

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2006 calendar year, or tax year beginning , and ending

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

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 number
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 instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ▶

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

G Website: ▶ www.childandfamilysaginaw

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

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,959,832**

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 Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b		52,495	
	c Indirect public support (not included on line 1a)	1c		157,148	
	d Government contributions (grants) (not included on line 1a)	1d		316,898	
	e Total (add lines 1a through 1d) (cash \$ <u>526,541</u> noncash \$ _____)	1e			526,541
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			404,727
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			68
	5 Dividends and interest from securities	5			55,044
	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		
		959,242	8a		
		909,416	8b	158	
		49,826	8c	-158	
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d		See Stmt 1	See Stmt 2	49,668
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 1b)	9a		3,548	
	b Less: direct expenses other than fundraising expenses	9b		3,548	
	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			10,662	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			1,046,710	
Expenses	13 Program services (from line 44, column (B))	13		941,917	
	14 Management and general (from line 44, column (C))	14		98,378	
	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			1,040,295
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18		6,415	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		2,191,056	
	20 Other changes in net assets or fund balances (attach explanation) See Statement 3	20		74,129	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			2,271,600

Part II Statement of Functional Expenses

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.)

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
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule) <u>See Statement 4</u>	25a	70,577	49,404	21,173
b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26	609,405	554,697	54,708
27 Pension plan contributions not included on lines 25a, b, and c	27	6,294	5,127	1,167
28 Employee benefits not included on lines 25a - 27	28	35,293	35,293	
29 Payroll taxes	29	60,420	53,867	6,553
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33	15,018	14,186	832
34 Telephone	34	15,060	13,534	1,526
35 Postage and shipping	35	4,495	4,211	284
36 Occupancy	36	52,342	48,725	3,617
37 Equipment rental and maintenance	37	10,535	9,824	711
38 Printing and publications	38	11,917	11,682	235
39 Travel	39	5,761	5,651	110
40 Conferences, conventions, and meetings	40	6,877	6,454	423
41 Interest	41	433	411	22
42 Depreciation, depletion, etc. (attach schedule)	42	42,010	39,413	2,597
43 Other expenses not covered above (itemize):				
a <u>See Statement 5</u>	43a	93,858	89,438	4,420
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	1,040,295	941,917	98,378

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) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a See Statement 6

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

941,917

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) ▶

941,917

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	56,909	45	73,600	
	46 Savings and temporary cash investments	4,841	46	4,904	
	47a Accounts receivable	39,255			
	b Less: allowance for doubtful accounts	5,062	31,664	47c	34,193
	48a Pledges receivable				
	b Less: allowance for doubtful accounts			48c	
	49 Grants receivable	37,264	49	47,137	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)			50b	
	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	1,845	53	1,324	
	54a Investments—publicly-traded securities See Statement 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,595,698	54a	1,617,308	
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b	
	55a Investments—land, buildings, and equipment: basis				
	b Less: accumulated depreciation (attach schedule)			55c	
	56 Investments—other (attach schedule) See Stmt 8	55,802	56	67,465	
	57a Land, buildings, and equipment: basis	863,660			
b Less: accumulated depreciation (attach schedule) See Statement 9	357,309	498,499	57c	506,351	
58 Other assets, including program-related investments (describe <input type="checkbox"/>)			58		
59 Total assets (must equal line 74). Add lines 45 through 58	2,282,522	59	2,352,282		
Liabilities	60 Accounts payable and accrued expenses	84,080	60	72,001	
	61 Grants payable		61		
	62 Deferred revenue See Statement 10	7,386	62	8,681	
	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 <input type="checkbox"/>)			65	
66 Total liabilities. Add lines 60 through 65	91,466	66	80,682		
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	2,158,728	67	2,202,937	
	68 Temporarily restricted	32,328	68	68,663	
	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 and column (B) must equal line 21)	2,191,056	73	2,271,600		
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	2,282,522	74	2,352,282		

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? 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.		N/A
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
88a	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
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
88b			
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="text" value="0"/> ; section 4912 <input type="text" value="0"/> ; section 4955 <input type="text" value="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 under sections 4912, 4955, and 4958		0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89g			
90a	List the states with which a copy of this return is filed <input type="text" value="MI"/>		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90b	27
91a	The books are in care of <input type="text" value="MARGARET BACH"/> Telephone no. <input type="text" value="989-790-7500"/> <input type="text" value="2806 Davenport"/> Located at <input type="text" value="Saginaw, MI"/> ZIP + 4 <input type="text" value="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)? If "Yes," enter the name of the foreign country	Yes	No
91b			X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.			

