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CLIENT'S COPY



January 24, 2019

Child & Family Services of Southwestern
Michigan, Inc.
2459 S. M-139
Benton Harbor, MI 49022

Child & Family Services of Southwestern Michigan, Inc.:

Enclosed is the organization's 2017 Exempt Organization
return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you
wish to have it transmitted electronically to the IRS, please
sign, date, and return Form 8879-EO to our office. We will
then submit the electronic return to the IRS. Do not mail a
paper copy of the return to the IRS. Return Form 8879-EO to
us by February 15, 2019.

A copy of the return is enclosed for your files. We suggest
that you retain this copy indefinitely.

Sincerely,

Michael Layher

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2017

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning **OCT 1, 2017** and ending **SEP 30, 2018**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CHILD & FAMILY SERVICES OF SOUTHWESTERN MICHIGAN, INC.		D Employer identification number 38-2592238	
	Doing business as		E Telephone number 269-925-1725	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2459 S. M-139		G Gross receipts \$ 2,509,472.	
	City or town, state or province, country, and ZIP or foreign postal code BENTON HARBOR, MI 49022		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
	F Name and address of principal officer: JOESPH GOEPRICH SAME AS C ABOVE		H(c) Group exemption number	

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527
J Website: **CFSSWMI.ORG**
K Form of organization: Corporation Trust Association Other **L** Year of formation: **1985** **M** State of legal domicile: **MI**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDE A VARIETY OF PROGRAMS TO FOSTER THE DEVELOPMENT OF COMMUNITY, FAMILY, AND INDIVIDUAL
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 10
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 10
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 156
	6 Total number of volunteers (estimate if necessary) 6 96
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
b Net unrelated business taxable income from Form 990-T, line 34 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 307,835. Prior Year 301,960. Current Year
	9 Program service revenue (Part VIII, line 2g) 2,224,835. 2,142,398.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 181. -142.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 50,812. 41,834.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,583,663. 2,486,050.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,792,746. 1,777,269.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) 73,248.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 776,596. 759,009.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,569,342. 2,536,278.
19 Revenue less expenses. Subtract line 18 from line 12 14,321. -50,228.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 2,803,214. Beginning of Current Year 2,167,503. End of Year
	21 Total liabilities (Part X, line 26) 1,972,970. 1,386,831.
	22 Net assets or fund balances. Subtract line 21 from line 20 830,244. 780,672.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date	
	JOESPH GOEPRICH, EXECUTIVE DIRECTOR Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name MICHAEL LAYHER	Preparer's signature MICHAEL LAYHER	Date 01/24/19	Check <input type="checkbox"/> if self-employed PTIN P00736155
	Firm's name KRUGGEL, LAWTON & COMPANY, LLC	Firm's EIN 35-1307701		
	Firm's address 526 UPTON DRIVE ST. JOSEPH, MI 49085	Phone no. 269-983-0131		

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: PROVIDE A VARIETY OF PROGRAMS TO FOSTER THE DEVELOPMENT OF COMMUNITY, FAMILY, AND INDIVIDUAL POTENTIAL AND CAPABILITIES WHICH SUPPORT HEALTHY, SELF-SUFFICIENT, FULLY FUNCTIONING LIVES FOR CHILDREN, FAMILIES, AND ADULTS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 470,150. including grants of \$) (Revenue \$ 505,134.) HELPING HANDS ADULT HOMECARE SERVICES OFFERS ASSISTANCE TO SENIORS, DISABLED PERSONS, AND THOSE WITH CHRONIC CONDITIONS BY HELPING INDIVIDUALS REMAIN IN THEIR OWN HOME. SERVICES OFFERED ARE LIGHT HOUSEKEEPING, MEAL PREPARATION, LAUNDRY, PERSONAL CARE, BATHING, DRESSING, RUNNING ERRANDS, COMPANIONSHIP, MEDICATION REMINDING AND RESPITE FOR CAREGIVERS. THE PROGRAM PROVIDES CAREGIVING WITH COMPASSION AND EMPATHY AND PROMOTES RESPECT AND DIGNITY OF THOSE SERVED.

4b (Code:) (Expenses \$ 488,440. including grants of \$) (Revenue \$ 599,588.) HARBOR HOUSE ADULT DAY SERVICES PROVIDES A SAFE AND INVITING DAYTIME ENVIRONMENT WHERE ADULTS WITH SPECIAL NEEDS SUCH AS ALZHEIMER'S DISEASE AND OTHER ILLNESSES CAN ENGAGE IN MEANINGFUL AND THERAPEUTIC ACTIVITIES WHICH HELP MEET THEIR SOCIAL, EMOTIONAL, AND PHYSICAL NEEDS. PEOPLE WHO ATTEND HARBOR HOUSE ARE SOCIALLY ENGAGED AND INVOLVED IN MENTALLY STIMULATING ACTIVITIES WHICH HELP TO MAINTAIN OR EVEN IMPROVE THINKING SKILLS AND LANGUAGE ABILITIES.

4c (Code:) (Expenses \$ 458,192. including grants of \$) (Revenue \$ 333,158.) SAFE SHELTER FOR DOMESTIC VIOLENCE PROVIDES A SECURE, VIOLENCE FREE ENVIRONMENT FOR SURVIVORS OF INTIMATE PARTNER DOMESTIC VIOLENCE AND SEXUAL ASSAULT ALONG WITH THEIR DEPENDENT CHILDREN. SURVIVORS ARE OFFERED A PROTECTIVE, WARM AND VIOLENCE FREE PLACE TO STAY, LISTENING EARS, SUPPORT GROUPS, AND OTHER RESOURCES NEEDED TO DEVELOP SAFE, HEALTHY AND MEANINGFUL LIVES FOR THEMSELVES AND THEIR CHILDREN.

4d Other program services (Describe in Schedule O.) (Expenses \$ 607,421. including grants of \$) (Revenue \$ 704,518.)

4e Total program service expenses 2,024,203.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

**CHILD & FAMILY SERVICES OF SOUTHWESTERN
MICHIGAN, INC.**

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		X
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 10		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **MI**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **WAYNE SAWYER - 269-925-1725**
2450 M-139, STE A, BENTON HARBOR, MI 49022-6445

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

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ELLIOTT BERLIN MEMBER	2.00	X						0.	0.	0.
(2) SHANE KISSACK MEMBER	2.00	X						0.	0.	0.
(3) DR. ERIC LESTER MEMBER	2.00	X						0.	0.	0.
(4) RYAN OGLE MEMBER	2.00	X						0.	0.	0.
(5) JANET REIMANN MEMBER	2.00	X						0.	0.	0.
(6) BARBARA SISTRUNK MEMBER	2.00	X						0.	0.	0.
(7) LISE BLACK PAST PRESIDENT	2.00	X		X				0.	0.	0.
(8) KAYLEE GANUS PRESIDENT-ELECT	2.00	X		X				0.	0.	0.
(9) JASON WOODRICK TREASURER	2.00	X		X				0.	0.	0.
(10) PAMELA PANCOAST SECRETARY	2.00	X		X				0.	0.	0.
(11) JOSEPH GOEPFRICH EXECUTIVE DIRECTOR	40.00			X				60,525.	0.	0.

CHILD & FAMILY SERVICES OF SOUTHWESTERN MICHIGAN, INC.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							60,525.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							60,525.	0.	0.	

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

CHILD & FAMILY SERVICES OF SOUTHWESTERN MICHIGAN, INC.

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 96,655.				
	b Membership dues	1b				
	c Fundraising events	1c 3,341.				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 201,964.				
	g Noncash contributions included in lines 1a-1f: \$	69,376.				
	h Total. Add lines 1a-1f	▶ 301,960.				
	Program Service Revenue	2 a HARBOR HOUSE ADULT DAY	Business Code 624100	599,588.	599,588.	
b HELPING HANDS HOMECARE		624310	505,134.	505,134.		
c SAFE SHELTER		624100	333,158.	333,158.		
d						
e						
f All other program service revenue		624100	704,518.	704,518.		
g Total. Add lines 2a-2f		▶ 2,142,398.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 148.			148.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	1,700.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	1,990.			
		c Gain or (loss)	-290.			
	d Net gain or (loss)	▶ -290.			-290.	
	8 a Gross income from fundraising events (not including \$ 3,341. of contributions reported on line 1c). See Part IV, line 18	a	63,266.			
		b Less: direct expenses	b 21,432.			
c Net income or (loss) from fundraising events		▶ 41,834.			41,834.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Business Code				
11 a	a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	▶				
12 Total revenue. See instructions.	▶	2,486,050.	2,142,398.	0.	41,692.	

