

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2010, or fiscal year beginning _____, 2010, and ending _____, 20____

2010

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Name of exempt organization **PRESBYTERIAN CHILDREN'S HOMES & SERVICES** Employer identification number **75-0818172**

Name and title of officer **LINDA S. BISHOP
TREASURER**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>12521636</u>
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize ATCHLEY & ASSOCIATES, LLP to enter my PIN 10288
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 74662306000
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Karen E Atchley, CPA Date 10/4/11

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**



PRESBYTERIAN CHILDREN'S HOMES & SERVICES
4407 BEE CAVE ROAD NO. 520
AUSTIN, TX 78746
ATTENTION: LINDA BISHOP

DEAR LINDA:

ENCLOSED IS THE ORGANIZATION'S 2010 EXEMPT ORGANIZATION
RETURN. THE RETURN IS REQUIRED TO BE ELECTRONICALLY FILED.

PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY.

WE HAVE PREPARED THE RETURNS FROM INFORMATION YOU FURNISHED
US. UPON EXAMINATION OF THE RETURNS BY TAX AUTHORITIES,
REQUESTS MAY BE MADE FOR UNDERLYING DATA. WE THEREFORE
RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH YOU MAY BE
CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH POSSIBLE
EXAMINATIONS.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE
CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX
RETURN.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST
THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

KAREN E. ATCHLEY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2010

Prepared for	PRESBYTERIAN CHILDREN'S HOMES & SERVICES 4407 BEE CAVE ROAD NO. 520 AUSTIN, TX 78746
Prepared by	ATCHLEY & ASSOCIATES, LLP 6850 AUSTIN CENTER BLVD, STE 180 AUSTIN, TX 78731-3129
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2011.

Return of Organization Exempt From Income Tax

2010

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2010 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PRESBYTERIAN CHILDREN'S HOMES & SERVICES		D Employer identification number 75-0818172
	Doing Business As		E Telephone number 512-476-1234
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 20,864,428.
	4407 BEE CAVE ROAD	520	
City or town, state or country, and ZIP + 4 AUSTIN, TX 78746		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: LINDA BISHOP SAME AS C ABOVE		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.PCHAS.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1903
M State of legal domicile: TX			

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PCHAS PROVIDES RESIDENTIAL CARE AND OTHER SERVICES TO CHILDREN AND FAMILIES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	188
	6 Total number of volunteers (estimate if necessary)	6	376
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	3,680,373.	6,292,709.
	9 Program service revenue (Part VIII, line 2g)	1,654,417.	2,383,698.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,845,117.	3,369,049.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	95,044.	476,180.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,274,951.	12,521,636.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	45,246.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		7,212,468.	7,702,873.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,070,087.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		4,629,872.	4,641,796.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,887,586.	12,410,087.	
19 Revenue less expenses. Subtract line 18 from line 12	-3,612,635.	111,549.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 109,791,320.	End of Year 116,662,381.
	21 Total liabilities (Part X, line 26)	744,786.	761,629.
	22 Net assets or fund balances. Subtract line 21 from line 20	109,046,534.	115,900,752.

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 LINDA BISHOP, TREASURER	Date			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name KAREN E. ATCHLEY	Preparer's signature <i>Karen E Atchley, CPA</i>	Date 10/4/11	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ ATCHLEY & ASSOCIATES, LLP	Firm's EIN ▶	Firm's address ▶ 6850 AUSTIN CENTER BLVD, STE 180 AUSTIN, TX 78731-3129		
Phone no. (512) 346-2086					

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO PROVIDE A VARIETY OF CHRIST-CENTERED SERVICES TO CHILDREN IN NEED AND THEIR FAMILIES.

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

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 \$ 2,590,972. including grants of \$) (Revenue \$ 1,833,566.) FOSTER CARE: PROGRAM SERVES CHILDREN FROM INFANCY TO AGE 17 AT THE TIME OF ADMISSION. PCHAS STRUCTURES ITS THERAPEUTIC SERVICES TO HELP CHILDREN WHO EXPERIENCE SOCIAL AND EMOTIONAL DIFFICULTIES, DEVELOPMENTAL DELAYS, LEARNING PROBLEMS AND BEHAVIORAL CHALLENGES. THE PROGRAM IS NOT APPROPRIATE FOR CHILDREN WHO ARE ACTIVELY SUICIDAL, WHO ARE ACTIVE FIRE SETTERS, OR WHOSE NEEDS ARE SO INTENSE THEY REQUIRE REGULAR 24-HOUR AWAKE SUPERVISION.