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 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 ▶
 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.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Family Counseling					247,005
b Employee Assistance Program					77,652
c					
d					
e					
f Medicare/Medicaid payments					80,070
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	68	
96 Dividends and interest from securities			14	55,044	
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	49,668	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b Miscellaneous			1	10,662	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		115,442	404,727
105 Total (add line 104, columns (B), (D), and (E))					520,169

Note: Line 105 plus line 1e, 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).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.	Yes	No
		<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a			
b			
c			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.	Yes	No
		<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a			
b			
c			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?	Yes	No

Please Sign Here

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.

Signature of officer: Margaret Bach Date: _____
 Type or print name and title: Executive Director

Paid Preparer's Use Only

Preparer's signature: _____ Date: 4/16/07 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. X): 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

2006

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 2 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>12,565</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	X	
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.			
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)? <u>See Part V, Form 990</u> <u>See Statement 12</u>	X	
e	Transfer of any part of its income or assets?		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b	Did the organization have a section 403(b) annuity plan for its employees?	X	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966?		
c	Did the organization make a distribution to a donor, donor advisor, or related person?		
d	Enter the total number of donor advised funds owned at the end of the tax year	u	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	u	
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	u	0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year	u	0

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Intergrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					u

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	467,067	453,698	465,724	431,516	1,818,005
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	396,350	412,235	500,116	596,134	1,904,835
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	76,414	80,413	161,485	66,206	384,518
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 Stmt 13	3,979	4,737	3,525	19,850	32,091
23 Total of lines 15 through 22	943,810	951,083	1,130,850	1,113,706	4,139,449
24 Line 23 minus line 17	547,460	538,848	630,734	517,572	2,234,614
25 Enter 1% of line 23	9,438	9,511	11,309	11,137	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	44,692
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 2002 through 2005 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	2,234,614
d Add: Amounts from column (e) for lines:	18 <u>384,518</u> 19 _____	26d	416,609
	22 <u>32,091</u> 26b _____	26e	1,818,005
e Public support (line 26c minus line 26d total)		26f	81.3566%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))			

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

(2005) _____ (2004) _____ (2003) _____ (2002) _____

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 of (1) the amount on line 25 for the year or (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

(2005) _____ (2004) _____ (2003) _____ (2002) _____

c Add: Amounts from column (e) for lines:	15 _____ 16 _____	27c	
	17 _____ 20 _____ 21 _____	27d	
d Add: Line 27a total _____ and line 27b total _____		27e	
e Public support (line 27c total minus line 27d total)		27f	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)		27g	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27h	
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))			

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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 9 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?	29		
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?	30		
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?	31		
	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?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	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?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	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?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	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	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

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

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	0
41 Lobbying nontaxable amount. Enter the amount from the following table-		
If the amount on line 40 is-		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is-		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$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	0
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0

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 13 of the instructions. See Statement 14

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(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 13 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 c through 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		12,565
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 c through h.)			12,565

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

See Statement 15

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

Schedule of Contributors

OMB No. 1545-0047

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

2006

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 of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), 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).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

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

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CITIZENS BANK WEALTH MGMT 101 N WASHINGTON SAGINAW MI 48607	\$ 14,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	HARVEY RANDALL WICKES FOUNDATION 4800 FASHION SQUARE BLVD SUITE 472 PLAZA NORTH SAGINAW MI 48604	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Blue Cross Blue Shield 600 Lafayette East MC 1008 Detroit MI 48226-2998	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	ALDEN & VADA DOW FUND 315 POST STREET MIDLAND MI 48640	\$ 44,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	SVSU BATTLE OF THE VALLEYS FUND 7400 BAY RD UNIVERSITY CENTER MI 48710-0001	\$ 19,160	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	UNITED WAY OF SAGINAW COUNTY 100 S JEFFERSON AVE SAGINAW MI 48607	\$ 157,148	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Federal Statements