**CHILD & FAMILY SERVICES OF SOUTHWESTERN
MICHIGAN, INC.**

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	60,525.		60,525.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,457,250.	1,243,831.	181,775.	31,644.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	121,698.	79,926.	37,218.	4,554.
10 Payroll taxes	137,796.	118,245.	17,485.	2,066.
11 Fees for services (non-employees):				
a Management				
b Legal	1,183.		1,183.	
c Accounting	26,329.		26,329.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	122,230.	100,820.	18,492.	2,918.
12 Advertising and promotion	8,004.	1,671.	4,948.	1,385.
13 Office expenses	40,371.	33,319.	6,465.	587.
14 Information technology				
15 Royalties				
16 Occupancy	263,357.	219,265.	41,766.	2,326.
17 Travel	83,096.	81,202.	1,414.	480.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,529.	1,529.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	50,719.	42,019.	8,700.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a IN-KIND EXPENSE	69,377.	42,150.	0.	27,227.
b TELEPHONE	27,480.	21,506.	5,953.	21.
c SPECIFIC ASSISTANCE	21,662.	18,281.	3,381.	
d EQUIPMENT	17,747.	9,085.	8,662.	0.
e All other expenses	25,925.	11,354.	14,531.	40.
25 Total functional expenses. Add lines 1 through 24e	2,536,278.	2,024,203.	438,827.	73,248.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

CHILD & FAMILY SERVICES OF SOUTHWESTERN
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Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	48,374.	1	93,411.
	2 Savings and temporary cash investments	28,449.	2	28,487.
	3 Pledges and grants receivable, net	63,000.	3	63,000.
	4 Accounts receivable, net	308,259.	4	259,172.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	50,977.	9	40,973.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 608,792.		
	b Less: accumulated depreciation	10b 334,431.	304,251.	10c 274,361.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,999,904.	15	1,408,099.
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,803,214.	16	2,167,503.	
Liabilities	17 Accounts payable and accrued expenses	23,106.	17	42,821.
	18 Grants payable		18	
	19 Deferred revenue	25,000.	19	25,000.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	1,775,565.	21	1,179,604.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	56,880.	23	46,297.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	92,419.	25	93,109.
	26 Total liabilities. Add lines 17 through 25	1,972,970.	26	1,386,831.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	767,244.	27	717,672.
	28 Temporarily restricted net assets	63,000.	28	63,000.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	830,244.	33	780,672.	
34 Total liabilities and net assets/fund balances	2,803,214.	34	2,167,503.	

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,486,050.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,536,278.
3	Revenue less expenses. Subtract line 2 from line 1	3	-50,228.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	830,244.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	656.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	780,672.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	406,732.	296,334.	314,711.	382,181.	365,226.	1,765,184.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	406,732.	296,334.	314,711.	382,181.	365,226.	1,765,184.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						1,765,184.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	406,732.	296,334.	314,711.	382,181.	365,226.	1,765,184.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	8,885.	54.	69.	181.	148.	9,337.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	3,268.	3,725.	6,101.	863.		13,957.
11 Total support. Add lines 7 through 10						1,788,478.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	98.70 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	98.00 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

CHILD & FAMILY SERVICES OF SOUTHWESTERN
MICHIGAN, INC.

Employer identification number

38-2592238

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

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 an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization CHILD & FAMILY SERVICES OF SOUTHWESTERN MICHIGAN, INC.	Employer identification number 38-2592238
---------------------------------------------------------------------------------------	-----------------------------------------------------

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 94,796.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 12,475.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 11,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 9,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CHILD & FAMILY SERVICES OF SOUTHWESTERN MICHIGAN, INC.	Employer identification number 38-2592238
-------------------------------------------------------------------------------------------	----------------------------------------------

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ 9,084.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 7,661.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____ _____ _____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____ _____ _____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____ _____ _____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____ _____ _____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CHILD & FAMILY SERVICES OF SOUTHWESTERN MICHIGAN, INC.	Employer identification number 38-2592238
-------------------------------------------------------------------------------------------	----------------------------------------------

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	ASSORTMENT OF MARY KAY PRODUCTS FOR SAFE SHELTER <hr/> <hr/>	\$ 9,084.	10/11/17
8	VARIETY OF CLOTHING, JEWELRY, SHOES, AND ACCESSORIES FOR SAFE SHELTER <hr/> <hr/>	\$ 7,661.	09/27/18
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

Name of organization CHILD & FAMILY SERVICES OF SOUTHWESTERN MICHIGAN, INC.	Employer identification number 38-2592238
---------------------------------------------------------------------------------------	-----------------------------------------------------

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization **CHILD & FAMILY SERVICES OF SOUTHWESTERN MICHIGAN, INC.** **Employer identification number** **38-2592238**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

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

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		185,814.	46,104.	139,710.
c Leasehold improvements				
d Equipment		244,742.	177,413.	67,329.
e Other		178,236.	110,914.	67,322.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				274,361.

**CHILD & FAMILY SERVICES OF SOUTHWESTERN
MICHIGAN, INC.**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) CLIENT FUND ASSETS	1,179,604.
(2) DEPOSIT ON BUILDING	175,000.
(3) SECURITY DEPOSIT	6,400.
(4) BENEFICIAL INTEREST IN ASSETS HELD BY FOUNDATION	47,095.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1,408,099.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED VACATION	25,758.
(3) ACCRUED PAYROLL	67,351.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	93,109.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

CHILD & FAMILY SERVICES OF SOUTHWESTERN
MICHIGAN, INC.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	2,486,706.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	656.
e	Add lines 2a through 2d	2e	656.
3	Subtract line 2e from line 1	3	2,486,050.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2,486,050.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	2,536,278.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,536,278.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,536,278.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B:

THE ORGANIZATION PROVIDES REPRESENTATIVE PAYEE AND CONSERVATORSHIP SERVICES FOR CLIENTS. CLIENT CASH AND ASSETS ARE REPORTED ON THE ORGANIZATION'S BALANCE SHEET.

PART X, LINE 2:

CHILD & FAMILY SERVICES IS A NONPROFIT CORPORATION UNDER 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS NOT CONSIDERED A PRIVATE FOUNDATION. IT IS ORGANIZED TO PROVIDE A VARIETY OF SERVICES TO RESIDENTS IN BERRIEN, CASS, AND VAN BUREN COUNTIES AND REVENUES ARE GENERATED THROUGH A VARIETY OF STATE AND LOCAL GRANT PROGRAMS. CHILD & FAMILY SERVICES FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTION. AS OF SEPTEMBER 30, 2018, AND THE YEAR

Part XIII Supplemental Information *(continued)*

THEN ENDED, THERE ARE NO MATERIAL UNRECOGNIZED/DERECOGNIZED TAX BENEFITS
OR TAX PENALTIES OR INTEREST. CHILD & FAMILY SERVICES IS NO LONGER SUBJECT
TO U.S. FEDERAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR THE YEARS
BEFORE THE YEAR ENDED SEPTEMBER 30, 2015.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN BENEFICIAL INTEREST IN ASSETS AT COMMUNITY

FOUNDATION 656.

CHILD & FAMILY SERVICES OF SOUTHWESTERN

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		FESTIVAL OF LIGHTS (event type)	OTHER SPECIAL EVEN (event type)	NONE (total number)	
1	Gross receipts	21,633.	44,974.		66,607.
2	Less: Contributions	3,341.			3,341.
3	Gross income (line 1 minus line 2)	18,292.	44,974.		63,266.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	10,559.	10,873.	
10	Direct expense summary. Add lines 4 through 9 in column (d)				21,432.
11	Net income summary. Subtract line 10 from line 3, column (d)				41,834.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue				
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization **CHILD & FAMILY SERVICES OF SOUTHWESTERN MICHIGAN, INC.** Employer identification number **38-2592238**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		69,376.	REPLACEMENT COST
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2017

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization CHILD & FAMILY SERVICES OF SOUTHWESTERN MICHIGAN, INC.	Employer identification number 38-2592238
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

POTENTIAL AND CAPABILITIES WHICH SUPPORT HEALTHY, SELF-SUFFICIENT,
FULLY FUNCTIONING LIVES FOR CHILDREN, FAMILIES, AND ADULTS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

WEST MICHIGAN GUARDIANSHIP AND THE AUTUMN HOUSE ADULT DAY SERVICES.
EXPENSES \$ 607,421. INCLUDING GRANTS OF \$ 0. REVENUE \$ 704,518.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION'S 990 IS PREPARED BY THEIR INDEPENDENT ACCOUNTANTS. BOTH
A DRAFT AND/OR "PDF" VERSION IS PROVIDED TO THE ORGANIZATION'S EXECUTIVE
DIRECTOR AND BOARD OF DIRECTORS FOR REVIEW. THE BOARD GIVES THE FINAL
APPROVAL FOR THE FILING OF THE 990 BY EITHER MAIL OR ELECTRONICALLY.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY THE EXECUTIVE DIRECTOR PROVIDES ALL GOVERNING BOARD MEMBERS AND
EMPLOYEES THE ORGANIZATION'S CODE OF CONDUCT, WHICH INCLUDES THE CONFLICT
OF INTEREST POLICY AND IS REQUIRED TO BE SIGNED BY ALL. EXECUTIVE DIRECTOR
REVIEWS AND NOTES ANY POTENTIAL CONFLICTS WITH THE FINANCE COMMITTEE WHICH
MAY NEED FURTHER FOLLOW-UP.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION'S GOVERNING BOARD USES VARIOUS RESOURCES AND COMPARABLE
DATA IN REVIEWING AND DETERMINING COMPENSATION FOR ITS EXECUTIVE DIRECTOR.
THIS IS DOCUMENTED WITHIN ITS MINUTES AND BROUGHT BEFORE THE GOVERNING
BOARD FOR FINAL APPROVAL.

