

Form **990**

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)

2005

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning , and ending

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

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

C Name of organization
 Child & Family Services of Saginaw County
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 2806 Davenport
 City or town, state or country, and ZIP + 4
 Saginaw MI 48602

D Employer identification no.
38-1366910

E Telephone number
989-790-7500

F Accounting method: Cash Accrual Other (specify)

■ Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H** and are not applicable to section 527 organizations. **I**
- H(a)** Is this a group return for affiliates? Yes No
- H(b)** If "Yes," enter number of affiliates ▶
- H(c)** Are all affiliates included? Yes No
(If "No," attach a list. See instr.)
- H(d)** Is this a separate return filed by an organization covered by a group ruling? Yes No
- I** Group Exemption Number ▶

G Website: ▶ www.childandfamilysaginaw

J Organization type
 (check only one) ▶ 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

M Check if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 2,654,508

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

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a	55,393		
	b Indirect public support	1b	190,738		
	c Government contributions (grants)	1c	220,936		
	d Total (add lines 1a through 1c) (cash \$ 467,067 noncash \$)	1d		467,067	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		396,350	
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4		31	
	5 Dividends and interest from securities	5		76,383	
	6a Gross rents	6a			
	b Less: rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe)	7				
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	1,708,774	8a			
	1,655,830	8b	207		
	52,944	8c	-207		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	See Stmt 1	See Stmt 2	52,737	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ of contributions reported on line 1a)	9a	1,924		
	b Less: direct expenses other than fundraising expenses	9b	1,924		
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part VII, line 103)	11		3,979		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		996,547		
Expenses	13 Program services (from line 44, column (B))	13	909,219		
	14 Management and general (from line 44, column (C))	14	102,886		
	15 Fundraising (from line 44, column (D))	15			
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17		1,012,105	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		-15,558	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		2,260,615	
	20 Other changes in net assets or fund balances (attach explanation) See Statement 3	20		-54,001	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		2,191,056	

Part II Statement of

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Functional Expenses

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22				
23	Specific assistance to individuals (attach schedule) <input type="checkbox"/>	23				
24	Benefits paid to or for members (attach schedule) <input type="checkbox"/>	24				
25	Compensation of officers, directors, etc.	25	68,618	48,033	20,585	
26	Other salaries and wages	26	587,910	533,420	54,490	
27	Pension plan contributions	27	4,399	3,079	1,320	
28	Other employee benefits	28	41,820	38,355	3,465	
29	Payroll taxes	29	61,027	54,304	6,723	
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33	13,609	12,475	1,134	
34	Telephone	34	16,149	14,577	1,572	
35	Postage and shipping	35	3,978	3,736	242	
36	Occupancy	36	48,578	44,340	4,238	
37	Equipment rental and maintenance	37	12,404	11,335	1,069	
38	Printing and publications	38	13,616	13,535	81	
39	Travel	39	6,077	5,580	497	
40	Conferences, conventions, and meetings	40	4,780	4,652	128	
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42	41,395	38,119	3,276	
43	Other expenses not covered above (itemize):					
a	See Statement 4	43a	87,745	83,679	4,066	
b		43b				
c		43c				
d		43d				
e		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	1,012,105	909,219	102,886	0

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____ ; (ii) the amount allocated to Program services \$ _____ ;

(iii) the amount allocated to Management and general \$ _____ ; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

► Counseling

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) & (4) orgs., & 4947(a)(1) trusts; but optional for others.)

a See Statement 5

(Grants and allocations \$) If this amount includes foreign grants, check here

909,219

b

(Grants and allocations \$) If this amount includes foreign grants, check here

c

(Grants and allocations \$) If this amount includes foreign grants, check here

d

(Grants and allocations \$) If this amount includes foreign grants, check here

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services)