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

<u>Desc</u>		<u>Date</u>	<u>Date</u>	<u>Sale</u>	<u>Cost &</u>	<u>Deprec</u>	<u>Gain/</u>
<u>How</u>	<u>Whom</u>	<u>Acquired</u>	<u>Sold</u>	<u>Price</u>	<u>Expense</u>		<u>-Loss</u>
<u>Rec'd</u>	<u>Sold</u>						
Publicly Traded	Securities			\$ 959,242	\$ 909,416	\$	\$ 49,826
Total				<u>\$ 959,242</u>	<u>\$ 909,416</u>	<u>\$ 0</u>	<u>\$ 49,826</u>

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

<u>Desc</u>		<u>Date</u>	<u>Date</u>	<u>Sale</u>	<u>Cost &</u>	<u>Deprec</u>	<u>Gain/</u>
<u>How</u>	<u>Whom</u>	<u>Acquired</u>	<u>Sold</u>	<u>Price</u>	<u>Expense</u>		<u>-Loss</u>
<u>Rec'd</u>	<u>Sold</u>						
Disposal of assets	Purchase	Various	Various	\$	\$ 85,117	\$ 84,959	\$ -158
Total				<u>\$ 0</u>	<u>\$ 85,117</u>	<u>\$ 84,959</u>	<u>\$ -158</u>

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

<u>Description</u>	<u>Amount</u>
Net Unrealized Gains on Investments	\$ 74,129
Total	\$ 74,129

Federal Statements

Statement 4 - Form 990, Part II, Line 25a - Compensation of Current Officers

<u>Name</u>	<u>Program Services</u>	<u>Management & General</u>	<u>Fundraising</u>
Expenses	\$	\$	\$
BETTY NAGEL Compensation	49,404	21,173	
Total	\$ <u>49,404</u>	\$ <u>21,173</u>	\$ <u>0</u>

Federal Statements**Statement 5 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
PROFESSIONAL FEES	61,894	59,910	1,984	
MARKETING	9,382	9,349	33	
SUBSCRIPTIONS, BOOKS & VIDEOS	1,071	1,057	14	
MEMBERSHIP DUES	2,932	2,718	214	
MISCELLANEOUS	18,579	16,404	2,175	
Total	<u>\$ 93,858</u>	<u>\$ 89,438</u>	<u>\$ 4,420</u>	<u>\$ 0</u>

Statement 6 - 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 137 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 2006, the agency received 536 referrals and served 7,078 people through its advocacy, treatment and prevention services. By self-report, 97% of those served reported improved functioning.

Family Counseling Program	\$451,656
Sexual Assault Program	404,685
Employee Assistance Program	103,705

Total program expenses	\$959,619
	=====

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Federal Statements

FYE: 12/31/2006

Statement 7 - Form 990, Part IV, Line 54a - Publicly Traded Securities

Description	Beginning of Year	End of Year	Basis of Valuation
US and State Government Government obligations	\$ 398,091	\$ 366,214	Market
Corporate Stock Common Stock	1,197,607	1,251,094	Market
Corporate Bonds			
Total	<u>\$ 1,595,698</u>	<u>\$ 1,617,308</u>	

Statement 8 - Form 990, Part IV, Line 56 - Other Investments

Description	Beginning of Year	End of Year	Basis of Valuation
Short term investments	\$ 55,802	\$ 67,465	Market
Total	<u>\$ 55,802</u>	<u>\$ 67,465</u>	

Statement 9 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
Land	\$ 65,300	\$	\$ 65,300	\$
Land improvements	25,880		27,080	
Buildings	611,166	400,408	627,666	357,309
Furniture & fixtures	196,561		143,614	
Total	<u>\$ 898,907</u>	<u>\$ 400,408</u>	<u>\$ 863,660</u>	<u>\$ 357,309</u>

Statement 10 - Form 990, Part IV, Line 62 - Deferred Revenue

Description	Beginning of Year	End of Year
Program fees	\$ 7,386	\$ 8,681
Total	<u>\$ 7,386</u>	<u>\$ 8,681</u>