Name of the organization CHILD & FAMILY SERVICES OF SOUTHWESTERN MICHIGAN, INC.	Employer identification number 38-2592238
--------------------------------------------------------------------------------------------	-----------------------------------------------------

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAINTAINS COPIES OF ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AT ITS OFFICES. THE ORGANIZATION MAKES THESE DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAINTAINS COPIES OF ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AT ITS OFFICES. THE ORGANIZATION MAKES THESE DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGES IN BENEFICIAL INTEREST	656.
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FORM 990, PART XII, LINE 2C:

NO CHANGE IN PROCESS FROM PREVIOUS YEAR.

2017 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
23	PLUMBING WORK	09/23/09	SL	15.00		16	2,600.				2,600.	1,384.		173.	1,557.
24	BUILDING REPAIRS	04/30/09	SL	15.00		16	708.				708.	396.		47.	443.
25	BUILDING REPAIRS	01/31/09	SL	15.00		16	11,058.				11,058.	6,387.		737.	7,124.
51	LEASEHOLD IMPROVEMENTS-MOVE SS TO LINK	06/30/10	SL	15.00		16	8,091.				8,091.	3,908.		539.	4,447.
63	INSTALLATION OF WATER AND DRAIN	03/26/12	SL	15.00		16	1,460.				1,460.	534.		97.	631.
85	IT WIRING FOR SAFE SHELTER	09/11/13	SL	15.00		16	3,163.				3,163.	862.		211.	1,073.
86	KITCHEN CABINETS FOR SAFE SHELTER	09/30/13	SL	15.00		16	2,016.				2,016.	536.		134.	670.
88	SAFE SHELTER-HOME DEPOT MATERIALS	10/31/13	SL	15.00		16	3,042.				3,042.	795.		203.	998.
95	LEASEHOLD IMPROVEMENTS-HARBOR HOUSE	10/10/13	SL	15.00		16	14,750.				14,750.	3,932.		983.	4,915.
96	BATHROOM RENOVATION-AUTUMN HOUSE	12/04/13	SL	15.00		16	4,771.				4,771.	1,219.		318.	1,537.
97	SECUR INSTALL-SAFE SHELTER	12/31/13	SL	15.00		16	1,020.				1,020.	255.		68.	323.
98	SECURALARM-2480	01/09/14	SL	15.00		16	2,180.				2,180.	544.		145.	689.
99	MIDWEST-FLOOR 2480	05/13/14	SL	15.00		16	580.				580.	133.		39.	172.
100	TCA SYNER-FIBER 2480	02/13/14	SL	15.00		16	5,541.				5,541.	1,353.		369.	1,722.
101	SECURALARM-SAFE SHELTER	02/28/14	SL	15.00		16	1,020.				1,020.	244.		68.	312.
102	TCA SYNER-WIRING 2480	03/01/14	SL	15.00		16	2,245.				2,245.	537.		150.	687.
103	SOUTHSVENT-2480 LHI	03/01/14	SL	15.00		16	23,957.				23,957.	5,723.		1,597.	7,320.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
104	SECURALARM-2480	04/24/14	SL	15.00		16	748.				748.	171.		50.	221.
105	APPFIR-2480	04/24/14	SL	15.00		16	1,620.				1,620.	369.		108.	477.
106	MIDWEST	04/24/14	SL	15.00		16	452.				452.	103.		30.	133.
107	GIANNOLA-BATHROOM AUTUMN HOUSE	06/30/14	SL	15.00		16	5,252.				5,252.	1,138.		350.	1,488.
108	HABITAT-FENCE SAFE SHELTER	08/20/14	SL	15.00		16	200.				200.	40.		13.	53.
109	BATHROOM RENOVATION-AUTUMN HOUSE	09/30/14	SL	15.00		16	2,562.				2,562.	513.		171.	684.
110	FENCE-SAFE SHELTER	09/30/14	SL	15.00		16	1,671.				1,671.	333.		111.	444.
111	PLUMBING WORK-SAFE SHELTER	11/21/14	SL	15.00		16	1,002.				1,002.	190.		67.	257.
125	UPSTAIRS BATHROOM REPAIRS	01/13/15	SL	15.00		16	1,950.				1,950.	358.		130.	488.
126	LIVING ROOM REPAIRS	05/04/15	SL	15.00		16	900.				900.	145.		60.	205.
127	PERGODA FOR HARBOR HOUSE	05/21/15	SL	15.00		16	1,664.				1,664.	268.		111.	379.
128	PERGODA FOR HARBOR HOUSE	05/28/15	SL	15.00		16	154.				154.	24.		10.	34.
131	ALARM SYSTEM	12/01/15	SL	15.00		16	4,022.				4,022.	491.		268.	759.
145	HARBOR HOUSE FLOOR REFINISHED	05/12/16	SL	15.00		16	4,350.				4,350.	411.		290.	701.
146	HELPING HANDS FLOOR REFINISHING	05/12/16	SL	15.00		16	600.				600.	57.		40.	97.
147	GREENSPACE SIDEWALK	06/09/16	SL	15.00		16	1,962.				1,962.	175.		131.	306.
158	DOOR ALARM	07/27/17	SL	15.00		16	4,500.				4,500.	50.		300.	350.
159	TOILETS	03/30/17	SL	15.00		16	1,065.				1,065.	36.		71.	107.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
160	INSTALL WIRING-COMPUTERS	05/26/17	SL	15.00		16	1,973.				1,973.	44.		132.	176.
161	RENOVATION OF NEW AUTUMN HOUSE	07/27/17	SL	15.00		16	49,876.				49,876.	554.		3,325.	3,879.
163	BREAKER INSTALLATION	11/30/17	SL	15.00		16	1,561.				1,561.			87.	87.
164	DOOR EXIT CONTROL	06/19/18	SL	15.00		16	9,528.				9,528.			159.	159.
	* 990 PAGE 10 TOTAL BUILDINGS						185,814.				185,814.	34,212.		11,892.	46,104.
	TRANSPORTATION EQUIPMENT														
2	(D)CHEVY VAN	11/02/01	SL	10.00		16	19,900.				19,900.	17,910.		0.	17,910.
9	2007 UPLANDER VAN	08/31/07	SL	5.00		16	35,880.				35,880.	35,880.		0.	35,880.
31	BUS	07/19/10	SL	5.00		16	4,000.				4,000.	4,000.		0.	4,000.
82	2013 ELKHART COACH ECII BODY	06/19/13	SL	5.00		16	54,950.				54,950.	46,708.		8,242.	54,950.
116	(D)VAN	01/03/01	SL	5.00		16	6,456.				6,456.	6,456.		0.	6,456.
129	2016 GOSHEN COAD FORD VAN	06/17/16	SL	10.00		16	785.				785.	99.		79.	178.
130	2016 FORD E350 COACH BUS	06/17/16	SL	10.00		16	59,617.				59,617.	7,452.		5,962.	13,414.
150	2017 DODGE VAN	08/31/17	SL	10.00		16	23,000.				23,000.	192.		2,300.	2,492.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						204,588.				204,588.	118,697.		16,583.	135,280.
	OTHER														
3	FURNITURE	11/18/04	SL	5.00		16	14,829.				14,829.	14,829.		0.	14,829.
4	METAL SHELVING	01/07/05	SL	5.00		16	800.				800.	800.		0.	800.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
5	STORAGE SHED	05/31/06	SL	7.00		16	2,712.				2,712.	2,712.		0.	2,712.
6	T-1 LINE	08/17/06	SL	5.00		16	1,054.				1,054.	1,054.		0.	1,054.
7	COMPUTERS	03/19/07	SL	5.00		16	4,558.				4,558.	4,558.		0.	4,558.
8	HEADSETS	07/31/07	SL	7.00		16	1,078.				1,078.	1,078.		0.	1,078.
10	COMPUTERS	09/30/07	SL	5.00		16	4,485.				4,485.	4,485.		0.	4,485.
11	SHELVING UNITS	11/07/07	SL	5.00		16	4,459.				4,459.	4,459.		0.	4,459.
12	COMPUTER-WARREN	06/17/08	SL	5.00		16	1,084.				1,084.	1,084.		0.	1,084.
14	LAWN SHED	10/15/08	SL	7.00		16	1,320.				1,320.	1,320.		0.	1,320.
16	DELL COMPUTER	12/03/08	SL	5.00		16	733.				733.	733.		0.	733.
17	DELL COMPUTERS	12/30/08	SL	5.00		16	1,267.				1,267.	1,267.		0.	1,267.
18	COMPUTER	10/27/08	SL	5.00		16	888.				888.	888.		0.	888.
19	COMPUTER	01/28/09	SL	5.00		16	1,482.				1,482.	1,482.		0.	1,482.
20	COMPUTER	05/29/09	SL	5.00		16	617.				617.	617.		0.	617.
21	YORK COMPRESSOR	08/13/09	SL	5.00		16	1,955.				1,955.	1,955.		0.	1,955.
22	COMPUTER	09/25/09	SL	5.00		16	538.				538.	538.		0.	538.
26	COMPUTER	04/02/09	SL	5.00		16	642.				642.	642.		0.	642.
27	SAFE SHELTER-WASHER	12/01/08	SL	7.00		16	499.				499.	499.		0.	499.
28	SAFE SHELTER-DRYER	11/01/08	SL	7.00		16	480.				480.	480.		0.	480.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
29	SAFE SHELTER-MICROWAVE	12/01/08	SL	7.00		16	199.				199.	199.		0.	199.
32	NEW GUARDIANSHIP SOFTWARE	09/22/10	SL	3.00		16	22,598.				22,598.	22,598.		0.	22,598.
33	COMPUTER	10/28/09	SL	5.00		16	899.				899.	899.		0.	899.
