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CLIENT'S COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2009

Prepared for	CHILDREN AND FAMILY SERVICES CENTER, INC 601 EAST FIFTH STREET NO. 100 CHARLOTTE, NC 28202
Prepared by	J. RONALD MARTIN, PA 1850 EAST THIRD STREET, SUITE 305 CHARLOTTE, NC 28204
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	NOVEMBER 16, 2009
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

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)

Department of the Treasury
 Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization CHILDREN AND FAMILY SERVICES CENTER, INC Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 601 EAST FIFTH STREET 100 City or town, state or country, and ZIP + 4 CHARLOTTE, NC 28202 F Name and address of principal officer: PEGGY EAGAN 601 EAST 5TH STREET, SUITE 100, CHARLOTTE, N	D Employer identification number 56-2215129 E Telephone number 704/377-2899 G Gross receipts \$ 1,323,776. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.CHILDRENFAMILY.ORG	
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2000 M State of legal domicile: NC	

Part I Summary			
		1 Briefly describe the organization's mission or most significant activities: IMPROVING THE LIVES OF CHILDREN AND FAMILIES THROUGH AN INNOVATIVE PARTNERSHIP OF COMMUNITY	
		2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3 17
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 17
	5	Total number of employees (Part V, line 2a)	5 11
	6	Total number of volunteers (estimate if necessary)	6 10
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.
	Revenue		
8		Contributions and grants (Part VIII, line 1h)	216,631. 379,440.
9		Program service revenue (Part VIII, line 2g)	531,765. 757,994.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	33,512. 9,474.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	48,062. 56,178.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	829,970. 1,203,086.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	151,697. 395,189.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	751,638. 757,322.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	903,335. 1,152,511.
	19	Revenue less expenses. Subtract line 18 from line 12	<73,365.> 50,575.
Net Assets or Fund Balances			Beginning of Year End of Year
	20	Total assets (Part X, line 16)	10,796,657. 10,702,176.
	21	Total liabilities (Part X, line 26)	2,191,302. 2,046,246.
	22	Net assets or fund balances. Subtract line 21 from line 20	8,605,355. 8,655,930.

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 PEGGY EAGAN, EXECUTIVE DIRECTOR Type or print name and title	Date	
Paid Preparer's Use Only	Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4 J. RONALD MARTIN, PA 1850 EAST THIRD STREET, SUITE 305 CHARLOTTE, NC 28204	Date	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) P00006364 EIN ▶ 20-3963763 Phone no. ▶ (704) 375-6405

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: OPERATION OF OFFICE BUILDING FOR LONG-TERM LOW RATE LEASES TO 501(C)(3) AGENCIES PROVIDING SOCIAL SERVICES TO CHILDREN AND FAMILIES IN MECKLENBURG COUNTY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 654,113. including grants of \$) (Revenue \$) RENTAL OF OFFICE BUILDING AT DISCOUNT RATES TO NOT FOR PROFITS SERVING CHILDREN AND FAMILIES IN NEED.

4b (Code:) (Expenses \$ 468,933. including grants of \$) (Revenue \$) CFSC SHARED SERVICES, LLC TO PROVIDE ADMINISTRATIVE OPERATIONS INCLUDING HUMAN RESOURCES, FINANCE AND ACCOUNTING TO PARTICIPATING AGENCIES.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 1,123,046. (Must equal Part IX, Line 25, column (B).)

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>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		<input checked="" type="checkbox"/>
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where 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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>		<input checked="" type="checkbox"/>
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<input checked="" type="checkbox"/>
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<input checked="" type="checkbox"/>	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<input checked="" type="checkbox"/>	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Part II</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Part III</i>		<input checked="" type="checkbox"/>
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		<input checked="" type="checkbox"/>
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		<input checked="" type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		<input checked="" type="checkbox"/>
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 questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		<input checked="" type="checkbox"/>
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) and 501(c)(4) 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>		<input checked="" type="checkbox"/>
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <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, Parts II, III, IV, and V, line 1</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	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		
	2a 11		
b	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 this return. (see instructions)		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
3b			
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
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
5c			
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
7h			
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
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 organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or 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

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does 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:		
15a	The organization's CEO, Executive Director, or top management official?	X	
15b	Other officers or key employees of the organization?	X	
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
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ NC**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**
PEGGY EAGAN - 704/377-2899
601 EAST FIFTH STREET, SUITE 100, CHARLOTTE, NC 28202

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
ROSE MARY ACHEY BOARD MEMBER	2.00	X					0.	0.	0.	
TOM BELL BOARD MEMBER	2.00	X					0.	0.	0.	
TONY BUCCI BOARD MEMBER	2.00	X					0.	0.	0.	
ROB COCHRAN BOARD MEMBER	2.00	X					0.	0.	0.	
KATHY HABLUTZEL BOARD MEMBER	2.00	X					0.	0.	0.	
LIZ JORDAK BOARD MEMBER	2.00	X					0.	0.	0.	
PHILIP E. KLINE BOARD MEMBER	2.00	X					0.	0.	0.	
WILL PACKARD BOARD MEMBER	2.00	X					0.	0.	0.	
TOM SHIRCLIFF BOARD MEMBER	2.00	X					0.	0.	0.	
BOB SIMMONS BOARD MEMBER	5.00	X					0.	0.	0.	
BARBARA SPRADLING BOARD MEMBER	2.00	X					0.	0.	0.	
TIMOTHY TATE BOARD MEMBER	2.00	X					0.	0.	0.	
KRISTIN WADE BOARD MEMBER	2.00	X					0.	0.	0.	
BOB ZOELLER BOARD MEMBER	2.00	X					0.	0.	0.	
BRUCE STEEN PRESIDENT	5.00	X		X			0.	0.	0.	
EUGENE S. GRIGGS VICE PRESIDENT	5.00	X		X			0.	0.	0.	
DONNIE ROBINSON SECRETARY	2.00	X		X			0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
HENRY LOMAX TREASURER	5.00	X		X				0.	0.	0.
PEGGY EAGAN EXECUTIVE DIRECTOR	40.00				X			102,980.	0.	10,490.
1b Total								102,980.	0.	10,490.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ 1