4b (Code:) (Expenses \$ 5,296,635. including grants of \$) (Revenue \$ 619,712.) GROUP HOMES: PCHAS OPERATES 19 GROUP HOMES IN FIVE TEXAS LOCATIONS; AUSTIN, ITASCA, SAN ANTONIO, WAXAHACHIE & DUNCANVILLE. EACH HOME SERVES 6-8 CHILDREN BETWEEN THE AGES OF 5 AND 17. OUR TRAINED STAFF SERVE AS PARENTS TO PROVIDE A NURTURING ENVIRONMENT FOR CHILDREN TO PRACTICE POSITIVE BEHAVIORS AND HEALTHY FAMILY RELATIONSHIPS. CHILDREN RECEIVE SPIRITUAL GUIDANCE AND CHRISTIAN NURTURE THROUGH PRAYER, BIBLE STUDY, AND PARTICIPATION IN THE WORSHIP AND LIFE OF LOCAL PRESBYTERIAN CHURCH (USA) CONGREGATIONS. THE KIDS ATTEND LOCAL SCHOOLS AND RECEIVE DAILY SUPERVISED STUDY TIME AND SPECIALIZED TUTORING AS NEEDED. IN ADDITION, PCHAS PROVIDES YOUTH IN CARE WITH COUNSELING TO HELP THEM OVERCOME THE TRAUMAS THEY HAVE FACED IN THEIR YOUNG LIVES.

4c (Code:) (Expenses \$ 1,830,573. including grants of \$) (Revenue \$) CHILD AND FAMILY: GOAL OF THIS PROGRAM IS TO ADDRESS ISSUES BEFORE A CRISIS RESULTS IN OUT-OF-HOME PLACEMENT OF CHILDREN. THIS PROGRAM DEALS WITH THESE ISSUES WHILE WORKING TO KEEP FAMILIES TOGETHER. WE HELP REMOVE THE BARRIERS THAT CAN PREVENT FAMILIES FROM RECEIVING THE SERVICES THEY NEED. CURRENTLY THE PROGRAM IS IN THE FOLLOWING CITIES: ABILENE, AUSTIN, CORPUS CHRISTI, CORSICANA, DALLAS, FORT WORTH, HOUSTON, KILGORE, LONGVIEW, SAN ANTONIO, TEMPLE, WICHITA FALLS, MIDLAND, LUBBOCK, ODESSA, FT WORTH/HURST, WEATHERFORD AND SHREVEPORT, LOUISIANA.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 358,354. including grants of \$ 65,419.) (Revenue \$)

4e Total program service expenses 10,076,534.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		
20b			

Part IV Checklist of Required Schedules (continued)

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

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	87		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	188		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for 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
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		N/A
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		N/A
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		N/A
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		N/A
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		N/A
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		N/A
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		18
1b	Enter the number of voting members included in line 1a, above, who are independent		18
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	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	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
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	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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 **NONE**
- 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: **LINDA S. BISHOP - (512) 476-1234**
4407 BEE CAVE RD., SUITE 520, AUSTIN, TX 78746

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
ANN TILLEY TRUSTEE	1.00	X					0.	0.	0.	
BETTY SIBLEY JOHNSON TRUSTEE	1.00	X					0.	0.	0.	
BRUCE JOHNSTON TRUSTEE	1.00	X					0.	0.	0.	
DR. JAMES WILLIAMS TRUSTEE	1.00	X					0.	0.	0.	
GENE TREVINO CHAIR	1.00	X		X			0.	0.	0.	
JIM PITTS TRUSTEE	1.00	X					0.	0.	0.	
JUDIA FOREMAN TRUSTEE	1.00	X					0.	0.	0.	
KEN SLACK TRUSTEE	1.00	X					0.	0.	0.	
KIM JACKSON TRUSTEE	1.00	X					0.	0.	0.	
MARSHA SMART TRUSTEE	1.00	X					0.	0.	0.	
MARTHA DECOU VICE CHAIR	1.00	X		X			0.	0.	0.	
REV. JONATHAN JEHOREK TRUSTEE	1.00	X					0.	0.	0.	
ROBERT HESELMAYER TRUSTEE	1.00	X					0.	0.	0.	
VALERIE LESTER TRUSTEE	1.00	X					0.	0.	0.	
TED PAUP TRUSTEE	1.00	X					0.	0.	0.	
KENNETH JOHNSON TRUSTEE	1.00	X					0.	0.	0.	
AMY BOURET TRUSTEE	1.00	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 (describe hours for related organizations in Schedule O)	(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			
BILL COMISKEY TRUSTEE	1.00	X					0.	0.	0.	
CHARLES E. KNIGHT PRESIDENT	40.00			X			165,337.	0.	22,155.	
ELLIOT SMITH VICE PRESIDENT FOR DEVELOPMENT	40.00			X			135,309.	0.	20,659.	
LINDA BISHOP CORPORATE TREASURER	40.00			X			108,410.	0.	17,026.	
DAVID GIBSON VICE PRESIDENT FOR COMMUNITY SERVICE	40.00			X			108,310.	0.	16,786.	
DAVID THOMPSON CORPORATE SECRETARY	40.00			X			106,862.	0.	17,265.	
J. RANDY SPENCER VICE PRESIDENT FOR RESIDENTIAL SERVI	40.00			X			101,862.	0.	16,930.	
KAREN HAVENHILL ASSISTANT TREASURER	40.00			X			61,569.	0.	12,204.	
JAN WATTS ASSISTANT SECRETARY	40.00			X			40,371.	0.	8,231.	
1b Sub-total							828,030.	0.	131,256.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							828,030.	0.	131,256.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **6**