34	COMPUTERS(3) 2 WMG & 1 HR	12/02/09	SL	5.00		16	1,762.				1,762.	1,762.		0.	1,762.
35	CPR TRAINING EQUIPMENT	12/16/09	SL	5.00		16	4,953.				4,953.	4,953.		0.	4,953.
36	SERVER RACK PROTECTIVE CABINET	03/10/10	SL	5.00		16	650.				650.	650.		0.	650.
37	HYDRAULIC STAND-UP LIFT	03/25/10	SL	5.00		16	1,170.				1,170.	1,170.		0.	1,170.
40	LAPTOPS(2)	05/25/10	SL	5.00		16	1,866.				1,866.	1,866.		0.	1,866.
42	PORTABLE AIR CONDITIONERS	07/21/10	SL	5.00		16	591.				591.	591.		0.	591.
44	COMPUTER	07/28/10	SL	5.00		16	599.				599.	599.		0.	599.
46	COMPUTER	09/29/10	SL	5.00		16	563.				563.	563.		0.	563.
48	TV'S FOR DAY SERVICES	09/28/10	SL	5.00		16	1,870.				1,870.	1,870.		0.	1,870.
49	TV'S FOR DAY SERVICES	09/28/10	SL	5.00		16	1,870.				1,870.	1,870.		0.	1,870.
50	COMPUTER	09/29/10	SL	5.00		16	563.				563.	563.		0.	563.
52	DELL OPTIPLEX	10/27/10	SL	5.00		16	587.				587.	587.		0.	587.
56	2 WASHERS, 2 DRYERS, 2 FREEZERS	08/19/11	SL	7.00		16	3,195.				3,195.	2,774.		418.	3,192.
57	REFRIGERATOR	08/02/11	SL	7.00		16	650.				650.	573.		77.	650.
58	LAPTOPS(2)	09/08/11	SL	5.00		16	758.				758.	758.		0.	758.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
59	TV'S	09/22/11	SL	7.00		16	1,315.				1,315.	1,128.		187.	1,315.
60	SOFTWARE	12/02/10	SL	3.00		16	2,228.				2,228.	2,228.		0.	2,228.
61	COMPUTER	06/22/11	SL	5.00		16	714.				714.	714.		0.	714.
62	COMPUTER	09/22/11	SL	5.00		16	750.				750.	750.		0.	750.
64	GIFTWORKS SOFTWARE	12/31/11	SL	3.00		16	1,166.				1,166.	1,166.		0.	1,166.
66	CAREEVANTAGE SOFTWARE	03/30/12	SL	3.00		16	3,191.				3,191.	3,191.		0.	3,191.
67	CAREEVANTAGE SOFTWARE	02/16/12	SL	3.00		16	2,697.				2,697.	2,697.		0.	2,697.
69	BADGY CARD PRINTER	06/30/12	SL	5.00		16	799.				799.	799.		0.	799.
70	CASE DISHMACHINE	04/27/12	SL	7.00		16	1,995.				1,995.	1,544.		285.	1,829.
71	2 REFRIGERATORS AND 2 FREEZERS	03/21/12	SL	7.00		16	2,397.				2,397.	1,881.		342.	2,223.
72	BLINDS	03/08/12	SL	7.00		16	655.				655.	525.		94.	619.
73	DELL HARD DRIVE	10/23/11	SL	5.00		16	675.				675.	675.		0.	675.
74	HARD DRIVE	06/30/12	SL	5.00		16	588.				588.	588.		0.	588.
75	HEALTH O METER DIGITAL WHEELCHAIR SCALE	12/19/12	SL	7.00		16	4,200.				4,200.	2,850.		600.	3,450.
76	VERTICAL MBX 8 PORT VOIP MODULE	11/02/12	SL	5.00		16	939.				939.	924.		15.	939.
77	DELL OPTIPLEX 745 GX745 DESKTOP COMPUTER DUAL	12/14/12	SL	5.00		16	799.				799.	773.		26.	799.
78	KITCHEN AID DISHWASHER-KUDC 101XBL-F11408713	01/15/13	SL	7.00		16	507.				507.	342.		72.	414.
79	DELL OPTIPLEX 745 GX745 DESKTOP COMPUTER DUAL	01/06/13	SL	5.00		16	460.				460.	437.		23.	460.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
80	DELL OPTIPLEX 745 GX745 DESKTOP COMPUTER DUAL	01/06/13	SL	5.00		16	230.				230.	219.		11.	230.
81	WATCHGUARD TECHNOLOGIES	03/29/13	SL	5.00		16	1,940.				1,940.	1,746.		194.	1,940.
83	WATCHGUARD TECHNOLOGIES	07/02/13	SL	5.00		16	1,357.				1,357.	1,152.		205.	1,357.
84	WATCHGUARD TECHNOLOGIES	09/09/13	SL	5.00		16	4,035.				4,035.	3,295.		740.	4,035.
87	SOFTWARE	09/30/14	SL	3.00		16	849.				849.	849.		0.	849.
89	FREEZER-HARBOR HOUSE	10/17/13	SL	7.00		16	550.				550.	309.		79.	388.
90	TCA SYNER	11/07/13	SL	7.00		16	4,354.				4,354.	2,436.		622.	3,058.
91	SECURALARM-SAFE SHELTER	11/15/13	SL	7.00		16	2,070.				2,070.	1,159.		296.	1,455.
92	TCA SYNER-COMPUTER	01/31/14	SL	5.00		16	952.				952.	697.		190.	887.
93	AED'S HARBOR AND AUTUMN HOUSE	09/30/14	SL	7.00		16	3,382.				3,382.	1,449.		483.	1,932.
94	ALEXPET	09/30/14	SL	7.00		16	601.				601.	258.		86.	344.
112	COMPUTER RAM AND HARDWARE	05/01/14	SL	5.00		16	1,658.				1,658.	1,134.		332.	1,466.
113	COMPUTER RAM AND HARDWARE	07/08/14	SL	5.00		16	2,073.				2,073.	1,349.		415.	1,764.
114	COMPUTER RAM AND HARDWARE	08/21/14	SL	5.00		16	1,659.				1,659.	1,024.		332.	1,356.
115	SECURALARM-2480 BLDG	11/15/13	SL	7.00		16	2,180.				2,180.	1,218.		311.	1,529.
117	NEW PHONE SYSTEM	03/31/15	SL	5.00		16	16,337.				16,337.	8,168.		3,267.	11,435.
118	ALARM SYSTEM	04/22/15	SL	5.00		16	982.				982.	490.		196.	686.
119	CISCO SG500X	04/29/15	SL	5.00		16	2,689.				2,689.	1,345.		538.	1,883.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
120	LOVESEAT SOFA	07/23/15	SL	7.00		16	1,090.				1,090.	351.		156.	507.
121	FREEZER	09/30/15	SL	5.00		16	810.				810.	324.		162.	486.
122	DELL COMPUTER	09/30/15	SL	5.00		16	825.				825.	330.		165.	495.
123	RECLINER	09/30/15	SL	7.00		16	1,070.				1,070.	306.		153.	459.
124	RECLINER	09/30/15	SL	7.00		16	1,560.				1,560.	446.		223.	669.
132	SERVER	05/16/16	SL	5.00		16	18,458.				18,458.	4,923.		3,692.	8,615.
133	DELL LATITUDE 15 3000 LAPTOP	10/11/15	SL	5.00		16	1,538.				1,538.	616.		308.	924.
134	2-PERSON WORKSTATION	09/03/16	SL	7.00		16	2,675.				2,675.	414.		382.	796.
135	30-ARM CHAIRS	09/15/16	SL	7.00		16	4,110.				4,110.	636.		587.	1,223.
136	AUTUMN HOUSE TABLE AND CHAIRS	07/19/16	SL	7.00		16	1,213.				1,213.	202.		173.	375.
137	LOVESEATS AND RECLINER DSS-BH	08/31/16	SL	7.00		16	3,166.				3,166.	490.		452.	942.
138	HEARTSTART AED TRAINER	11/03/15	SL	5.00		16	1,521.				1,521.	583.		304.	887.
139	PICNIC TABLES	06/29/16	SL	7.00		16	1,140.				1,140.	204.		163.	367.
140	2 - RECLINERS	06/27/16	SL	7.00		16	1,100.				1,100.	196.		157.	353.
141	ELECTRIC LIFT	08/03/16	SL	7.00		16	1,787.				1,787.	298.		255.	553.
142	WAYFAIR FURNITURE	09/01/16	SL	7.00		16	543.				543.	84.		78.	162.
143	DESK - VOCA FUNDED	09/20/16	SL	7.00		16	942.				942.	135.		135.	270.
144	VOCA FUNDED FURNITURE	09/19/16	SL	7.00		16	772.				772.	110.		110.	220.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
148	NEW DATABASE SETUP	09/09/16	SL	5.00		16	5,400.				5,400.	1,170.		1,080.	2,250.
149	SOFTWARE FOR NEW SERVER	07/20/16	SL	5.00		16	765.				765.	179.		153.	332.
151	WORK STATION FURNITURE	10/03/16	SL	7.00		16	2,675.				2,675.	382.		382.	764.
152	COMPUTER	10/17/16	SL	7.00		16	1,548.				1,548.	203.		221.	424.
153	ALARM SYSTEM	01/01/17	SL	7.00		16	1,698.				1,698.	182.		243.	425.
154	COMPUTER	03/22/17	SL	7.00		16	828.				828.	59.		118.	177.
155	FURNITURE	04/04/17	SL	7.00		16	3,391.				3,391.	242.		484.	726.
156	2 COMPUTERS	04/25/17	SL	7.00		16	1,332.				1,332.	79.		190.	269.
157	FURNITURE	05/22/17	SL	7.00		16	3,245.				3,245.	155.		464.	619.
162	FURNITURE	09/01/17	SL	7.00		16	3,018.				3,018.	36.		431.	467.
165	PAYCHEX SOFTWARE	02/20/18	SL	3.00		16	1,100.				1,100.			214.	214.
166	FURNITURE	09/01/18	SL	7.00		16	9,330.				9,330.			111.	111.
167	EAGLE CT40 AUTO SCRUBBER	06/01/18	SL	7.00		16	1,300.				1,300.			62.	62.
	* 990 PAGE 10 TOTAL OTHER						244,746.				244,746.	155,169.		22,244.	177,413.
	* GRAND TOTAL 990 PAGE 10 DEPR						635,148.				635,148.	308,078.		50,719.	358,797.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						612,329.			0.	612,329.	308,078.			358,164.