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		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. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ 0

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	379,440.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		379,440.				
	Program Service Revenue	2 a	MEMBER-AGENCY RENT	Business Code 900099	588,989.	588,989.		
b		SHARED SERVICES	900099	169,005.	169,005.			
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		757,994.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		9,474.	9,474.			
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a		(i) Real	(ii) Personal				
			176,868.					
			120,690.					
	c	Rental income or (loss)		56,178.				
	d	Net rental income or (loss)		56,178.			56,178.	
	7 a		(i) Securities	(ii) Other				
	b	Less: cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		a				
b	Less: direct expenses		b					
c	Net income or (loss) from fundraising events							
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								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			1,203,086.	767,468.	0.	56,178.	

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	102,960.	99,871.	3,089.	
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	253,787.	251,986.	1,801.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	26,579.	26,215.	364.	
10 Payroll taxes	11,863.	11,700.	163.	
11 Fees for services (non-employees):				
a Management				
b Legal	925.	925.		
c Accounting	40,724.	18,697.	22,027.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	60,769.	60,769.		
12 Advertising and promotion				
13 Office expenses	10,279.	10,132.	147.	
14 Information technology				
15 Royalties				
16 Occupancy	28,472.	28,207.	265.	
17 Travel	657.	657.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,641.	9,582.	1,059.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	2,770.	2,770.		
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a RENT CREDITS TO MEMBER-	590,962.	590,962.		
b BANK FEES	5,658.	5,658.		
c MISCELLANEOUS	2,669.	2,669.		
d DUES AND MEMBERSHIPS	2,339.	1,789.	550.	
e TRAINING AND DEVELOPMEN	457.	457.		
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,152,511.	1,123,046.	29,465.	0.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing		1		
	2 Savings and temporary cash investments	959,736.	2	948,009.	
	3 Pledges and grants receivable, net	56,159.	3		
	4 Accounts receivable, net	3,647.	4	44,920.	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net	9,193.	7	17,384.	
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost basis ... 10a	11,652,161.			
	b Less: accumulated depreciation. Complete Part VI of Schedule D ... 10b	2,690,648.	9,020,772.	10c	8,961,513.
	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	747,150.	15	730,350.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,796,657.	16	10,702,176.		
Liabilities	17 Accounts payable and accrued expenses	13,575.	17	52,155.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow account liability. Complete Part IV of Schedule D		21		
	22 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	1,738,342.	23	1,646,422.	
	24 Unsecured notes and loans payable		24		
	25 Other liabilities. Complete Part X of Schedule D	439,385.	25	347,669.	
	26 Total liabilities. Add lines 17 through 25	2,191,302.	26	2,046,246.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	7,736,063.	27	7,801,287.	
	28 Temporarily restricted net assets	869,292.	28	854,643.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, 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	8,605,355.	33	8,655,930.		
34 Total liabilities and net assets/fund balances	10,796,657.	34	10,702,176.		

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 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	
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?		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **CHILDREN AND FAMILY SERVICES CENTER, INC** Employer identification number **56-2215129**

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

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the organizations the organization supports.

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

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	634,155.	316,491.	59,848.	210,133.	435,599.	1656226.
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 ...	140,000.	140,000.	140,000.	140,000.	140,000.	700,000.
4 Total. Add lines 1 - 3	774,155.	456,491.	199,848.	350,133.	575,599.	2356226.
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)						496,459.
6 Public Support. Subtract line 5 from line 4.						1859767.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	774,155.	456,491.	199,848.	350,133.	575,599.	2356226.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	180,338.	206,061.	226,418.	197,175.	186,342.	996,334.
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 IV.)						
11 Total support. Add lines 7 through 10						3352560.
12 Gross receipts from related activities, etc. (see instructions)					12	7,414,220.
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 2008 (line 6, column (f) divided by line 11, column (f))	14	55.47 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	58.80 %
16a 33 1/3% support test - 2008. 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 - 2007. 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 - 2008. 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 IV 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 - 2007. 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 IV 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 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 IV.)						
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 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. 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 - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

Employer identification number

CHILDREN AND FAMILY SERVICES CENTER, INC

56-2215129

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

Special Rules

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization CHILDREN AND FAMILY SERVICES CENTER, INC	Employer identification number 56-2215129
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	DUKE ENDOWMENT 100 NORTH TRYON STREET, SUITE 3500 CHARLOTTE, NC 28208	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	HEARST FOUNDATION 300 WEST 57TH STREET, 26TH FLOOR NEW YORK, NY 10019-3741	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization CHILDREN AND FAMILY SERVICES CENTER, INC **Employer identification number** 56-2215129