	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 or individual 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 but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events	143,164.				
	d	Related organizations					
	e	Government grants (contributions)					
	f	All other contributions, gifts, grants, and similar amounts not included above	614,954.				
	g	Noncash contributions included in lines 1a-1f: \$	396,869.				
	h	Total. Add lines 1a-1f	629,270.				
	Program Service Revenue	2 a	FEES	Business Code 900099	238,369.	238,369.	
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f	238,369.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		262,847.		2,628,475.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		436,458.		436,458.	
	6 a	Gross Rents	(i) Real	(ii) Personal			
		b	Less: rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(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 \$ 143,164. of contributions reported on line 1c). See Part IV, line 18	a	0.			
		b	Less: direct expenses	b	29,858.		
		c	Net income or (loss) from fundraising events		-29,858.		-29,858.
	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	OTHER INCOME	900099	69,580.	69,580.			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		69,580.				
12	Total revenue. See instructions.		12,521,636.	245,327.	0.	3,775,649.	

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	65,418.	65,418.		
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	959,285.	243,888.	559,430.	155,967.
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	5,142,128.	4,468,674.	229,907.	443,547.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	379,963.	331,287.	16,506.	32,170.
9 Other employee benefits	819,509.	733,412.	34,173.	51,924.
10 Payroll taxes	401,988.	329,405.	40,792.	31,791.
11 Fees for services (non-employees):				
a Management				
b Legal	20,853.	17,662.	3,191.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	102,806.	40,128.	36,605.	26,073.
12 Advertising and promotion	11,884.	5,031.	118.	6,735.
13 Office expenses	332,221.	151,405.	16,464.	164,352.
14 Information technology	114,628.	81,028.	14,029.	19,571.
15 Royalties				
16 Occupancy	406,541.	395,650.	6,241.	4,650.
17 Travel	429,695.	362,690.	36,457.	30,548.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	601.	601.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	422,595.	355,541.	47,796.	19,258.
23 Insurance	298,442.	232,919.	46,189.	19,334.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a FOSTER CARE FEES	901,646.	901,646.		
b FOOD	274,497.	274,497.		
c OUTREACH	214,711.	214,711.		
d REPAIRS & MAINTENANCE	197,518.	174,224.	13,645.	9,649.
e BANK SERVICE FEES	108,326.	1,302.	107,024.	
f All other expenses	804,832.	695,415.	54,899.	54,518.
25 Total functional expenses. Add lines 1 through 24f	12,410,087.	10,076,534.	1,263,466.	1,070,087.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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	1,721,376.	1	2,724,437.	
	2 Savings and temporary cash investments	25,744.	2	31,990.	
	3 Pledges and grants receivable, net	3,258,019.	3	3,689,297.	
	4 Accounts receivable, net	199,253.	4	236,237.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)				6
	7 Notes and loans receivable, net	3,605.	7	1,544.	
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	365,667.	9	30,357.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,829,051.			
	b Less: accumulated depreciation	10b 5,972,856.	6,140,309.	10c	5,856,195.
	11 Investments - publicly traded securities	23,413,340.	11	26,323,109.	
	12 Investments - other securities. See Part IV, line 11	29,046,610.	12	31,301,009.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	45,617,397.	15	46,468,206.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	109,791,320.	16	116,662,381.		
Liabilities	17 Accounts payable and accrued expenses	330,907.	17	329,975.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial 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		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	413,879.	25	431,654.	
	26 Total liabilities. Add lines 17 through 25	744,786.	26	761,629.	
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	53,512,541.	27	56,674,266.	
	28 Temporarily restricted net assets	4,768,795.	28	6,120,635.	
	29 Permanently restricted net assets	50,765,198.	29	53,105,851.	
	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	109,046,534.	33	115,900,752.	
34 Total liabilities and net assets/fund balances	109,791,320.	34	116,662,381.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,521,636.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,410,087.
3	Revenue less expenses. Subtract line 2 from line 1	3	111,549.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	109,046,534.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	6,742,669.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	115,900,752.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization PRESBYTERIAN CHILDREN'S HOMES & SERVICES	Employer identification number 75-0818172
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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: (For lines 1 through 11, check only one box.)