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- CURRENT YEAR FEDERAL - CHILD & FAMILY SERVICES OF SOUTHWESTERN MICHIGAN, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
23	PLUMBING WORK	092309	SL	15.00	16	2,600.			2,600.	1,384.		173.
24	BUILDING REPAIRS	043009	SL	15.00	16	708.			708.	396.		47.
25	BUILDING REPAIRS	013109	SL	15.00	16	11,058.			11,058.	6,387.		737.
51	LEASEHOLD IMPROVEMENTS-MOVE S	063010	SL	15.00	16	8,091.			8,091.	3,908.		539.
63	INSTALLATION OF WATER AND DRAIN	032612	SL	15.00	16	1,460.			1,460.	534.		97.
85	IT WIRING FOR SAFE SHELTER	091113	SL	15.00	16	3,163.			3,163.	862.		211.
86	KITCHEN CABINETS FOR SAFE SHELTER	093013	SL	15.00	16	2,016.			2,016.	536.		134.
88	SAFE SHELTER-HOME DEPOT MATERIALS	103113	SL	15.00	16	3,042.			3,042.	795.		203.
95	LEASEHOLD IMPROVEMENTS-HARBOR	101013	SL	15.00	16	14,750.			14,750.	3,932.		983.
96	BATHROOM RENOVATION-AUTUMN H	120413	SL	15.00	16	4,771.			4,771.	1,219.		318.
97	SECUR INSTALL-SAFE SHELTER	123113	SL	15.00	16	1,020.			1,020.	255.		68.
98	SECURALARM-2480	010914	SL	15.00	16	2,180.			2,180.	544.		145.
99	MIDWEST-FLOOR 2480	051314	SL	15.00	16	580.			580.	133.		39.
100	TCA SYNER-FIBER 2480	021314	SL	15.00	16	5,541.			5,541.	1,353.		369.
101	SECURALARM-SAFE SHELTER	022814	SL	15.00	16	1,020.			1,020.	244.		68.
102	TCA SYNER-WIRING 2480	030114	SL	15.00	16	2,245.			2,245.	537.		150.
103	SOUTHSVENT-2480 LHI	030114	SL	15.00	16	23,957.			23,957.	5,723.		1,597.

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- CURRENT YEAR FEDERAL - CHILD & FAMILY SERVICES OF SOUTHWESTERN MICHIGAN, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
104	SECURALARM-2480	042414	SL	15.00	16	748.			748.	171.		50.
105	APPFIR-2480	042414	SL	15.00	16	1,620.			1,620.	369.		108.
106	MIDWEST GIANNOLA-BATHROOM	042414	SL	15.00	16	452.			452.	103.		30.
107	AUTUMN HOUSE	063014	SL	15.00	16	5,252.			5,252.	1,138.		350.
108	HABITAT-FENCE SAFE SHELTER	082014	SL	15.00	16	200.			200.	40.		13.
109	BATHROOM RENOVATION-AUTUMN H	093014	SL	15.00	16	2,562.			2,562.	513.		171.
110	FENCE-SAFE SHELTER	093014	SL	15.00	16	1,671.			1,671.	333.		111.
111	PLUMBING WORK-SAFE SHELTER	112114	SL	15.00	16	1,002.			1,002.	190.		67.
125	UPSTAIRS BATHROOM REPAIRS	011315	SL	15.00	16	1,950.			1,950.	358.		130.
126	LIVING ROOM REPAIRS	050415	SL	15.00	16	900.			900.	145.		60.
127	PERGODA FOR HARBOR HOUSE	052115	SL	15.00	16	1,664.			1,664.	268.		111.
128	PERGODA FOR HARBOR HOUSE	052815	SL	15.00	16	154.			154.	24.		10.
131	ALARM SYSTEM	120115	SL	15.00	16	4,022.			4,022.	491.		268.
145	HARBOR HOUSE FLOOR REFINISHED	051216	SL	15.00	16	4,350.			4,350.	411.		290.
146	HELPING HANDS FLOOR REFINISHING	051216	SL	15.00	16	600.			600.	57.		40.
147	GREENSPACE SIDEWALK	060916	SL	15.00	16	1,962.			1,962.	175.		131.
158	DOOR ALARM	072717	SL	15.00	16	4,500.			4,500.	50.		300.
159	TOILETS	033017	SL	15.00	16	1,065.			1,065.	36.		71.

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- CURRENT YEAR FEDERAL - CHILD & FAMILY SERVICES OF SOUTHWESTERN MICHIGAN, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
160	INSTALL WIRING-COMPUTERS	052617	SL	15.00	16	1,973.			1,973.	44.		132.
161	RENOVATION OF NEW AUTUMN HOUSE	072717	SL	15.00	16	49,876.			49,876.	554.		3,325.
163	BREAKER INSTALLATION	113017	SL	15.00	16	1,561.			1,561.			87.
164	DOOR EXIT CONTROL	061918	SL	15.00	16	9,528.			9,528.			159.
	* 990 PAGE 10 TOTAL BUILDINGS					185,814.		0.	185,814.	34,212.		11,892.
	TRANSPORTATION EQUIPMENT											
2(D)	CHEVY VAN	110201	SL	10.00	16	19,900.			19,900.	17,910.		0.
9	2007 UPLANDER VAN	083107	SL	5.00	16	35,880.			35,880.	35,880.		0.
31	BUS	071910	SL	5.00	16	4,000.			4,000.	4,000.		0.
82	2013 ELKHART COACH ECII BODY	061913	SL	5.00	16	54,950.			54,950.	46,708.		8,242.
116(D)	VAN	010301	SL	5.00	16	6,456.			6,456.	6,456.		0.
129	2016 GOSHEN COAD FORD VAN	061716	SL	10.00	16	785.			785.	99.		79.
130	2016 FORD E350 COACH BUS	061716	SL	10.00	16	59,617.			59,617.	7,452.		5,962.
150	2017 DODGE VAN	083117	SL	10.00	16	23,000.			23,000.	192.		2,300.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQU					204,588.		0.	204,588.	118,697.		16,583.
	OTHER											
3	FURNITURE	111804	SL	5.00	16	14,829.			14,829.	14,829.		0.
4	METAL SHELVING	010705	SL	5.00	16	800.			800.	800.		0.

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- CURRENT YEAR FEDERAL - CHILD & FAMILY SERVICES OF SOUTHWESTERN MICHIGAN, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
5	STORAGE SHED	053106	SL	7.00	16	2,712.			2,712.	2,712.		0.
6	T-1 LINE	081706	SL	5.00	16	1,054.			1,054.	1,054.		0.
7	COMPUTERS	031907	SL	5.00	16	4,558.			4,558.	4,558.		0.
8	HEADSETS	073107	SL	7.00	16	1,078.			1,078.	1,078.		0.
10	COMPUTERS	093007	SL	5.00	16	4,485.			4,485.	4,485.		0.
11	SHELVING UNITS	110707	SL	5.00	16	4,459.			4,459.	4,459.		0.
12	COMPUTER-WARREN	061708	SL	5.00	16	1,084.			1,084.	1,084.		0.
14	LAWN SHED	101508	SL	7.00	16	1,320.			1,320.	1,320.		0.
16	DELL COMPUTER	120308	SL	5.00	16	733.			733.	733.		0.
17	DELL COMPUTERS	123008	SL	5.00	16	1,267.			1,267.	1,267.		0.
18	COMPUTER	102708	SL	5.00	16	888.			888.	888.		0.
19	COMPUTER	012809	SL	5.00	16	1,482.			1,482.	1,482.		0.
20	COMPUTER	052909	SL	5.00	16	617.			617.	617.		0.
21	YORK COMPRESSOR	081309	SL	5.00	16	1,955.			1,955.	1,955.		0.
22	COMPUTER	092509	SL	5.00	16	538.			538.	538.		0.
26	COMPUTER	040209	SL	5.00	16	642.			642.	642.		0.
27	SAFE SHELTER-WASHER	120108	SL	7.00	16	499.			499.	499.		0.
28	SAFE SHELTER-DRYER	110108	SL	7.00	16	480.			480.	480.		0.