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure) Preservation of an historically important land area
 Protection of natural habitat Preservation of certified historic structure
 Preservation of open space

2 Complete lines 2a-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 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 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 XIV, 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" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items:
- a Revenues included in 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 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 XIV.
- 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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to 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 XIV 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? Yes No
- b** If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to 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 Investment earnings or 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 year end balance held as:
- a** Board designated or quasi-endowment _____ %
 - b** Permanent endowment _____ %
 - c** Term endowment _____ %
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings		9,748,218.	1,184,824.	8,563,394.
c Leasehold improvements				
d Equipment				
e Other		1,903,943.	1,505,824.	398,119.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				8,961,513.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,203,086.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,152,511.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	50,575.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	0.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	50,575.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	1,321,514.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	118,428.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	118,428.
3	Subtract line 2e from line 1	3	1,203,086.
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 XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	1,203,086.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,270,939.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	118,428.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	118,428.
3	Subtract line 2e from line 1	3	1,152,511.
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 XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	1,152,511.

Part XIV Supplemental Information

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

CHILDREN AND FAMILY SERVICES CENTER, INC

Employer identification number

56-2215129

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RESOURCES THAT PROMOTES STRONG FAMILIES AND ADVOCATES FOR CHANGE.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

THE CFSC SHARED SERVICES, LLC WAS ESTABLISHED WITHIN THE CURRENT STRUCTURE OF THE CFSC TO PROVIDE ADMINISTRATIVE OPERATIONS INCLUDING HUMAN RESOURCES, FINANCE, AND ACCOUNTING. BY SHARING THESE SERVICES ACROSS AGENCIES, THE CHILDREN AND FAMILY SERVICES CENTER CAN PROVIDE CONSISTENT QUALITY AND BREADTH OF SERVICE AT A COMPETITIVE COST, ALLOWING PARTNER AGENCIES TO MORE EFFECTIVELY DEPLOY RESOURCES FOCUSED ON THEIR CORE MISSIONS. IN KEEPING WITH THE COMMITMENT TO COLLABORATION, CFSC WILL MANAGE SHARED SERVICES AS THE OTHER COLLABORATIONS HAVE BEEN MANAGED - WITH REPRESENTATION, TRANSPARENCY, ACCOUNTABILITY, AND A FOCUS ON CLIENT SERVICE. SHARED SERVICES WILL BE A PROGRAM OF CFSC, WITH DAY-TO-DAY OPERATIONS MANAGED BY THE EXECUTIVE DIRECTOR, POLICIES OVERSEEN BY THE BOARD OF DIRECTORS ON WHICH EACH PARTICIPATING AGENCY HAS A REPRESENTATIVE, AND PROCEDURES RECOMMENDED BY THE EXECUTIVE DIRECTORS COUNCIL ON WHICH EACH PARTICIPATING AGENCY HAS A SEAT.

FORM 990, PART VI, SECTION A, LINE 10: THE FORM 990 WILL BE MADE AVAILABLE TO THE INDIVIDUAL BOARD MEMBERS PRIOR TO THE MEETING, AND WILL BE PRESENTED BY THE AUDITORS ALONG WITH THE FULL ANNUAL AUDIT. BOARD MEMBERS WILL BE ENCOURAGED TO ASK QUESTIONS AND HAVE A FULL DISCUSSION BEFORE APPROVAL TO SUBMIT THE FORM 990 IS SOUGHT.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

CHILDREN AND FAMILY SERVICES CENTER, INC

Employer identification number

56-2215129

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS PROVIDED TO EACH BOARD MEMBER AT ORIENTATION, AND AGAIN ANNUALLY. THERE IS A FULL DISCUSSION OF THE POLICY ANNUALLY, AND EACH BOARD MEMBER IS ASKED TO SIGN A STATEMENT OF UNDERSTANDING OF THE POLICY. THOSE STATEMENTS ARE KEPT ON FILE, AND REFERRED TO ON A PERIODIC BASIS.

FORM 990, PART VI, SECTION B, LINE 15: EXECUTIVE DIRECTOR - THE EXECUTIVE COMMITTEE REVIEWS COMPARABILITY DATA FOR THIS POSITION, AND RECOMMENDS ANY SALARY ADJUSTMENTS. THE RECOMMENDATION OF THE FULL EXECUTIVE COMMITTEE IS SHARED WITH THE FULL BOARD OF DIRECTORS.

HR DIRECTOR, CFO - COMPARABILITY DATA WAS GATHERED AND REVIEWED BY THE SHARED SERVICES COMMITTEE. AN APPROVED BUDGET PROVIDED GUIDANCE FOR HIRING.

FORM 990, PART VI, SECTION C, LINE 19: CFSC MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Related Organizations and Unrelated Partnerships

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**
▶ **See separate instructions.**

2008
Open to Public Inspection

Name of the organization CHILDREN AND FAMILY SERVICES CENTER, INC **Employer identification number** 56-2215129

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
CFSC SHARED SERVICES, LLC - 26-3701552 601 E 5TH STREET, SUITE 100 CHARLOTTE, NC 28202	PROVIDE COLLABORATIVE SERVICES TO MEMBER-TENANTS OF THE REPORTING ENTITY.	NORTH CAROLINA	169,005.	104,128.	CHILDREN AND FAMILY SERVICES, INC.