- 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)**.
- 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 Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 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 supported organization(s).

(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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,264,055.	4,659,100.	3,762,312.	3,701,483.	6,313,114.	23,700,064.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5,264,055.	4,659,100.	3,762,312.	3,701,483.	6,313,114.	23,700,064.
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)						1,864,280.
6 Public support. Subtract line 5 from line 4.						21,835,784.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	5,264,055.	4,659,100.	3,762,312.	3,701,483.	6,313,114.	23,700,064.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,215,194.	4,491,330.	4,617,975.	3,433,055.	3,064,933.	19,822,487.
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.)	80,457.	106,623.	207,388.	95,044.	69,580.	559,092.
11 Total support. Add lines 7 through 10						44,081,643.
12 Gross receipts from related activities, etc. (see instructions)					12 7,699,109.	
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 2010 (line 6, column (f) divided by line 11, column (f))	14	49.53	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	51.10	%
16a 33 1/3% support test - 2010. 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 - 2009. 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 - 2010. 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 - 2009. 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. 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 - 2009. 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, or 990-PF.

OMB No. 1545-0047

2010

Name of the organization

Employer identification number

PRESBYTERIAN CHILDREN'S HOMES & SERVICES

75-0818172

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$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 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 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 (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions 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 990-EZ that received from any one contributor, during the year, 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. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization PRESBYTERIAN CHILDREN'S HOMES & SERVICES	Employer identification number 75-0818172
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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	THE ESTATE OF GRACE M. POOLE 102 BAYOU GLEN STREET HITCHCOCK, TX 77563-1824	\$ 260,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	ESTHER J. MCNEIL 7402 CRESTWAY DRIVE APARTMENT 214 SAN ANTONIO, TX 78239-3121	\$ 584,052.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	THE ESTATE OF MARIE K. STUFFLEBERNE 1005 SW 3RD STREET GRAND PRAIRIE, TX 75051-3034	\$ 475,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	THE PHILLIPS FAMILY FOUNDATION 26 SANDALWOOD DRIVE HOUSTON, TX 77024-7122	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	BILLYE B. BRADLEY POST OFFICE BOX 27 EASTLAND, TX 76448-0027	\$ 210,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	THE ESTATE OF BEATRICE SHAW SMITH 609 W. THOMAS STREET CUERO, TX 77954-3467	\$ 150,835.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization PRESBYTERIAN CHILDREN'S HOMES & SERVICES	Employer identification number 75-0818172
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	THE AMPARO FOUNDATION 5521 GREENVILLE AVENUE SUITE 104 PMB 201 DALLAS, TX 75206-2940	\$ 320,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	MARGARET GORDON STUART TRUST JP MORGAN CHASE, 420 THROCKMORTON FT. WORTH, TX 76102	\$ 175,706.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	THE CHAPMAN TRUST THE PRIVATE BANK, BOX 1270 TULSA, OK 74101-1270	\$ 711,249.	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.)