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- CURRENT YEAR FEDERAL - CHILD & FAMILY SERVICES OF SOUTHWESTERN MICHIGAN, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
29	SAFE SHELTER-MICROWAVE	120108	SL	7.00	16	199.			199.	199.		0.
32	NEW GUARDIANSHIP SOFTWARE	092210	SL	3.00	16	22,598.			22,598.	22,598.		0.
33	COMPUTER	102809	SL	5.00	16	899.			899.	899.		0.
34	COMPUTERS(3) 2 WMG & 1 HR	120209	SL	5.00	16	1,762.			1,762.	1,762.		0.
35	CPR TRAINING EQUIPMENT	121609	SL	5.00	16	4,953.			4,953.	4,953.		0.
36	SERVER RACK PROTECTIVE CABINET	031010	SL	5.00	16	650.			650.	650.		0.
37	HYDRAULIC STAND-UP LIFT	032510	SL	5.00	16	1,170.			1,170.	1,170.		0.
40	LAPTOPS(2)	052510	SL	5.00	16	1,866.			1,866.	1,866.		0.
42	PORTABLE AIR CONDITIONERS	072110	SL	5.00	16	591.			591.	591.		0.
44	COMPUTER	072810	SL	5.00	16	599.			599.	599.		0.
46	COMPUTER	092910	SL	5.00	16	563.			563.	563.		0.
48	TV'S FOR DAY SERVICES	092810	SL	5.00	16	1,870.			1,870.	1,870.		0.
49	TV'S FOR DAY SERVICES	092810	SL	5.00	16	1,870.			1,870.	1,870.		0.
50	COMPUTER	092910	SL	5.00	16	563.			563.	563.		0.
52	DELL OPTIPLEX	102710	SL	5.00	16	587.			587.	587.		0.
56	2 WASHERS, 2 DRYERS, 2 FREEZERS	081911	SL	7.00	16	3,195.			3,195.	2,774.		418.
57	REFRIGERATOR	080211	SL	7.00	16	650.			650.	573.		77.
58	LAPTOPS(2)	090811	SL	5.00	16	758.			758.	758.		0.

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- CURRENT YEAR FEDERAL - CHILD & FAMILY SERVICES OF SOUTHWESTERN MICHIGAN, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
59	TV 'S	092211	SL	7.00	16	1,315.			1,315.	1,128.		187.
60	SOFTWARE	120210	SL	3.00	16	2,228.			2,228.	2,228.		0.
61	COMPUTER	062211	SL	5.00	16	714.			714.	714.		0.
62	COMPUTER	092211	SL	5.00	16	750.			750.	750.		0.
64	GIFTWORKS SOFTWARE CAREEVANTAGE	123111	SL	3.00	16	1,166.			1,166.	1,166.		0.
66	SOFTWARE CAREEVANTAGE	033012	SL	3.00	16	3,191.			3,191.	3,191.		0.
67	SOFTWARE	021612	SL	3.00	16	2,697.			2,697.	2,697.		0.
69	BADGY CARD PRINTER	063012	SL	5.00	16	799.			799.	799.		0.
70	CASE DISHMACHINE	042712	SL	7.00	16	1,995.			1,995.	1,544.		285.
71	2 REFRIGERATORS AND FREEZERS	032112	SL	7.00	16	2,397.			2,397.	1,881.		342.
72	BLINDS	030812	SL	7.00	16	655.			655.	525.		94.
73	DELL HARD DRIVE	102311	SL	5.00	16	675.			675.	675.		0.
74	HARD DRIVE	063012	SL	5.00	16	588.			588.	588.		0.
75	HEALTH O METER DIGITAL WHEELCHAIR	121912	SL	7.00	16	4,200.			4,200.	2,850.		600.
76	VERTICAL MBX 8 PORT VOIP MODULE	110212	SL	5.00	16	939.			939.	924.		15.
77	DELL OPTIPLEX 745 GX745 DESKTOP COMPU	121412	SL	5.00	16	799.			799.	773.		26.
78	KITCHEN AID DISHWASHER-KUDC 1010	111513	SL	7.00	16	507.			507.	342.		72.
79	DELL OPTIPLEX 745 GX745 DESKTOP COMPU	010613	SL	5.00	16	460.			460.	437.		23.

2017 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CHILD & FAMILY SERVICES OF SOUTHWESTERN MICHIGAN, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
80	DELL OPTIPLEX 745 GX745 DESKTOP COMPU	010613	SL	5.00	16	230.			230.	219.		11.
81	WATCHGUARD TECHNOLOGIES	032913	SL	5.00	16	1,940.			1,940.	1,746.		194.
83	WATCHGUARD TECHNOLOGIES	070213	SL	5.00	16	1,357.			1,357.	1,152.		205.
84	WATCHGUARD TECHNOLOGIES	090913	SL	5.00	16	4,035.			4,035.	3,295.		740.
87	SOFTWARE	093014	SL	3.00	16	849.			849.	849.		0.
89	FREEZER-HARBOR HOUSE	101713	SL	7.00	16	550.			550.	309.		79.
90	TCA SYNER	110713	SL	7.00	16	4,354.			4,354.	2,436.		622.
91	SECURALARM-SAFE SHELTER	111513	SL	7.00	16	2,070.			2,070.	1,159.		296.
92	TCA SYNER-COMPUTER	013114	SL	5.00	16	952.			952.	697.		190.
93	AED'S HARBOR AND AUTUMN HOUSE	093014	SL	7.00	16	3,382.			3,382.	1,449.		483.
94	ALEXPET	093014	SL	7.00	16	601.			601.	258.		86.
112	COMPUTER RAM AND HARDWARE	050114	SL	5.00	16	1,658.			1,658.	1,134.		332.
113	COMPUTER RAM AND HARDWARE	070814	SL	5.00	16	2,073.			2,073.	1,349.		415.
114	COMPUTER RAM AND HARDWARE	082114	SL	5.00	16	1,659.			1,659.	1,024.		332.
115	SECURALARM-2480 BLDG	111513	SL	7.00	16	2,180.			2,180.	1,218.		311.
117	NEW PHONE SYSTEM	033115	SL	5.00	16	16,337.			16,337.	8,168.		3,267.
118	ALARM SYSTEM	042215	SL	5.00	16	982.			982.	490.		196.
119	CISCO SG500X	042915	SL	5.00	16	2,689.			2,689.	1,345.		538.

2017 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CHILD & FAMILY SERVICES OF SOUTHWESTERN MICHIGAN, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
120	LOVESEAT SOFA	072315	SL	7.00	16	1,090.			1,090.	351.		156.
121	FREEZER	093015	SL	5.00	16	810.			810.	324.		162.
122	DELL COMPUTER	093015	SL	5.00	16	825.			825.	330.		165.
123	RECLINER	093015	SL	7.00	16	1,070.			1,070.	306.		153.
124	RECLINER	093015	SL	7.00	16	1,560.			1,560.	446.		223.
132	SERVER	051616	SL	5.00	16	18,458.			18,458.	4,923.		3,692.
133	DELL LATITUDE 15 3000 LAPTOP	101115	SL	5.00	16	1,538.			1,538.	616.		308.
134	2-PERSON WORKSTATION	090316	SL	7.00	16	2,675.			2,675.	414.		382.
135	30-ARM CHAIRS AUTUMN HOUSE TABLE	091516	SL	7.00	16	4,110.			4,110.	636.		587.
136	AND CHAIRS	071916	SL	7.00	16	1,213.			1,213.	202.		173.
137	LOVESEATS AND RECLINER DSS-BH	083116	SL	7.00	16	3,166.			3,166.	490.		452.
138	HEARTSTART AED TRAINER	110315	SL	5.00	16	1,521.			1,521.	583.		304.
139	PICNIC TABLES	062916	SL	7.00	16	1,140.			1,140.	204.		163.
140	2 - RECLINERS	062716	SL	7.00	16	1,100.			1,100.	196.		157.
141	ELECTRIC LIFT	080316	SL	7.00	16	1,787.			1,787.	298.		255.
142	WAYFAIR FURNITURE	090116	SL	7.00	16	543.			543.	84.		78.
143	DESK - VOCA FUNDED VOCA FUNDED	092016	SL	7.00	16	942.			942.	135.		135.
144	FURNITURE	091916	SL	7.00	16	772.			772.	110.		110.