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Depreciation and Amortization Detail OFFICE BUILDING

RENT 1

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	BUILDING-HARD COSTS							
6	BUILDING SHELL							
	031503	SL	50.00	16	6,400,821.		682,752.	128,016.
7	ARCHITECTURE & ENGINEERING							
	031503	SL	50.00	16	548,952.		58,555.	10,979.
8	INSURANCE							
	031503	SL	50.00	16	2,200.		235.	44.
9	TESTING & INSPECTION							
	031503	SL	50.00	16	22,764.		2,427.	455.
10	SIGNAGE & GRAPHICS-SIGNS							
	041803	SL	10.00	16	4,000.		2,067.	400.
11	SIGNAGE & GRAPHICS							
	063003	SL	10.00	16	120.		60.	12.
12	SPECIAL FEATURES-ADT SECURITY							
	051503	SL	10.00	16	2,359.		1,219.	236.
40	SIGNAGE & GRAPHICS							
	031503	SL	10.00	16	9,577.		5,109.	958.
41	SECURITY							
	081503	SL	50.00	16	1,375.		137.	28.
42	SIGNAGE							
	030104	SL	50.00	16	24,923.		2,158.	498.
43	SUITE 235							
	061504	SL	50.00	16	10,472.		853.	209.
44	SUITE CMPD (04-05 REIMB \$5,707)							
	061504	SL	50.00	16	127,819.		10,447.	2,556.
45	GENERAL BUILDING UPFITS (04-05 REIMB \$5,392)							
	103103	SL	50.00	16	155,348.		14,571.	3,107.
46	STORAGE SPACE							
	060304	SL	50.00	16	18,483.		1,511.	370.
62	STORAGE UPFIT							
	081104	SL	50.00	16	1,815.		141.	36.
63	COMMUNITY LINK EXPANSION							
	091004	SL	50.00	16	3,098.		238.	62.
64	COMMUNITY HEALTH SERVICES UPFIT							
	021805	SL	50.00	16	122,124.		8,140.	2,442.
65	SMART START UPFIT							
	021805	SL	50.00	16	112,447.		7,497.	2,249.
66	SIGNAGE							
	110304	SL	10.00	16	1,381.		506.	138.
67	AWNING							
	021805	SL	5.00	16	4,867.		3,243.	973.
68	BEHAVIORAL HEALTH GROUP TEST FIT							
	040505	SL	5.00	16	328.		214.	66.
69	CFSC RECEPTION, BREAK, CONFERENCE ROOMS							
	062405	SL	50.00	16	935.		57.	19.
70	COUNCIL FOR CHILDREN UPFIT							
	062405	SL	50.00	16	2,049.		123.	41.
71	SIGNAGE							
	061405	SL	10.00	16	2,071.		638.	207.
92	REMODEL PROJECT DIR & MGR							
	110106	SL	50.00	16	665.		22.	13.
94	CFSC TRAINING ROOM							
	112106	SL	50.00	16	13,992.		443.	280.

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- Current year section 179 (D) - Asset disposed

Depreciation and Amortization Detail OFFICE BUILDING

RENT 1

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	* 990 RENTAL TOTAL - BUILDING-HARD COSTS							
					7,594,985.	0.	803,363.	154,394.
	BUILDING-SOFT COSTS							
13	CLOSING & TITLE FEES							
	031503	SL	50.00	16	7,250.		773.	145.
14	LEGAL FEES							
	031503	SL	50.00	16	109,195.		11,648.	2,184.
15	FINANCING FEES							
	031503	SL	5.00	16	65,678.		65,678.	0.
16	CONSTRUCTION INTEREST							
	031503	SL	5.00	16	10,596.		10,596.	0.
17	ADVERTISING & PROMOTION							
	031503	SL	10.00	16	1,529.		816.	153.
18	ADVERTISING & PROMOTION-BANNER SIGNS							
	051503	SL	10.00	16	538.		279.	54.
19	DEVELOPER FEE/OVERHEAD							
	031503	SL	50.00	16	128,567.		13,712.	2,571.
	* 990 RENTAL TOTAL - BUILDING-SOFT COSTS							
					323,353.	0.	103,502.	5,107.
	TENANT IMPROVEMENTS							
20	TENANT IMPROVEMENTS							
	031503	SL	50.00	16	1,488,404.		158,763.	29,768.
86	ARCHITECTURAL-COUNCIL FOR CHILDREN							
	090105	SL	50.00	16	5,081.		289.	102.
87	ARCHITECTURAL-COMMUNITY LINK							
	090105	SL	50.00	16	1,647.		93.	33.
88	REMODEL-COMMUNITY LINK							
	090105	SL	50.00	16	17,146.		972.	343.
89	REMODEL-COUNCIL FOR CHILDREN							
	110105	SL	50.00	16	78,057.		4,163.	1,561.
90	REMODEL-CFSC BREAKROOM/COMFREENCE ROOM							
	110105	SL	50.00	16	64,514.		3,440.	1,290.
93	COUNCIL FOR CHILDREN UPFIT							
	111006	SL	50.00	16	73,854.		2,462.	1,477.
95	COUNCIL FOR CHILDREN UPFIT							
	120106	SL	50.00	16	1,556.		49.	31.
97	5TH FLOOR UPFIT							
	113006	SL	50.00	16	10,841.		343.	217.
104	BOLLINGER UPFIT 2ND FLR							
	022509	SL	50.00	16	8,697.			58.
105	ARCHITECTURAL STRATEGIC PLANNING							
	080608	SL	50.00	16	1,713.			31.
106	VOICE DATA DROPS 5TH FLR							
	031609	SL	50.00	16	7,173.			36.
107	CFSC 2ND FLOOR UPFIT ARCHITECTURE							
	031609	SL	50.00	16	3,203.			16.
108	COUNCIL FOR CHILDREN UPFIT (\$157,434-47,576 REIMB FROM C4CR)							
	022509	SL	50.00	16	109,858.			732.
109	COUNCIL FOR CHILDREN UPFIT ARCHITECTURE							
	022509	SL	50.00	16	8,724.			58.
110	COUNCIL FOR CHILDREN UPFIT PROJECT MGNT (KEITH)							
	022509	SL	50.00	16	5,146.			34.