909,219

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year	
Assets	45 Cash-non-interest-bearing	57,265	45	56,909	
	46 Savings and temporary cash investments	4,811	46	4,841	
	47a Accounts receivable	36,814			
	b Less: allowance for doubtful accounts	5,150	30,693	47c	31,664
	48a Pledges receivable				
	b Less: allowance for doubtful accounts			48c	
	49 Grants receivable	28,577	49	37,264	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50		
	51a Other notes and loans receivable (attach schedule)				
	b Less: allowance for doubtful accounts			51c	
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges	2,332	53	1,845	
	54 Investments-securities See Statement 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,581,794	54	1,595,698	
	55a Investments-land, buildings, and equipment: basis				
	b Less: accumulated depreciation (attach schedule)			55c	
56 Investments-other (attach schedule) See Stmt 7	106,630	56	55,802		
57a Land, buildings, and equipment: basis	898,907				
b Less: accumulated depreciation (attach schedule) See Statement 8	400,408	531,473	57c	498,499	
58 Other assets (describe			58		
59 Total assets (must equal line 74). Add lines 45 through 58.	2,343,575	59	2,282,522		
Liabilities	60 Accounts payable and accrued expenses	75,257	60	84,080	
	61 Grants payable		61		
	62 Deferred revenue See Statement 9	7,703	62	7,386	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)		64b		
	65 Other liabilities (describe		65		
66 Total liabilities. Add lines 60 through 65	82,960	66	91,466		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	2,232,369	67	2,158,728	
	68 Temporarily restricted	28,246	68	32,328	
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	2,260,615	73	2,191,056		
74 Total liabilities and net assets/fund balances. Add lines 66 and 73.	2,343,575	74	2,282,522		

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A		
83b			
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
84b			
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A		
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members		
85c			
d	Section 162(e) lobbying and political expenditures		
85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A		
85g			
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A		
85h			
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
86a			
b	Gross receipts, included on line 12, for public use of club facilities		
86b			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
87a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
87b			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89a	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		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year sections 4912, 4955, and 4958 0		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization 0		
90a	List the states with which a copy of this return is filed MI		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.) 90b 26		
91a	The books are in care of Betty Nagel Telephone no. 989-790-7500 2806 Davenport Located at Saginaw, MI ZIP + 4 48602		
b	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)?	Yes	No
91b			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.			
91c	At any time during the calendar year, did the organization maintain an office outside of the United States?		X
c	If "Yes," enter the name of the foreign country ▶		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 92		

Part VII Analysis of Income-Producing Activities (See the instructions.)

	Unrelated business income		Excluded by sec. 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a Family Counseling					254,229
b Employee Assistance Program					73,008
c					
d					
e					
f Medicare/Medicaid payments					69,113
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	31	
96 Dividends and interest from securities			14	76,383	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	52,737	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b Miscellaneous			1	3,979	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		133,130	396,350
105 Total (add line 104, columns (B), (D), and (E))					529,480

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93a	93a - 93f Family counseling and employee assistance are programs that provide professional social work treatment and supportive services

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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.

Please Sign Here

Signature of officer: Betty Nagel Date: President/Executive Director

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 3/28/06 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: Yeo & Yeo, P.C.
P.O. Box 3275
Saginaw, MI 48605

Preparer's SSN or PTIN (See Gen. Instr. W): P00366938

EIN: 38-2706146

Phone no.: 989-793-9830

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

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2005

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Child & Family Services of Saginaw County

Employer identification number

38-1366910

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Comp.	(d) Contrib. to empl. ben. plans & deferred comp.	(e) Expense account & other allowances
NONE				