2017 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CHILD & FAMILY SERVICES OF SOUTHWESTERN MICHIGAN, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
148	NEW DATABASE SETUP	090916	SL	5.00	16	5,400.			5,400.	1,170.		1,080.
149	SOFTWARE FOR NEW SERVER	072016	SL	5.00	16	765.			765.	179.		153.
151	WORK STATION FURNITURE	100316	SL	7.00	16	2,675.			2,675.	382.		382.
152	COMPUTER	101716	SL	7.00	16	1,548.			1,548.	203.		221.
153	ALARM SYSTEM	010117	SL	7.00	16	1,698.			1,698.	182.		243.
154	COMPUTER	032217	SL	7.00	16	828.			828.	59.		118.
155	FURNITURE	040417	SL	7.00	16	3,391.			3,391.	242.		484.
156	2 COMPUTERS	042517	SL	7.00	16	1,332.			1,332.	79.		190.
157	FURNITURE	052217	SL	7.00	16	3,245.			3,245.	155.		464.
162	FURNITURE	090117	SL	7.00	16	3,018.			3,018.	36.		431.
165	PAYCHEX SOFTWARE	022018	SL	3.00	16	1,100.			1,100.			214.
166	FURNITURE	090118	SL	7.00	16	9,330.			9,330.			111.
167	EAGLE CT40 AUTO SCRUBBER	060118	SL	7.00	16	1,300.			1,300.			62.
	* 990 PAGE 10 TOTAL OTHER					244,746.		0.	244,746.	155,169.		22,244.
	* GRAND TOTAL 990 PAGE 10 DEPR					635,148.		0.	635,148.	308,078.		50,719.
	CURRENT YEAR ACTIVITY											
	BEGINNING BALANCE					612,329.		0.	612,329.	308,078.		

2018 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - CHILD & FAMILY SERVICES OF SOUTHWESTERN MICHIGAN, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	BUILDINGS								
23	PLUMBING WORK	092309	SL	15.00	2,600.		2,600.	1,557.	173.
24	BUILDING REPAIRS	043009	SL	15.00	708.		708.	443.	47.
25	BUILDING REPAIRS	013109	SL	15.00	11,058.		11,058.	7,124.	737.
	LEASEHOLD IMPROVEMENTS-MOVE SS TO								
51	LINK	063010	SL	15.00	8,091.		8,091.	4,447.	539.
63	INSTALLATION OF WATER AND DRAIN	032612	SL	15.00	1,460.		1,460.	631.	97.
85	IT WIRING FOR SAFE SHELTER	091113	SL	15.00	3,163.		3,163.	1,073.	211.
86	KITCHEN CABINETS FOR SAFE SHELTER	093013	SL	15.00	2,016.		2,016.	670.	134.
88	SAFE SHELTER-HOME DEPOT MATERIALS	103113	SL	15.00	3,042.		3,042.	998.	203.
95	LEASEHOLD IMPROVEMENTS-HARBOR HOUSE	101013	SL	15.00	14,750.		14,750.	4,915.	983.
96	BATHROOM RENOVATION-AUTUMN HOUSE	120413	SL	15.00	4,771.		4,771.	1,537.	318.
97	SECUR INSTALL-SAFE SHELTER	123113	SL	15.00	1,020.		1,020.	323.	68.
98	SECURALARM-2480	010914	SL	15.00	2,180.		2,180.	689.	145.
99	MIDWEST-FLOOR 2480	051314	SL	15.00	580.		580.	172.	39.
100	TCA SYNER-FIBER 2480	021314	SL	15.00	5,541.		5,541.	1,722.	369.
101	SECURALARM-SAFE SHELTER	022814	SL	15.00	1,020.		1,020.	312.	68.
102	TCA SYNER-WIRING 2480	030114	SL	15.00	2,245.		2,245.	687.	150.
103	SOUTHSVENT-2480 LHI	030114	SL	15.00	23,957.		23,957.	7,320.	1,597.
104	SECURALARM-2480	042414	SL	15.00	748.		748.	221.	50.
105	APPFIR-2480	042414	SL	15.00	1,620.		1,620.	477.	108.
106	MIDWEST	042414	SL	15.00	452.		452.	133.	30.
107	GIANNOLA-BATHROOM AUTUMN HOUSE	063014	SL	15.00	5,252.		5,252.	1,488.	350.
108	HABITAT-FENCE SAFE SHELTER	082014	SL	15.00	200.		200.	53.	13.
109	BATHROOM RENOVATION-AUTUMN HOUSE	093014	SL	15.00	2,562.		2,562.	684.	171.
110	FENCE-SAFE SHELTER	093014	SL	15.00	1,671.		1,671.	444.	111.
111	PLUMBING WORK-SAFE SHELTER	112114	SL	15.00	1,002.		1,002.	257.	67.
125	UPSTAIRS BATHROOM REPAIRS	011315	SL	15.00	1,950.		1,950.	488.	130.
126	LIVING ROOM REPAIRS	050415	SL	15.00	900.		900.	205.	60.
127	PERGODA FOR HARBOR HOUSE	052115	SL	15.00	1,664.		1,664.	379.	111.
128	PERGODA FOR HARBOR HOUSE	052815	SL	15.00	154.		154.	34.	10.
131	ALARM SYSTEM	120115	SL	15.00	4,022.		4,022.	759.	268.
145	HARBOR HOUSE FLOOR REFINISHED	051216	SL	15.00	4,350.		4,350.	701.	290.
146	HELPING HANDS FLOOR REFINISHING	051216	SL	15.00	600.		600.	97.	40.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2018 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - CHILD & FAMILY SERVICES OF SOUTHWESTERN MICHIGAN, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
147	GREENSPACE SIDEWALK	060916	SL	15.00	1,962.		1,962.	306.	131.
158	DOOR ALARM	072717	SL	15.00	4,500.		4,500.	350.	300.
159	TOILETS	033017	SL	15.00	1,065.		1,065.	107.	71.
160	INSTALL WIRING-COMPUTERS	052617	SL	15.00	1,973.		1,973.	176.	132.
161	RENOVATION OF NEW AUTUMN HOUSE	072717	SL	15.00	49,876.		49,876.	3,879.	3,325.
163	BREAKER INSTALLATION	113017	SL	15.00	1,561.		1,561.	87.	104.
164	DOOR EXIT CONTROL	061918	SL	15.00	9,528.		9,528.	159.	635.
	* 990 PAGE 10 TOTAL BUILDINGS				185,814.		185,814.	46,104.	12,385.
	TRANSPORTATION EQUIPMENT								
9	2007 UPLANDER VAN	083107	SL	5.00	35,880.		35,880.	35,880.	0.
31	BUS	071910	SL	5.00	4,000.		4,000.	4,000.	0.
82	2013 ELKHART COACH ECII BODY	061913	SL	5.00	54,950.		54,950.	54,950.	0.
129	2016 GOSHEN COAD FORD VAN	061716	SL	10.00	785.		785.	178.	79.
130	2016 FORD E350 COACH BUS	061716	SL	10.00	59,617.		59,617.	13,414.	5,962.
150	2017 DODGE VAN	083117	SL	10.00	23,000.		23,000.	2,492.	2,300.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT				178,232.		178,232.	110,914.	8,341.
	OTHER								
3	FURNITURE	111804	SL	5.00	14,829.		14,829.	14,829.	0.
4	METAL SHELVING	010705	SL	5.00	800.		800.	800.	0.
5	STORAGE SHED	053106	SL	7.00	2,712.		2,712.	2,712.	0.
6	T-1 LINE	081706	SL	5.00	1,054.		1,054.	1,054.	0.
7	COMPUTERS	031907	SL	5.00	4,558.		4,558.	4,558.	0.
8	HEADSETS	073107	SL	7.00	1,078.		1,078.	1,078.	0.
10	COMPUTERS	093007	SL	5.00	4,485.		4,485.	4,485.	0.
11	SHELVING UNITS	110707	SL	5.00	4,459.		4,459.	4,459.	0.
12	COMPUTER-WARREN	061708	SL	5.00	1,084.		1,084.	1,084.	0.
14	LAWN SHED	101508	SL	7.00	1,320.		1,320.	1,320.	0.
16	DELL COMPUTER	120308	SL	5.00	733.		733.	733.	0.
17	DELL COMPUTERS	123008	SL	5.00	1,267.		1,267.	1,267.	0.
18	COMPUTER	102708	SL	5.00	888.		888.	888.	0.
19	COMPUTER	012809	SL	5.00	1,482.		1,482.	1,482.	0.
20	COMPUTER	052909	SL	5.00	617.		617.	617.	0.
21	YORK COMPRESSOR	081309	SL	5.00	1,955.		1,955.	1,955.	0.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2018 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - CHILD & FAMILY SERVICES OF SOUTHWESTERN MICHIGAN, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
22	COMPUTER	092509	SL	5.00	538.		538.	538.	0.
26	COMPUTER	040209	SL	5.00	642.		642.	642.	0.
27	SAFE SHELTER-WASHER	120108	SL	7.00	499.		499.	499.	0.
28	SAFE SHELTER-DRYER	110108	SL	7.00	480.		480.	480.	0.
29	SAFE SHELTER-MICROWAVE	120108	SL	7.00	199.		199.	199.	0.
32	NEW GUARDIANSHIP SOFTWARE	092210	SL	3.00	22,598.		22,598.	22,598.	0.
33	COMPUTER	102809	SL	5.00	899.		899.	899.	0.
34	COMPUTERS(3) 2 WMG & 1 HR	120209	SL	5.00	1,762.		1,762.	1,762.	0.
35	CPR TRAINING EQUIPMENT	121609	SL	5.00	4,953.		4,953.	4,953.	0.
36	SERVER RACK PROTECTIVE CABINET	031010	SL	5.00	650.		650.	650.	0.
37	HYDRAULIC STAND-UP LIFT	032510	SL	5.00	1,170.		1,170.	1,170.	0.
40	LAPTOPS(2)	052510	SL	5.00	1,866.		1,866.	1,866.	0.
42	PORTABLE AIR CONDITIONERS	072110	SL	5.00	591.		591.	591.	0.
44	COMPUTER	072810	SL	5.00	599.		599.	599.	0.
46	COMPUTER	092910	SL	5.00	563.		563.	563.	0.
48	TV'S FOR DAY SERVICES	092810	SL	5.00	1,870.		1,870.	1,870.	0.
49	TV'S FOR DAY SERVICES	092810	SL	5.00	1,870.		1,870.	1,870.	0.
50	COMPUTER	092910	SL	5.00	563.		563.	563.	0.
52	DELL OPTIPLEX	102710	SL	5.00	587.		587.	587.	0.
56	2 WASHERS, 2 DRYERS, 2 FREEZERS	081911	SL	7.00	3,195.		3,195.	3,192.	0.
57	REFRIGERATOR	080211	SL	7.00	650.		650.	650.	0.
58	LAPTOPS(2)	090811	SL	5.00	758.		758.	758.	0.
59	TV'S	092211	SL	7.00	1,315.		1,315.	1,315.	0.
60	SOFTWARE	120210	SL	3.00	2,228.		2,228.	2,228.	0.
61	COMPUTER	062211	SL	5.00	714.		714.	714.	0.
62	COMPUTER	092211	SL	5.00	750.		750.	750.	0.
64	GIFTWORKS SOFTWARE	123111	SL	3.00	1,166.		1,166.	1,166.	0.
66	CAREEVANTAGE SOFTWARE	033012	SL	3.00	3,191.		3,191.	3,191.	0.
67	CAREEVANTAGE SOFTWARE	021612	SL	3.00	2,697.		2,697.	2,697.	0.
69	BADGY CARD PRINTER	063012	SL	5.00	799.		799.	799.	0.
70	CASE DISHMACHINE	042712	SL	7.00	1,995.		1,995.	1,829.	166.
71	2 REFRIGERATORS AND 2 FREEZERS	032112	SL	7.00	2,397.		2,397.	2,223.	174.
72	BLINDS	030812	SL	7.00	655.		655.	619.	36.
73	DELL HARD DRIVE	102311	SL	5.00	675.		675.	675.	0.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2018 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - CHILD & FAMILY SERVICES OF SOUTHWESTERN MICHIGAN, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
74	HARD DRIVE	063012	SL	5.00	588.		588.	588.	0.
	HEALTH O METER DIGITAL WHEELCHAIR								
75	SCALE	121912	SL	7.00	4,200.		4,200.	3,450.	600.
76	VERTICAL MBX 8 PORT VOIP MODULE	110212	SL	5.00	939.		939.	939.	0.
	DELL OPTIPLEX 745 GX745 DESKTOP								
77	COMPUTER DUAL	121412	SL	5.00	799.		799.	799.	0.
	KITCHEN AID DISHWASHER-KUDC								
78	101XBL-F11408713	011513	SL	7.00	507.		507.	414.	72.
	DELL OPTIPLEX 745 GX745 DESKTOP								
79	COMPUTER DUAL	010613	SL	5.00	460.		460.	460.	0.
	DELL OPTIPLEX 745 GX745 DESKTOP								
80	COMPUTER DUAL	010613	SL	5.00	230.		230.	230.	0.
81	WATCHGUARD TECHNOLOGIES	032913	SL	5.00	1,940.		1,940.	1,940.	0.
83	WATCHGUARD TECHNOLOGIES	070213	SL	5.00	1,357.		1,357.	1,357.	0.
84	WATCHGUARD TECHNOLOGIES	090913	SL	5.00	4,035.		4,035.	4,035.	0.
87	SOFTWARE	093014	SL	3.00	849.		849.	849.	0.
89	FREEZER-HARBOR HOUSE	101713	SL	7.00	550.		550.	388.	79.
90	TCA SYNER	110713	SL	7.00	4,354.		4,354.	3,058.	622.
91	SECURALARM-SAFE SHELTER	111513	SL	7.00	2,070.		2,070.	1,455.	296.
92	TCA SYNER-COMPUTER	013114	SL	5.00	952.		952.	887.	65.
93	AED'S HARBOR AND AUTUMN HOUSE	093014	SL	7.00	3,382.		3,382.	1,932.	483.
94	ALEXPET	093014	SL	7.00	601.		601.	344.	86.
112	COMPUTER RAM AND HARDWARE	050114	SL	5.00	1,658.		1,658.	1,466.	192.
113	COMPUTER RAM AND HARDWARE	070814	SL	5.00	2,073.		2,073.	1,764.	309.
114	COMPUTER RAM AND HARDWARE	082114	SL	5.00	1,659.		1,659.	1,356.	303.
115	SECURALARM-2480 BLDG	111513	SL	7.00	2,180.		2,180.	1,529.	311.
117	NEW PHONE SYSTEM	033115	SL	5.00	16,337.		16,337.	11,435.	3,267.
118	ALARM SYSTEM	042215	SL	5.00	982.		982.	686.	196.
119	CISCO SG500X	042915	SL	5.00	2,689.		2,689.	1,883.	538.
120	LOVESEAT SOFA	072315	SL	7.00	1,090.		1,090.	507.	156.
121	FREEZER	093015	SL	5.00	810.		810.	486.	162.
122	DELL COMPUTER	093015	SL	5.00	825.		825.	495.	165.
123	RECLINER	093015	SL	7.00	1,070.		1,070.	459.	153.
124	RECLINER	093015	SL	7.00	1,560.		1,560.	669.	223.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2018 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