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Depreciation and Amortization Detail OFFICE BUILDING

RENT 1

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
115	CARPET & FLOORING ALL COMMON AREAS							
	012909	SL	5.00	16	40,035.			3,336.
117	WALL BETWEEN COMM LINK & CFSC							
	120808	SL	50.00	16	1,612.			19.
	* 990 RENTAL TOTAL - TENANT IMPROVEMENTS							
					1,927,261.	0.	170,574.	39,142.
	LAND COSTS							
21	SURVEY/REZONING-PREDEVELOPMENT							
	031503	SL	50.00	16	13,426.		1,435.	269.
22	UTILITY FEES							
	031503	SL	50.00	16	30,394.		3,243.	608.
	* 990 RENTAL TOTAL - LAND COSTS							
					43,820.	0.	4,678.	877.
	FURNITURE, FIXTURES & EQUIPMENT							
23	213 COMPUTERS @\$425/EA							
	031503	SL	5.00	16	90,525.		90,525.	0.
24	TECHNOLOGY INTEGRATOR							
	031503	SL	5.00	16	93,833.		93,833.	0.
25	MANAGED MESSAGING SET UP FEE-M3 TECH							
	031503	SL	5.00	16	1,200.		1,200.	0.
26	TECHNOLOGY CONSULTING-PRICE DAVIS							
	032303	SL	5.00	16	9,500.		9,500.	0.
27	LEASE BUYOUTS							
	032403	SL	5.00	16	2,929.		2,929.	0.
28	UPS W BATTERY							
	041003	SL	5.00	16	13,422.		13,422.	0.
29	SOFTWARE							
	041003	SL	3.00	16	1,116.		1,116.	0.
30	SOFTWARE							
	041003	SL	3.00	16	1,175.		1,175.	0.
31	TFG INSTALLATION							
	041003	SL	5.00	16	14,250.		14,250.	0.
32	WORK BENCHES							
	041803	SL	5.00	16	350.		350.	0.
33	B-LINE TELCM							
	041803	SL	5.00	16	1,699.		1,699.	0.
34	POWER POLES FOR FURNITURE							
	041803	SL	5.00	16	5,100.		5,100.	0.
35	MICROSOFT SOFTWARE							
	031503	SL	3.00	16	278,000.		278,000.	0.
36	WORKSTATIONS, FILES, CHAIRS, TABLES, REFRIDGERATORS, MIRCOWAVES, DISHWASHER							
	031503	SL	7.00	16	250,000.		190,475.	35,714.
37	TECHNOLOGY CONSULTING-PRICE DAVIS							
	063003	SL	5.00	16	11,250.		11,250.	0.
38	TELEPHONE SYSTEM							
	031503	SL	5.00	16	3,855.		3,855.	0.
39	TELEPHONE SYSTEM INSTALLATION							
	042103	SL	5.00	16	66,566.		66,566.	0.
47	COMPUTER ITEMS							
	071503	SL	5.00	16	6,130.		6,130.	0.
48	ADT							
	081503	SL	5.00	16	13,856.		13,624.	232.

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- Current year section 179 (D) - Asset disposed

Depreciation and Amortization Detail OFFICE BUILDING

RENT 1

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
49	ADT							
	081503	SL	5.00	16	17,231.		16,943.	288.
50	CAPITAL LEASE TELEPHONE SYSTEM							
	090103	SL	5.00	16	171,197.		165,488.	5,709.
51	PC CONFIGURATION							
	091503	SL	5.00	16	9,220.		8,913.	307.
52	PHONE EQUIPMENT							
	101703	SL	5.00	16	949.		887.	62.
53	TELEPHONE SYSTEMS							
	101703	SL	5.00	16	2,872.		2,679.	193.
54	INSTALL WORKSTATIONS							
	112003	SL	5.00	16	3,850.		3,529.	321.
55	HORIZONTAL BLINDS							
	112803	SL	5.00	16	868.		797.	71.
56	EASELS							
	032004	SL	5.00	16	2,000.		1,700.	300.
57	VCR/TV STAND							
	032004	SL	5.00	16	388.		331.	57.
58	FURNITURE INSTALLATION							
	071503	SL	5.00	16	4,750.		4,750.	0.
59	SECURITY CARD SYSTEM							
	122104	SL	5.00	16	2,077.		1,453.	415.
60	SECURITY CARD SYSTEM							
	101804	SL	5.00	16	7,183.		5,269.	1,437.
61	SECURITY CARD SYSTEM							
	031105	SL	5.00	16	4,637.		3,090.	927.
72	AWNING							
	080104	SL	5.00	16	1,078.		846.	216.
73	HORIZONTAL BLINDS							
	110504	SL	5.00	16	230.		169.	46.
74	WORKSTATIONS							
	110904	SL	5.00	16	1,000.		733.	200.
75	SIGNS							
	121604	SL	5.00	16	114.		80.	23.
76	MANIT BYPASS MODIFICATIONS							
	021405	SL	5.00	16	3,525.		2,409.	705.
77	VOICE DATA DROPS SUITE 150							
	021805	SL	5.00	16	22,432.		14,953.	4,486.
78	HORIZONTAL BLINDS							
	021805	SL	5.00	16	607.		403.	121.
79	CABLE RUNS							
	021805	SL	5.00	16	1,332.		887.	266.
80	GATE READERS							
	033105	SL	5.00	16	4,910.		3,192.	982.
81	MOVE WORKSTATIONS FOR SS & CHS							
	040505	SL	5.00	16	3,076.		1,999.	615.
82	CNP TECHNOLOGIES							
	060105	SL	5.00	16	5,873.		3,623.	1,175.
83	VOICE/DATA DROPS							
	090105	SL	5.00	16	7,592.		4,301.	1,518.
84	BLINDS							
	090105	SL	5.00	16	595.		337.	119.
85	APPLIANCES-5TH FLOOR BREAKROOM							
	090105	SL	50.00	16	1,878.		107.	38.

816261
04-25-08

- Current year section 179 (D) - Asset disposed

Depreciation and Amortization RENT 1
 (Including Information on Listed Property)

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

Name(s) shown on return: CHILDREN AND FAMILY SERVICES CENTER, INCOFFICE BUILDING
 Business or activity to which this form relates: 56-2215129
 Identifying number: 56-2215129

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	▶ 13	

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

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

14	Special depreciation for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	361,161.

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	361,161.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No				24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
	:	:	%					
	:	:	%					
	:	:	%					
27 Property used 50% or less in a qualified business use:								
	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year:					
	:				
	:				
43 Amortization of costs that began before your 2008 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

2009 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

CHILDREN AND FAMILY SERVICES CENTER, INC

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	BUILDING-HARD COSTS								
6	BUILDING SHELL	031503	SL	50.00	6400821.		6400821.	810,768.	128,016.
7	ARCHITECTURE & ENGINEERING	031503	SL	50.00	548,952.		548,952.	69,534.	10,979.
8	INSURANCE	031503	SL	50.00	2,200.		2,200.	279.	44.
9	TESTING & INSPECTION	031503	SL	50.00	22,764.		22,764.	2,882.	455.
10	SIGNAGE & GRAPHICS-SIGNS	041803	SL	10.00	4,000.		4,000.	2,467.	400.
11	SIGNAGE & GRAPHICS	063003	SL	10.00	120.		120.	72.	12.
12	SPECIAL FEATURES-ADT SECURITY	051503	SL	10.00	2,359.		2,359.	1,455.	236.
40	SIGNAGE & GRAPHICS	031503	SL	10.00	9,577.		9,577.	6,067.	958.
41	SECURITY	081503	SL	50.00	1,375.		1,375.	165.	28.
42	SIGNAGE	030104	SL	50.00	24,923.		24,923.	2,656.	498.
43	SUITE 235	061504	SL	50.00	10,472.		10,472.	1,062.	209.
44	SUITE CMPD (04-05 REIMB \$5,707)	061504	SL	50.00	127,819.		127,819.	13,003.	2,556.
	GENERAL BUILDING UPFITS (04-05 REIMB \$5,392)								
45	\$5,392)	103103	SL	50.00	155,348.		155,348.	17,678.	3,107.
46	STORAGE SPACE	060304	SL	50.00	18,483.		18,483.	1,881.	370.
62	STORAGE UPFIT	081104	SL	50.00	1,815.		1,815.	177.	36.
63	COMMUNITY LINK EXPANSION	091004	SL	50.00	3,098.		3,098.	300.	62.
64	COMMUNITY HEALTH SERVICES UPFIT	021805	SL	50.00	122,124.		122,124.	10,582.	2,442.
65	SMART START UPFIT	021805	SL	50.00	112,447.		112,447.	9,746.	2,249.
66	SIGNAGE	110304	SL	10.00	1,381.		1,381.	644.	138.
67	AWNING	021805	SL	5.00	4,867.		4,867.	4,216.	651.
68	BEHAVIORAL HEALTH GROUP TEST FIT	040505	SL	5.00	328.		328.	280.	48.
	CFSC RECEPTION, BREAK, CONFERENCE								
69	ROOMS	062405	SL	50.00	935.		935.	76.	19.
70	COUNCIL FOR CHILDREN UPFIT	062405	SL	50.00	2,049.		2,049.	164.	41.
71	SIGNAGE	061405	SL	10.00	2,071.		2,071.	845.	207.
92	REMODEL PROJECT DIR & MGR	110106	SL	50.00	665.		665.	35.	13.
94	CFSC TRAINING ROOM	112106	SL	50.00	13,992.		13,992.	723.	280.
	* 990 RENTAL TOTAL - BUILDING-HARD COSTS				7594985.		7594985.	957,757.	154,054.
	BUILDING-SOFT COSTS								
13	CLOSING & TITLE FEES	031503	SL	50.00	7,250.		7,250.	918.	145.
14	LEGAL FEES	031503	SL	50.00	109,195.		109,195.	13,832.	2,184.