Total number of other employees paid over \$50,000 ▶

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for

professional services ▶

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over

\$50,000 for other services ▶

Part III Statements About Activities (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>14,302</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	X	
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Statement 11	X	
e	Transfer of any part of its income or assets?		X
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b	Do you have a section 403(b) annuity plan for your employees?	X	
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state ▶**
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ▶ Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	453,698	465,724	431,516	451,880	1,802,818
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	412,235	500,116	596,134	641,346	2,149,831
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	80,413	161,485	66,206	43,396	351,500
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets <i>Stmt 12</i>	4,737	3,525	19,850	1,706	29,818
23 Total of lines 15 through 22	951,083	1,130,850	1,113,706	1,138,328	4,333,967
24 Line 23 minus line 17	538,848	630,734	517,572	496,982	2,184,136
25 Enter 1% of line 23	9,511	11,309	11,137	11,383	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 43,683
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 2,184,136
d Add: Amounts from column (e) for lines:	18 351,500	19			
22 29,818		26b			26d 381,318
e Public support (line 26c minus line 26d total)					26e 1,802,818
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 82.5415%
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:					N/A
(2004) (2003) (2002) (2001)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger the amount on line 25 for the year or of (1) (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:					N/A
(2004) (2003) (2002) (2001)					
c Add: Amounts from column (e) for lines:	15	16			
17 20		21			27c
d Add: Line 27a total. and line 27b total					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 7 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?			
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?			
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
d	Copies of all material used by the organization or on its behalf to solicit contributions?			
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?			
b	Admissions policies?			
c	Employment of faculty or administrative staff?			
d	Scholarships or other financial assistance?			
e	Educational policies?			
f	Use of facilities?			
g	Athletic programs?			
h	Other extracurricular activities?			
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?			
b	Has the organization's right to such aid ever been revoked or suspended?			
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation			

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) N/A

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table-		
If the amount on line 40 is-		
Not over \$500,000	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines through c h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes	X		14,302
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines through c h.)			14,302

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

See Statement 13

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors
Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2005

Name of organization Child & Family Services of Saginaw County	Employer identification number 38-1366910
---	---

Organization type (check one):

- | | |
|--------------------|---|
| Filers of: | Section: |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation |

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

General Rule-

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <u>Child & Family Services of Saginaw</u>	Employer identification number <u>38-1366910</u>
---	---

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<u>CITIZENS BANK WEALTH MANAGEMENT</u> <u>101 N. WASHINGTON</u> <u>SAGINAW MI 48607</u>	\$ <u>26,363</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<u>BLUE CROSS BLUE SHIELD</u> <u>600 LAFAYETTE EAST</u> <u>MC 1008</u> <u>DETROIT MI 48226</u>	\$ <u>14,425</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<u>United Way of Saginaw County</u> <u>100 S Jefferson Ave</u> <u>Saginaw MI 48607</u>	\$ <u>190,738</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Form **4562**
(Rev. January 2006)
Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2005

Attachment
Sequence No. **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return Child & Family Services of Saginaw County	Identifying number 38-1366910
---	---

Business or activity to which this form relates
Child & Family Services

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses	1	102,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	420,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instr.	5	
(a) Description of property (b) Cost (business use only) (c) Elected cost		
6		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2004 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14 Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	41,395

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2005	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B-Assets Placed in Service During 2005 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C-Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr.	22	41,395
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2005) (Rev. 1-2006)

Federal Statements

Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Securities

Desc								
How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/-Loss	
Purchase		Various	Various	\$1,708,774	\$1,655,830	\$	\$ 52,944	
Total				<u>\$1,708,774</u>	<u>\$1,655,830</u>	<u>\$ 0</u>	<u>\$ 52,944</u>	

Statement 2 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

Desc								
How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/-Loss	
Disposal of Fixed Assets								
Purchase		Various	Various	\$	\$ 25,317	\$ 25,110	\$ -207	
Total				<u>\$ 0</u>	<u>\$ 25,317</u>	<u>\$ 25,110</u>	<u>\$ -207</u>	

Federal Statements**Statement 3 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances**

Description	Amount
Net Unrealized Gains on Investments	\$ -54,001
Total	<u>\$ -54,001</u>

Statement 4 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
	\$	\$	\$	\$
Expenses				
PROFESSIONAL FEES	54,874	53,430	1,444	
MARKETING	11,807	11,686	121	
SUBSCRIPTIONS, BOOKS & VIDEOS	2,999	2,896	103	
MEMBERSHIP DUES	3,598	3,361	237	
MISCELLANEOUS	14,467	12,306	2,161	
Total	<u>\$ 87,745</u>	<u>\$ 83,679</u>	<u>\$ 4,066</u>	<u>\$ 0</u>

Statement 5 - Form 990, Part III, Line a - Statement of Program Service AccomplishmentsDescription

Child & Family Service of Saginaw County, a 501(c)3 Michigan corporation, operating for 136 years in Saginaw County provides the following services:

FAMILY COUNSELING PROGRAM: Family counseling offers outpatient mental health services to help individuals and families deal with behavioral health issues, e.g. depression, anxiety, life adjustments, trauma recovery, etc.

SEXUAL ASSAULT PROGRAM: Provides round-the-clock crisis intervention, medical and legal advocacy, prevention/awareness, Sexual Assault Nurse Examiner services and professional counseling to victims of sexual assault/abuse and/or harassment.

EMPLOYEE ASSISTANCE PROGRAM: Provides round-the-clock employee assistance programming under contract to employers for behavioral health assessments, referrals, and treatment of their employees, wellness work, and trauma recovery services. Substance Abuse Professional services are available separately for violation of Department of Transportation regulations.

In 2005, the agency received 1,129 referrals and served 5,677 people through its advocacy, treatment and prevention services. By self-report, 95% of those served reported improved functioning. Internally, over 70% of recipients agreed they had met over 60% of their treatment goals. An external opinion poll completed by past consumers, selected at random, resulted in 100% of

Federal Statements**Statement 5 - Form 990, Part III, Line a - Statement of Program Service Accomplishments**
(continued)Description

respondents reporting service satisfaction; 100% reporting they would refer a family member or best friend to us; and 100% reporting they would return to us if more service was needed.

Family Counseling Program	\$391,943
Sexual Assault Program	383,785
Employee Assistance Program	133,491

Total program expenses	\$909,219
	=====

Statement 6 - Form 990, Part IV, Line 54 - Investments in Securities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>
US and State Government Government obligations	381,955	398,091	Market
Corporate Stock Common Stock	<u>1,199,839</u>	<u>1,197,607</u>	Market
	<u>1,581,794</u>	<u>1,595,698</u>	

Statement 7 - Form 990, Part IV, Line 56 - Other Investments

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>
Short term investments	\$ 106,630	\$ 55,802	Market
Total	<u>\$ 106,630</u>	<u>\$ 55,802</u>	

38-1366910

Federal Statements

FYE: 12/31/2005

Statement 8 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
Land	\$ 65,300	\$	\$ 65,300	\$
Land improvements	25,880		25,880	
Buildings	609,567		611,166	
Furniture & fixtures	214,849		196,561	
Accumulated depreciation		384,123		400,408
Total	<u>\$ 915,596</u>	<u>\$ 384,123</u>	<u>\$ 898,907</u>	<u>\$ 400,408</u>

Statement 9 - Form 990, Part IV, Line 62 - Deferred Revenue

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Program fees	\$ 7,703	\$ 7,386
Total	<u>\$ 7,703</u>	<u>\$ 7,386</u>