CHILD & FAMILY SERVICES OF SOUTHWESTERN MICHIGAN, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
132	SERVER	051616	SL	5.00	18,458.		18,458.	8,615.	3,692.
133	DELL LATITUDE 15 3000 LAPTOP	101115	SL	5.00	1,538.		1,538.	924.	308.
134	2-PERSON WORKSTATION	090316	SL	7.00	2,675.		2,675.	796.	382.
135	30-ARM CHAIRS	091516	SL	7.00	4,110.		4,110.	1,223.	587.
136	AUTUMN HOUSE TABLE AND CHAIRS	071916	SL	7.00	1,213.		1,213.	375.	173.
137	LOVESEATS AND RECLINER DSS-BH	083116	SL	7.00	3,166.		3,166.	942.	452.
138	HEARTSTART AED TRAINER	110315	SL	5.00	1,521.		1,521.	887.	304.
139	PICNIC TABLES	062916	SL	7.00	1,140.		1,140.	367.	163.
140	2 - RECLINERS	062716	SL	7.00	1,100.		1,100.	353.	157.
141	ELECTRIC LIFT	080316	SL	7.00	1,787.		1,787.	553.	255.
142	WAYFAIR FURNITURE	090116	SL	7.00	543.		543.	162.	78.
143	DESK - VOCA FUNDED	092016	SL	7.00	942.		942.	270.	135.
144	VOCA FUNDED FURNITURE	091916	SL	7.00	772.		772.	220.	110.
148	NEW DATABASE SETUP	090916	SL	5.00	5,400.		5,400.	2,250.	1,080.
149	SOFTWARE FOR NEW SERVER	072016	SL	5.00	765.		765.	332.	153.
151	WORK STATION FURNITURE	100316	SL	7.00	2,675.		2,675.	764.	382.
152	COMPUTER	101716	SL	7.00	1,548.		1,548.	424.	221.
153	ALARM SYSTEM	010117	SL	7.00	1,698.		1,698.	425.	243.
154	COMPUTER	032217	SL	7.00	828.		828.	177.	118.
155	FURNITURE	040417	SL	7.00	3,391.		3,391.	726.	484.
156	2 COMPUTERS	042517	SL	7.00	1,332.		1,332.	269.	190.
157	FURNITURE	052217	SL	7.00	3,245.		3,245.	619.	464.
162	FURNITURE	090117	SL	7.00	3,018.		3,018.	467.	431.
165	PAYCHEX SOFTWARE	022018	SL	3.00	1,100.		1,100.	214.	367.
166	FURNITURE	090118	SL	7.00	9,330.		9,330.	111.	1,333.
167	EAGLE CT40 AUTO SCRUBBER	060118	SL	7.00	1,300.		1,300.	62.	186.
	* 990 PAGE 10 TOTAL OTHER				244,746.		244,746.	177,413.	21,102.
	* GRAND TOTAL 990 PAGE 10 DEPR				608,792.		608,792.	334,431.	41,828.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone