIII

### Charitable Purpose: Dissolution

8.1 (unchanged)

8.2 (unchanged)

8.3 (unchanged)

8.4 Upon dissolution of the Corporation, the property remaining after providing for debts and obligations of the Corporation shall be distributed to Cherry Street Services, Inc., provided that Cherry Street Services, Inc., is exempt from tax under Section 501(c)(3) of the Code. If upon dissolution, Cherry Street Services, Inc., is not in existence or is not an organization described in Section 501(c)(3) of the Code, the property remaining after providing for debts and obligations of the Corporation shall be distributed to that organization exempt from tax under Section 501(c)(3) of the Code as may be designated by the Board of Trustees. Any such assets not so distributed shall be disposed of by the circuit court in the county in which the principle office of the Corporation is then located.

## ARTICLE IX

### Limitation of Volunteer Trustee's and Officer's Liability Assumption of Liability for Acts of Volunteers

A volunteer trustee or volunteer officer of the corporation shall not be personally liable to the corporation or the corporation's Member for monetary damages for a breach of the trustee's or officer's fiduciary duty, except that the liability of a trustee or officer is not eliminated or limited for any of the following:

(1) a breach of the trustee's or officer's duty of loyalty to the corporation or the corporation's Member;

(2) acts or omissions not in good faith or that involve intentional misconduct or a knowing violation of law;

(3) a violation of Section 551(1) of the Michigan Nonprofit Corporation Act, which section relates to the making of unauthorized dividends or distributions;

(4) a transaction from which the trustee or officer derived an improper personal benefit; or

(5) an act or omission that is grossly negligent.

Provisions of this Article added by amendment shall apply only to acts or omissions and to breaches of duty occurring after the date the amended Article was adopted.

If the Michigan Nonprofit Corporation Act is amended to further eliminate or limit the liability of a volunteer director, trustee or officer, then a volunteer trustee or officer (in addition to the circumstances in which a trustee or officer is not personally liable as set forth in the preceding paragraph) shall, to the fullest extent permitted by the Michigan Nonprofit Corporation Act as so amended, not be liable to the corporation. No amendment to or alteration, modification, or repeal of this Article shall increase the liability or alleged liability of any volunteer trustee or officer of the corporation for or with respect to any acts or omissions of such trustee or officer occurring prior to such amendment, alteration, modification, or repeal.

## ARTICLE X

### Assumption of Liability for Acts of Volunteers

The corporation shall assume all liability to any person other than the corporation or the corporation's Member for all acts or omissions of a volunteer trustee incurred in the good faith performance of the volunteer trustee's duties. In addition, the corporation shall assume the liability for all acts or omissions of a volunteer trustee or volunteer officer if all of the following conditions are met:

- (1) the volunteer was acting or reasonably believed he or she was acting within the scope of his or her authority;
- (2) the volunteer was acting in good faith;
- (3) the volunteer's conduct did not amount to gross negligence or willful and wanton misconduct;
- (4) the volunteer's conduct was not an intentional tort; and
- (5) the volunteer's conduct was not a tort arising out of the ownership, maintenance, or use of a motor vehicle for which tort liability may be imposed as provided by Section 3135 of the Michigan Insurance Code of 1956.

Provisions of this Article added by amendment shall apply only to acts or omissions and to breaches of duty occurring after the date the amended Article was adopted.

No amendment to or alteration, modification, or repeal of this article shall reduce the scope of the corporation's assumption of liability under this Article for or with respect to any volunteer's acts or omissions that occur before such amendment, alteration, modification, or repeal.

5649027

# Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

*Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.*

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns*

<b>Type or print</b>	Name of exempt organization or other filer, see instructions <b>CHERRY STREET SERVICES FOUNDATION</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>38-3308516</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions <b>100 CHERRY ST SE</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>GRAND RAPIDS, MI 49503-4526</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**LINDA CONSTANTINO**

- The books are in the care of ▶ **100 CHERRY ST SE - GRAND RAPIDS, MI 49503-4526**  
Telephone No ▶ **616-776-2128** FAX No ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **NOVEMBER 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **OCT 1, 2011**, and ending **MAR 31, 2012**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.