Name of organization PRESBYTERIAN CHILDREN'S HOMES & SERVICES	Employer identification number 75-0818172
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Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	SINGLE FAMILY RESIDENCE LOCATED IN DRIPPING SPRINGS, TX _____ _____ _____	\$ 320,000.	06/30/10
_____ _____ _____ _____	_____ _____ _____ _____	\$ _____	_____
_____ _____ _____ _____	_____ _____ _____ _____	\$ _____	_____
_____ _____ _____ _____	_____ _____ _____ _____	\$ _____	_____
_____ _____ _____ _____	_____ _____ _____ _____	\$ _____	_____
_____ _____ _____ _____	_____ _____ _____ _____	\$ _____	_____

Name of organization PRESBYTERIAN CHILDREN'S HOMES & SERVICES	Employer identification number 75-0818172
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

PRESBYTERIAN CHILDREN'S HOMES & SERVICES

Employer identification number

75-0818172

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" 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 education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

Yes No

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

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

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

Yes No

9 In Part 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

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

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 Escrow and Custodial Arrangements. Complete if the 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 the 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	96,472,834.	84,941,416.	115,649,836.		
b Contributions	1,161,016.	151,340.	36,377.		
c Net investment earnings, gains, and losses	8,320,108.	14,384,366.	-28,798,597.		
d Grants or scholarships					
e Other expenditures for facilities and programs	3,104,533.	3,004,288.	1,946,200.		
f Administrative expenses					
g End of year balance	102,849,425.	96,472,834.	84,941,416.		

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment 46.31 %
- b Permanent endowment 51.63 %
- c Term endowment 2.06 %

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

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

Part VI 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) Accumulated depreciation	(d) Book value
1a Land		1,023,596.		1,023,596.
b Buildings		9,475,763.	4,911,330.	4,564,433.
c Leasehold improvements				
d Equipment		567,009.	419,315.	147,694.
e Other		762,683.	642,211.	120,472.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				5,856,195.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) EQUITY SECURITIES	7,881,634.	END-OF-YEAR MARKET VALUE
(B) LARGE CAP EQUITY FUND	15,943,130.	END-OF-YEAR MARKET VALUE
(C) FIXED INCOME FUND	7,476,245.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	31,301,009.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN TRUSTS	44,505,244.
(2) REAL ESTATE	1,047,085.
(3) MINERAL INTERESTS	17,489.
(4) INTEREST RECEIVABLE	83,960.
(5) ESTATES RECEIVABLE	814,428.
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	46,468,206.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) PAYROLL PAYABLE	27,513.
(3) OTHER LIABILITIES	24,786.
(4) COMPENSATED ABSENCES	379,355.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	431,654.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,521,636.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	12,410,087.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	111,549.
4	Net unrealized gains (losses) on investments	4	6,817,705.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-75,036.
9	Total adjustments (net). Add lines 4 through 8	9	6,742,669.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	6,854,218.

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	19,389,604.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	6,817,705.
b	Donated services and use of facilities	2b	20,405.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	29,858.
e	Add lines 2a through 2d	2e	6,867,968.
3	Subtract line 2e from line 1	3	12,521,636.
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 must equal Form 990, Part I, line 12.)	5	12,521,636.

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

1	Total expenses and losses per audited financial statements	1	12,460,350.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	20,405.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	29,858.
e	Add lines 2a through 2d	2e	50,263.
3	Subtract line 2e from line 1	3	12,410,087.
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 must equal Form 990, Part I, line 18.)	5	12,410,087.

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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

LIABILITIES, NET OF ASSETS, ASSUMED DUE TO MERGER WITH

SIMILAR 501C3 ORG -75,036.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES 29,858.

Part XIV Supplemental Information (continued)

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUDRAISING EXPENSES 29,858.

EFFECTIVE JANUARY 1, 2010, PCHAS ADOPTED FASB ASC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAX. THAT STANDARD PRESCRIBES A MINIMUM RECOGNITION THRESHOLD AND MEASUREMENT METHODOLOGY THAT A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN FINANCIAL STATEMENTS. IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING AND INTERIM PERIODS, DISCLOSURE, AND TRANSITION. THE CUMULATIVE EFFECT OF THIS CHANGE IN ACCOUNTING PRINCIPLE WAS IMMATERIAL.

Multiple horizontal lines for supplemental information.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		HOUSTON ASK EVENT	DALLAS ASK EVENT	2	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	86,467.	22,870.	33,827.	143,164.
	2 Less: Charitable contributions	86,467.	22,870.	33,827.	143,164.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	9,612.	7,648.	9,576.	26,836.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	1,555.	464.	1,003.	3,022.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(29,858)
	11 Net income summary. Combine line 3, column (d), and line 10				-29,858.

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

PRESBYTERIAN CHILDREN'S HOMES & SERVICES

Employer identification number

75-0818172

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ▶

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations
- 3** Enter total number of other organizations

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

Schedule I (Form 990) (2010)

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
PAYING COLLEGE TUITION AND FEES FOR FORMER FOSTER CARE STUDENTS	39	65,418.	0.		