2009 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

CHILDREN AND FAMILY SERVICES CENTER, INC

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
15	FINANCING FEES	031503	SL	5.00	65,678.		65,678.	65,678.	0.
16	CONSTRUCTION INTEREST	031503	SL	5.00	10,596.		10,596.	10,596.	0.
17	ADVERTISING & PROMOTION	031503	SL	10.00	1,529.		1,529.	969.	153.
18	ADVERTISING & PROMOTION-BANNER SIGNS	051503	SL	10.00	538.		538.	333.	54.
19	DEVELOPER FEE/OVERHEAD	031503	SL	50.00	128,567.		128,567.	16,283.	2,571.
	* 990 RENTAL TOTAL - BUILDING-SOFT COSTS				323,353.		323,353.	108,609.	5,107.
	TENANT IMPROVEMENTS								
20	TENANT IMPROVEMENTS	031503	SL	50.00	1488404.		1488404.	188,531.	29,768.
86	ARCHITECTURAL-COUNCIL FOR CHILDREN	090105	SL	50.00	5,081.		5,081.	391.	102.
87	ARCHITECTURAL-COMMUNITY LINK	090105	SL	50.00	1,647.		1,647.	126.	33.
88	REMODEL-COMMUNITY LINK	090105	SL	50.00	17,146.		17,146.	1,315.	343.
89	REMODEL-COUNCIL FOR CHILDREN	110105	SL	50.00	78,057.		78,057.	5,724.	1,561.
	REMODEL-CFSC BREAKROOM/COMFREENCE								
90	ROOM	110105	SL	50.00	64,514.		64,514.	4,730.	1,290.
93	COUNCIL FOR CHILDREN UPFIT	111006	SL	50.00	73,854.		73,854.	3,939.	1,477.
95	COUNCIL FOR CHILDREN UPFIT	120106	SL	50.00	1,556.		1,556.	80.	31.
97	5TH FLOOR UPFIT	113006	SL	50.00	10,841.		10,841.	560.	217.
104	BOLLINGER UPFIT 2ND FLR	022509	SL	50.00	8,697.		8,697.	58.	174.
105	ARCHITECTURAL STRATEGIC PLANNING	080608	SL	50.00	1,713.		1,713.	31.	34.
106	VOICE DATA DROPS 5TH FLR	031609	SL	50.00	7,173.		7,173.	36.	143.
107	CFSC 2ND FLOOR UPFIT ARCHITECTURE	031609	SL	50.00	3,203.		3,203.	16.	64.
	COUNCIL FOR CHILDREN UPFIT								
108	(\$157,434-47,576 REIMB FROM C4CR)	022509	SL	50.00	109,858.		109,858.	732.	2,197.
	COUNCIL FOR CHILDREN UPFIT								
109	ARCHITECTURE	022509	SL	50.00	8,724.		8,724.	58.	174.
	COUNCIL FOR CHILDREN UPFIT PROJECT								
110	MGNT (KEITH)	022509	SL	50.00	5,146.		5,146.	34.	103.
115	CARPET & FLOORING ALL COMMON AREAS	012909	SL	5.00	40,035.		40,035.	3,336.	8,007.
117	WALL BETWEEN COMM LINK & CFSC	120808	SL	50.00	1,612.		1,612.	19.	32.
	* 990 RENTAL TOTAL - TENANT IMPROVEMENTS				1927261.		1927261.	209,716.	45,750.
	LAND COSTS								
21	SURVEY/REZONING-PREDEVELOPMENT	031503	SL	50.00	13,426.		13,426.	1,704.	269.