Federal Statements

Statement 10 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

Name	Address						
	City, State, Zip		Title	Average Hours	Compensation	Benefits	Expenses
ALMA WYATT	SAGINAW MI 48601	SAGINAW	BOARD MEMBER	2	0	0	0
BETTY NAGEL	SAGINAW MI 48602	SAGINAW	PRES/EXEC. D	40	68,618	4,399	0
CHARLES STUART	SAGINAW MI 48602	SAGINAW	BOARD MEMBER	2	0	0	0
DAN EMMENECKER	SAGINAW MI 48603	SAGINAW	BOARD MEMBER	2	0	0	0
GERI RUDOLF	SAGINAW MI 48601	SAGINAW	BOARD MEMBER	2	0	0	0
JAMES MULADORE	SAGINAW MI 48710	SAGINAW	BOARD MEMBER	2	0	0	0
JEAN BEACH	SAGINAW MI 48603	SAGINAW	BOARD MEMBER	2	0	0	0
JIM BICKEL	SAGINAW MI 48607	SAGINAW	SECRETARY	2	0	0	0
JIMMY GREENE	SAGINAW MI 48603	SAGINAW	BOARD MEMBER	2	0	0	0
JULIE EMEDE	SAGINAW MI 48603	SAGINAW	BOARD MEMBER	2	0	0	0
KEN TABACSKO	SAGINAW MI 48602	SAGINAW	BOARD MEMBER	2	0	0	0
LAINIE BLASCH	SAGINAW MI 48609	SAGINAW	VICE CHAIR	2	0	0	0
LESLIE REINBOLD	FRANKENMUTH MI 48734	FRANKENMUTH	BOARD MEMBER	2	0	0	0
LESLIE SHERIDAN	SAGINAW MI 48609	SAGINAW	BOARD MEMBER	2	0	0	0
LINDY MORLEY	SAGINAW MI 48609	SAGINAW	BOARD MEMBER	2	0	0	0
LISA RENAS	SAGINAW MI 48603	SAGINAW	TREASURER	2	0	0	0
MURIEL MANNING	SAGINAW MI 48602	SAGINAW	BOARD MEMBER	2	0	0	0

Federal Statements

Statement 10 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name	Address			Title	Average Hours	Compensation	Benefits	Expenses
	City, State, Zip							
PATRICIA STONE	SAGINAW MI 48608		SAGINAW	BOARD MEMBER	2	0	0	0
PAUL WARNER	SAGINAW MI 48602		SAGINAW	CHAIR	2	0	0	0
REBECCA SCHULTZ	SAGINAW MI 48602		SAGINAW	BOARD MEMBER	2	0	0	0
SHERRILL SMITH	SAGINAW MI 48602		SAGINAW	BOARD MEMBER	2	0	0	0
SHIRLEY NORMAN	SAGINAW MI 48603		SAGINAW	BOARD MEMBER	2	0	0	0
STEVE SCHLICHT	MONTROSE MI 48457		MONTROSE	BOARD MEMBER	2	0	0	0
TERRY LERASH	SAGINAW MI 48602		SAGINAW	BOARD MEMBER	2	0	0	0
TIM ARNOLD	SAGINAW MI 48603		SAGINAW	BOARD MEMBER	2	0	0	0
TOOD BOONE	SAGINAW MI 48601		SAGINAW	BOARD MEMBER	2	0	0	0

Federal Statements**Statement 11 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of Exp**Description

See Part V of form 990.

Statement 12 - Schedule A, Part IV-A, Line 22 - Other Income

<u>Description</u>	<u>2004</u>	<u>2003</u>	<u>2002</u>	<u>2001</u>
Total	\$ <u>4,737</u>	\$ <u>3,525</u>	\$ <u>19,850</u>	\$ <u>1,706</u>

Statement 13 - Schedule A, Part VI-B - Description of Lobbying ActivitiesDescription

Dues and special assessments paid to the Michigan Federation for Children & Families which were used to pay for lobbying expenses.

38-1366910

Federal Statements

FYE: 12/31/2005

Form 990, Part I, Line 1a - Direct Public Support

Description	Cash	Noncash	Total
Contributions from Schedule B	\$ 9,605	\$	\$ 9,605
	45,788		45,788
Total	\$ 55,393	\$ 0	\$ 55,393

Form 990, Part I, Line 1b - Indirect Public Support

Description	Cash	Noncash	Total
Contributions from Schedule B	\$ 190,738	\$	\$ 190,738
Total	\$ 190,738	\$ 0	\$ 190,738

Form 990, Part I, Line 1c - Government Contributions

Description	Cash	Noncash	Total
Total	\$ 220,936	\$ 0	\$ 220,936

Special Events Direct Expenses

Description	Amount
Column A	\$
Sexual Assault Bowlathon	
Miscellaneous Expenses	1,357
SubTotal	1,357
Column B	
Bennigans Fundraiser	
Micellaneous Expenses	567
SubTotal	567
Total	1,924

Direct expenses other than fundraising expenses
reported on Form 990, page 1, line 9b.