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: THE CHILDREN IN THE ORGANIZATION'S CARE ARE ELIGIBLE TO PARTICIPATE IN THE ORGANIZATION'S ADVANCED EDUCATION PROGRAM IF THEY HAVE BEEN IN CARE FOR AT LEAST ONE YEAR AND MEET CONTINUING QUALIFICATION REQUIREMENTS TO HAVE AT LEAST C-AVERAGE GRADES. THE ORGANIZATION HAS A SPECIFIC ADVANCED EDUCATION POLICY, AND EMPLOYEES' CHILDREN ARE NOT ELIGIBLE TO PARTICIPATE - ONLY CHILDREN IN THE CARE OF THE ORGANIZATION.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

PRESBYTERIAN CHILDREN'S HOMES & SERVICES

Employer identification number

75-0818172

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	X									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	X									
<p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment from the organization or a related organization?</p>	4a	X								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	X								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	X								
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p>										
<p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>	5a	X								
<p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5b	X								
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>	6a	X								
<p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6b	X								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	X								
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CHARLES E. KNIGHT	(i)	165,337.	0.	0.	0.	22,155.	187,492.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 ELLIOT SMITH	(i)	135,309.	0.	0.	0.	20,659.	155,968.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 1A: HOUSING ASSISTANCE FOR PASTORS.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CHARLES E. KNIGHT	KNIGHT IS THE PRESI	300,800.	HOUSE SALE:		X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: CHARLES E. KNIGHT

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KNIGHT IS THE PRESIDENT OF PCHAS

(D) DESCRIPTION OF TRANSACTION: HOUSE SALE: ON OCTOBER 15, 2010, PCHAS

ENTERED INTO AN AGREEMENT WITH CHARLES E. KNIGHT, PRESIDENT OF PCHAS, FOR THE SALE OF A SINGLE FAMILY RESIDENCE DONATED TO PCHAS. DR. KNIGHT

PURCHASED THE HOME AT THE CERTIFIED APPRAISAL VALUE OF \$320,000 LESS A DISCOUNT EQUAL TO THE REAL ESTATE COMMISSION OF 6% THAT WOULD HAVE BEEN

PAID IF THE PROPERTY HAD BEEN SOLD BY A REALTOR. THE SALE OF THE PROPERTY WAS COMPLETED ON JANUARY 13, 2011. IN ADDITION, PCHAS AGREED TO PAY FOR

\$30,409 OF REPAIRS DISCOVERED BY THE HOME INSPECTOR AND CONFIRMED BY A SPECIALIST.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

Name of the organization: **PRESBYTERIAN CHILDREN'S HOMES & SERVICES** Employer identification number: **75-0818172**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		10,594.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential	X	1	320,000.	FMV
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	15	1,296.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (CHILDREN'S GI)	X	84	33,304.	FMV
26 Other ▶ (OUTREACH)	X	82	14,684.	FMV
27 Other ▶ (SCHOOL SUPPLI)	X	27	5,555.	FMV
28 Other ▶ (HOUSEKEEPING)	X	42	4,249.	FMV

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **1**

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2010)

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

PART I, OTHER TYPES OF PROPERTY:

GROOMING

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 24

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 2508.

(D) METHOD OF DETERMINING REVENUE: FMV

FURNITURE & EQUIPMENT

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 15

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1772.

(D) METHOD OF DETERMINING REVENUE: FMV

CAMPUS ACTIVITIES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 11

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1360.

(D) METHOD OF DETERMINING REVENUE: FMV

CHILDREN'S RECREATION ITEMS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 4

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1307.

(D) METHOD OF DETERMINING REVENUE: FMV

TRAVEL

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 1

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.
Also complete this part for any additional information.

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 239.

