

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

**A** For the 2009 calendar year, or tax year beginning 07/01/09, and ending 06/30/10

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

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

**C** Name of organization  
OUR FAMILY SERVICES, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
3830 E. BELLEVUE STREET

City or town, state or country, and ZIP + 4  
TUCSON AZ 85716

**D** Employer identification number  
94-2598560

**E** Telephone number  
520-323-1708

**G** Gross receipts \$ 4,296,316

**F** Name and address of principal officer:  
SUSAN ARCHIBALD, EXECUTIVE DIRECTOR  
3830 E BELLEVUE STREET  
TUCSON AZ 85716

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** Are all affiliates included?  Yes  No

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

**I** Tax-exempt status:  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527

**J** Website: WWW.OURFAMILYSERVICES.ORG

**H(c)** Group exemption number

**K** Type of organization:  Corporation  Trust  Association  Other

**L** Year of formation: 2005

**M** State of legal domicile: AZ

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<u>14</u>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<u>14</u>
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<u>0</u>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<u>80</u>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<u>0</u>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<u>4,147,685</u>	<u>4,073,012</u>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>89,899</u>	<u>94,739</u>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>-5,997</u>	<u>760</u>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>4,306,447</u>	<u>4,294,855</u>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>280,518</u>	<u>264,842</u>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <u>264,256</u>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u>4,218,360</u>	<u>3,693,674</u>	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>4,498,878</u>	<u>3,958,516</u>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<u>-192,431</u>	<u>336,339</u>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<u>1,691,504</u>	<u>1,986,543</u>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<u>1,148,946</u>	<u>1,107,646</u>

**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: SUSAN ARCHIBALD Date: \_\_\_\_\_  
 EXECUTIVE DIRECTOR  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed:

Preparer's identifying number (see instructions): P00378841

Firm's name (or yours if self-employed), address, and ZIP + 4: LUDWIG KLEWER & CO. PLLC  
4783 E CAMP LOWELL DR  
TUCSON, AZ 85712

EIN: 36-4538293  
 Phone no.: 520-545-0500

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 540,098 including grants of \$ ) (Revenue \$ )

COUNSELING SERVICES

THE COUNSELING DEPARTMENT OFFERS GENERAL MENTAL HEALTH COUNSELING FOR INDIVIDUALS, GROUPS OR FAMILIES AT HOME, IN SCHOOLS OR AT OUR OFFICES. WE PROVIDE DOMESTIC VIOLENCE GROUPS FOR MEN, WOMEN, AND CHILDREN, AS WELL AS ANGER MANAGEMENT THERAPY FOR CHILDREN, TEENS, AND ADULTS. ARIZONA'S FAMILIES F.I.R.S.T. INSTITUTES CASE MANAGEMENT COUNSELING AND SUBSTANCE ABUSE DIVERSION TO SUPPORT AND REBUILD FAMILIES AGAINST WHOM A CPS REPORT HAS BEEN FILED. IN-HOME FAMILY SUPPORT & PRESERVATION PROVIDES INTENSIVE THERAPY AND CASE MANAGEMENT FOR AT-RISK FAMILIES REFERRED

4b (Code: ) (Expenses \$ 408,744 including grants of \$ ) (Revenue \$ )

COMMUNITY SERVICES

COMMUNITY MEDIATION TRAINS VOLUNTEERS TO HELP PEOPLE RESOLVE A WIDE VARIETY OF FAMILY, WORKPLACE OR NEIGHBORHOOD DISAGREEMENTS WITHOUT VIOLENCE AND WITHOUT GOING TO COURT. SCHOOL-BASED PROGRAMS OFFER PEER MEDICATION, PEER SUPPORT GROUPS, ANTI-BULLYING AND OTHER TRAINING IN SCHOOLS. PARENTING CLASSES HELP FAMILIES GROW STRONG TOGETHER AND REDUCE RISKS SUCH AS VIOLENCE, SUBSTANCE ABUSE AND DROPPING OUT OF SCHOOL. SKRAPPY'S IS A DRUG-AND ALCOHOL-FREE YOUTH CENTER AND PERFORMING ARTS SPACE IN DOWNTOWN TUCSON. OUR INFORMATION & REFERRAL

4c (Code: ) (Expenses \$ 1,366,550 including grants of \$ ) (Revenue \$ )

YOUTH SERVICES

TEENS IN TRANSITION HELPS HOMELESS AND NEAR-HOMELESS YOUTH 13-21 STAY IN SCHOOL AND GAIN THE SKILLS TO SUCCEED, THROUGH CASE MANAGEMENT, COUNSELING, EDUCATION AND CAREER PLANNING, HOUSING, AND HELP WITH BASIC NEEDS. REUNION HOUSE OFFERS BRIEF-STAY SHELTER AND FAMILY REUNIFICATION SERVICES TO YOUTH AGES 12-17, INCLUDING SYSTEMS YOUTH AWAITING PLACEMENT. COMMON UNITY IS A COMPLEX OF SAFE, SUPERVISED APARTMENTS AND A COMMUNITY OF SUPPORT FOR HOMELESS YOUNG MOTHERS AGES 18-21 WITH UP TO TWO CHILDREN.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 737,582 including grants of \$ ) (Revenue \$ )

4e Total program service expenses 3,052,974

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	<ul style="list-style-type: none"> <li>• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.</li> <li>• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.</li> <li>• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.</li> <li>• Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.</li> <li>• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.</li> <li>• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.</li> </ul>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