2009 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

CHILDREN AND FAMILY SERVICES CENTER, INC

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
22	UTILITY FEES	031503	SL	50.00	30,394.		30,394.	3,851.	608.
	* 990 RENTAL TOTAL - LAND COSTS				43,820.		43,820.	5,555.	877.
	FURNITURE, FIXTURES & EQUIPMENT								
23	213 COMPUTERS @\$425/EA	031503	SL	5.00	90,525.		90,525.	90,525.	0.
24	TECHNOLOGY INTEGRATOR	031503	SL	5.00	93,833.		93,833.	93,833.	0.
25	MANAGED MESSAGING SET UP FEE-M3 TECH	031503	SL	5.00	1,200.		1,200.	1,200.	0.
26	TECHNOLOGY CONSULTING-PRICE DAVIS	032303	SL	5.00	9,500.		9,500.	9,500.	0.
27	LEASE BUYOUTS	032403	SL	5.00	2,929.		2,929.	2,929.	0.
28	UPS W BATTERY	041003	SL	5.00	13,422.		13,422.	13,422.	0.
29	SOFTWARE	041003	SL	3.00	1,116.		1,116.	1,116.	0.
30	SOFTWARE	041003	SL	3.00	1,175.		1,175.	1,175.	0.
31	TFG INSTALLATION	041003	SL	5.00	14,250.		14,250.	14,250.	0.
32	WORK BENCHES	041803	SL	5.00	350.		350.	350.	0.
33	B-LINE TELCM	041803	SL	5.00	1,699.		1,699.	1,699.	0.
34	POWER POLES FOR FURNITURE	041803	SL	5.00	5,100.		5,100.	5,100.	0.
35	MICROSOFT SOFTWARE	031503	SL	3.00	278,000.		278,000.	278,000.	0.
	WORKSTATIONS, FILES, CHAIRS, TABLES, REF								
36	RIDGERATORS, MIRCOWAVES, DISHWASHER	031503	SL	7.00	250,000.		250,000.	226,189.	23,811.
37	TECHNOLOGY CONSULTING-PRICE DAVIS	063003	SL	5.00	11,250.		11,250.	11,250.	0.
38	TELEPHONE SYSTEM	031503	SL	5.00	3,855.		3,855.	3,855.	0.
39	TELEPHONE SYSTEM INSTALLATION	042103	SL	5.00	66,566.		66,566.	66,566.	0.
47	COMPUTER ITEMS	071503	SL	5.00	6,130.		6,130.	6,130.	0.
48	ADT	081503	SL	5.00	13,856.		13,856.	13,856.	0.
49	ADT	081503	SL	5.00	17,231.		17,231.	17,231.	0.
50	CAPITAL LEASE TELEPHONE SYSTEM	090103	SL	5.00	171,197.		171,197.	171,195.	0.
51	PC CONFIGURATION	091503	SL	5.00	9,220.		9,220.	9,220.	0.
52	PHONE EQUIPMENT	101703	SL	5.00	949.		949.	949.	0.
53	TELEPHONE SYSTEMS	101703	SL	5.00	2,872.		2,872.	2,870.	0.
54	INSTALL WORKSTATIONS	112003	SL	5.00	3,850.		3,850.	3,850.	0.
55	HORIZONTAL BLINDS	112803	SL	5.00	868.		868.	868.	0.
56	EASELS	032004	SL	5.00	2,000.		2,000.	2,000.	0.
57	VCR/TV STAND	032004	SL	5.00	388.		388.	388.	0.
58	FURNITURE INSTALLATION	071503	SL	5.00	4,750.		4,750.	4,750.	0.
59	SECURITY CARD SYSTEM	122104	SL	5.00	2,077.		2,077.	1,868.	209.

2009 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - CHILDREN AND FAMILY SERVICES CENTER, INC

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
60	SECURITY CARD SYSTEM	101804	SL	5.00	7,183.		7,183.	6,706.	477.
61	SECURITY CARD SYSTEM	031105	SL	5.00	4,637.		4,637.	4,017.	620.
72	AWNING	080104	SL	5.00	1,078.		1,078.	1,062.	16.
73	HORIZONTAL BLINDS	110504	SL	5.00	230.		230.	215.	15.
74	WORKSTATIONS	110904	SL	5.00	1,000.		1,000.	933.	67.
75	SIGNS	121604	SL	5.00	114.		114.	103.	11.
76	MANIT BYPASS MODIFICATIONS	021405	SL	5.00	3,525.		3,525.	3,114.	411.
77	VOICE DATA DROPS SUITE 150	021805	SL	5.00	22,432.		22,432.	19,439.	2,993.
78	HORIZONTAL BLINDS	021805	SL	5.00	607.		607.	524.	83.
79	CABLE RUNS	021805	SL	5.00	1,332.		1,332.	1,153.	179.
80	GATE READERS	033105	SL	5.00	4,910.		4,910.	4,174.	736.
81	MOVE WORKSTATIONS FOR SS & CHS	040505	SL	5.00	3,076.		3,076.	2,614.	462.
82	CNP TECHNOLOGIES	060105	SL	5.00	5,873.		5,873.	4,798.	1,075.
83	VOICE/DATA DROPS	090105	SL	5.00	7,592.		7,592.	5,819.	1,518.
84	BLINDS	090105	SL	5.00	595.		595.	456.	119.
85	APPLIANCES-5TH FLOOR BREAKROOM	090105	SL	50.00	1,878.		1,878.	145.	38.
91	COMPUTERS	111505	SL	3.00	59,491.		59,491.	59,491.	0.
96	CISCO TELEPHONE LEASE	083106	SL	5.00	264,630.		264,630.	149,957.	52,926.
98	63 DELL COMPUTERS	043006	SL	5.00	84,440.		84,440.	50,664.	16,888.
99	COMPUTERS	113007	SL	5.00	70,547.		70,547.	22,339.	14,109.
100	UNKNOWN	033108	SL	5.00	9,809.		9,809.	2,452.	1,962.
101	DELL SERVER	053108	SL	5.00	5,763.		5,763.	1,249.	1,153.
102	SERVER	063008	SL	5.00	4,810.		4,810.	962.	962.
103	LAPTOP	063008	SL	5.00	1,291.		1,291.	258.	258.
111	SERVER FOR BLACKBAUD	020909	SL	5.00	3,635.		3,635.	303.	727.
112	LAPTOPS FOR SHARED SERVICES	020909	SL	5.00	2,731.		2,731.	228.	546.
113	DELL SOFTWARE LICENSING	052709	SL	5.00	5,895.		5,895.	98.	1,179.
114	COMPUTERS	102808	SL	4.00	11,720.		11,720.	1,953.	2,930.
116	BLACKBAUD ACCOUNTING SOFTWARE	040109	SL	3.00	91,760.		91,760.	7,647.	30,587.
	* 990 RENTAL TOTAL - FURNITURE, FIXTURES & EQUIPMENT				1762742.		1762742.	1409007.	157,067.
	* GRAND TOTAL 990 RENTAL DEPR				11652161.		11652161.	2690644.	362,855.