(D) METHOD OF DETERMINING REVENUE: FMV

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

PRESBYTERIAN CHILDREN'S HOMES & SERVICES

Employer identification number

75-0818172

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

ADVANCED & STUDENT EDUCATION PROGRAM PROVIDES SUPPORT TO AND FUNDING
FOR FORMER RESIDENTS WHO ARE INTERESTED IN PURSUING HIGHER EDUCATION,
VOCATIONAL, TECHNICAL, OR JOB TRAINING BEYOND A HIGH SCHOOL EDUCATION.
EXPENSES \$ 358,354. INCLUDING GRANTS OF \$ 65,419. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 7A: THE BOARD OF TRUSTEES MAKE
RECOMMENDATIONS TO A BOARD DEVELOPMENT COMMITTEE OF THE BOARD WHO BRINGS
RECOMMENDATIONS TO THE BOARD FOR A VOTE FOR APPROVAL OF THE NOMINATION. THE
BOARD OF TRUSTEES HAVE FINAL AUTHORITY.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE
VICE PRESIDENT FOR FINANCE AND SENIOR ACCOUNTANT BEFORE IT IS FILED. THE
990 WAS ALSO EMAILED TO ALL BOARD OF TRUSTEES FOR APPROVAL BEFORE THE
RETURN WAS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF TRUSTEES RECEIVES A
NOTICE OF THE ORGANIZATION'S POLICY AND IS REQUIRED TO SIGN A CONFLICT OF
INTEREST DISCLOSURE.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF TRUSTEES SETS THE
PRESIDENT'S COMPENSATION; THE PRESIDENT REVIEWS THE VICE PRESIDENTS'
SALARIES WITH THE BOARD. ALL OF THESE SALARIES ARE REVIEWED IN CONTEXT
WITH SALARY SURVEYS FOR SIMILAR POSITIONS IN LIKE SIZE SOCIAL SERVICE
AGENCIES AND IN SIMILAR GEOGRAPHICAL REGION.

Name of the organization PRESBYTERIAN CHILDREN'S HOMES & SERVICES	Employer identification number 75-0818172
---	---

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS AND POLICY STATEMENTS ARE AVAILABLE UPON REQUEST. FINANCIAL DOCUMENTS ARE MADE AVAILABLE ON THE ORGANIZATION'S WEBSITE AT WWW.PCHAS.ORG.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED GAINS ON INVESTMENTS:	6,817,705.
LIABILITIES, NET OF ASSETS, ASSUMED DUE TO MERGER WITH SIMILAR 501C3 ORG	-75,036.
TOTAL TO FORM 990, PART XI, LINE 5	6,742,669.

2010 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	HOUSE - 722 E. WHEATLAND - WAXAHACHIE	10/27/94	SL	27.50	MM17	147,000.				147,000.	59,087.		3,675.	62,762.
2	BLDG IMPROVEMENTS 718-722 E.WH - WAXAHACHIE	03/07/95	SL	15.00	HY17	176,212.				176,212.	68,110.		4,405.	72,515.
4	ADMIN BLDG IMPROVEMENTS - WAXAHACHIE	03/07/95	SL	15.00	HY17	25,000.				25,000.	9,662.		625.	10,287.
5	ADMIN BLDG 718-722 E.WHEATLND - WAXAHACHIE	10/27/94	SL	27.50	MM17	15,000.				15,000.	6,123.		375.	6,498.
7	LAND 718-722 E.WHEATLAND - WAXAHACHIE	10/27/94	L		HY	85,000.				85,000.			0.	
8	CONFERENCE TABLE 8 CHAIRS - WAXAHACHIE	05/01/89	SL	7.00	HY17	1,320.				1,320.	1,320.		0.	1,320.
69	FILE CAB-LGL 4DR FIRE PROOF - ADMINISTRATION	01/01/85	SL	7.00	HY16	1,300.				1,300.	1,300.		0.	1,300.
234	CONFERENCE TABLE 10' CONF RM - ADMINISTRATION	06/16/85	SL	7.00	HY16	1,995.				1,995.	1,995.		0.	1,995.
236	DESK - BUSINESS MGR OFFICE (VP ADMIN'S OFFICE) - ADMINISTRATION	01/01/85	SL	7.00	HY16	1,200.				1,200.	1,200.		0.	1,200.
241	"CREDENZA 92"	06/16/82	SL	7.00	HY16	1,769.				1,769.	1,769.		0.	1,769.
242	TRADMAGNY"JAN'S OFFICE - ADMINISTRATION	06/01/85	SL	7.00	HY16	1,225.				1,225.	1,225.		0.	1,225.
323	DESK TRAD EXC MHGNY - DEVELOPMENT	06/01/85	SL	7.00	HY16	1,225.				1,225.	1,225.		0.	1,225.
650	BLACKBAUD/RAISER'S EDGE ADMINISTRATION PARKING - SAN ANTONIO	12/27/96	SL	5.00	HY17	19,756.				19,756.	19,756.		0.	19,756.
651	ADMINISTRATION PARKING - SAN ANTONIO	03/01/95	SL	5.00	HY17	2,300.				2,300.	2,300.		0.	2,300.
654	ADMINISTRATION PARKING - SAN ANTONIO	01/01/76	SL	7.00	HY16	1,500.				1,500.	1,500.		0.	1,500.
656	TELEPHONE SYSTEM - SAN ANTONIO	03/30/95	SL	7.00	HY17	2,010.				2,010.	2,010.		0.	2,010.
787	ADMINISTRATION BUILDING - SAN ANTONIO	12/31/94	SL	27.50	MM17	67,841.				67,841.	26,864.		1,696.	28,560.
926	WHITBY GIRLS HOME - SAN ANTONIO	05/01/93	SL	27.50	MM17	354,171.				354,171.	147,749.		8,854.	156,603.
	WHITBY BOYS HOME - SAN ANTONIO	10/01/93	SL	27.50	MM17	384,433.				384,433.	153,102.		9,611.	162,713.