Federal Statements

Statement 11 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
BETTY NAGEL SAGINAW SAGINAW MI 48602	PRES/EXEC. D	40	70,577	4,829	0
PAUL WERNER SAGINAW SAGINAW MI 48602	CHAIR	2	0	0	0
LAINE BLASCH SAGINAW SAGINAW MI 48609	VICE CHAIR	2	0	0	0
JIM BICKEL SAGINAW SAGINAW MI 48607	SECRETARY	2	0	0	0
LISA RENAS SAGINAW SAGINAW MI 48603	TREASURER	2	0	0	0
TIM ARNOLD SAGINAW SAGINAW MI 48603	BOARD MEMBER	2	0	0	0
JULIE EMEDE SAGINAW SAGINAW MI 48603	BOARD MEMBER	2	0	0	0
DAN EMMENECKER SAGINAW SAGINAW MI 48603	BOARD MEMBER	2	0	0	0
JIMMY GREENE SAGINAW SAGINAW MI 48603	BOARD MEMBER	2	0	0	0

Federal Statements

Statement 11 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
TERRY LERASH SAGINAW SAGINAW MI 48602	BOARD MEMBER	2	0	0	0
LINDY MORLEY SAGINAW SAGINAW MI 48609	BOARD MEMBER	2	0	0	0
JAMES MULADORE SAGINAW SAGINAW MI 48710	BOARD MEMBER	2	0	0	0
SHIRLEY NORMAN SAGINAW SAGINAW MI 48603	BOARD MEMBER	2	0	0	0
LESLIE PERRY FRANKENMUTH Frankenmuth MI 48734	BOARD MEMBER	2	0	0	0
GERI RUDOLF SAGINAW SAGINAW MI 48601	BOARD MEMBER	2	0	0	0
STEVE SCHLICHT MONTROSE MONTROSE MI 48457	BOARD MEMBER	2	0	0	0
REBECCA SCHULTZ SAGINAW SAGINAW MI 48602	BOARD MEMBER	2	0	0	0
SHERRILL SMITH SAGINAW SAGINAW MI 48602	BOARD MEMBER	2	0	0	0

Federal Statements

Statement 11 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
ALMA WYATT SAGINAW SAGINAW MI 48601	BOARD MEMBER	2	0	0	0
Lt. WIL YANCER SAGINAW SAGINAW MI 48602	BOARD MEMBER	2	0	0	0

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Federal Statements

FYE: 12/31/2006

Statement 12 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of Exp

Description

See Part V of form 990.

Statement 13 - Schedule A, Part IV-A, Line 22 - Other Income

Description	2005	2004	2003	2002
Total	\$ 3,979	\$ 4,737	\$ 3,525	\$ 19,850
	<u>\$ 3,979</u>	<u>\$ 4,737</u>	<u>\$ 3,525</u>	<u>\$ 19,850</u>

Statement 14 - Schedule A, Part VI-A - Explanation for Not Completing All Columns

Description

No direct lobbying expenditures.

Statement 15 - Schedule A, Part VI-B - Description of Lobbying Activities

Description

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

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Federal Statements

FYE: 12/31/2006

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

Description	Cash	Noncash	Total
Contributions from Schedule B	\$ -59,665	\$	\$ -59,665
	112,160		112,160
Total	\$ 52,495	\$ 0	\$ 52,495

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

Description	Cash	Noncash	Total
Contributions from Schedule B	\$ 157,148	\$	\$ 157,148
Total	\$ 157,148	\$ 0	\$ 157,148

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

Description	Cash	Noncash	Total
Total	\$ 316,898	\$ 0	\$ 316,898
	\$ 316,898	\$ 0	\$ 316,898

Special Events Direct Expenses

Description	Amount
Column A	\$
SAP 30 YR ANNIVERSARY	
SubTotal	2,179
Column B	
Sexual Assault Bowlathon	
Miscellaneous Expenses	843
SubTotal	843
Column C	
Bennigans Fundraiser	
Micellaneous Expenses	526
SubTotal	526
Total	3,548

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