028111
05-01-10

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2010 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
993	WHITBY BARN - SAN ANTONIO	04/15/92	SL	27.50	MM	17	10,000.				10,000.	4,397.		250.	4,647.
994	LAND - WHITBY RD PROPERTY - SAN ANTONIO	04/15/92	L		HY		211,053.				211,053.			0.	
995	STORAGE BUILDING - SAN ANTONIO	12/15/95	SL	10.00	HY	17	2,499.				2,499.	2,499.		0.	2,499.
997	WATER SOFTENERS 3 - SAN ANTONIO	12/31/96	SL	7.00	HY	17	5,550.				5,550.	5,550.		0.	5,550.
1002	UTILITIES AND ROAD - SAN ANTONIO	05/01/93	SL	20.00	HY	17	176,953.				176,953.	160,493.		8,848.	169,341.
1003	ENTRY FENCE - SAN ANTONIO	10/01/93	SL	5.00	HY	17	7,526.				7,526.	7,526.		0.	7,526.
1004	PLAYCOURT - SAN ANTONIO	12/01/93	SL	20.00	HY	17	17,674.				17,674.	14,913.		884.	15,797.
1057	BERTRAM CHAPEL - ITASCA	01/31/94	SL	27.50	MM	17	116,885.				116,885.	46,550.		2,922.	49,472.
1059	PIANO GRAND W/BENCH - ITASCA	01/01/85	SL	7.00	HY	16	5,000.				5,000.	5,000.		0.	5,000.
1060	ORGAN KIMBALL W/BENCH - ITASCA	10/01/87	SL	7.00	HY	17	2,500.				2,500.	2,500.		0.	2,500.
1181	BRYCE-FLATO COTTAGE - ITASCA	01/01/78	SL	27.50	MM	16	25,680.				25,680.	20,544.		642.	21,186.
1323	HARGIS 193 PORTICO ADDITION - ITASCA	04/21/93	SL	27.50	MM	17	8,473.				8,473.	3,549.		212.	3,761.
1324	BRYCE-HARGIS DINING HALL - ITASCA	01/01/38	SL	27.50	MM	16	51,983.				51,983.	51,983.		0.	51,983.
1325	BRYCE-HARGIS 1985 ADDITIONS - ITASCA	01/01/85	SL	20.00	HY	16	100,149.				100,149.	100,149.		0.	100,149.
1330	BRYCE-HARGIS COMMISSARY - ITASCA	01/01/38	SL	27.50	MM	16	22,067.				22,067.	22,067.		0.	22,067.
1497	DAVIS COTTAGE RENOVATION - ITASCA	01/01/89	SL	27.50	MM	17	242,855.				242,855.	127,294.		6,071.	133,365.
1499	SOFA* MAUVE* LIVING ROOM - ITASCA	10/14/88	SL	7.00	HY	17	1,426.				1,426.	1,426.		0.	1,426.
1500	LOVESEAT # 1 - LIVING ROOM - ITASCA	10/14/88	SL	7.00	HY	17	1,173.				1,173.	1,173.		0.	1,173.

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1555	EDUCATION BUILDING - ITASCA	01/01/78	SL	27.50	MM16	56,220.				56,220.	44,977.		1,405.	46,382.
1639	LAND (PRE 1962 AUDIT) - ITASCA	01/01/62	L		HY	78,000.				78,000.			0.	
1641	FILES PICNIC SHELTER - ITASCA	06/30/95	SL	15.00	HY17	13,572.				13,572.	13,572.		0.	13,572.
1642	FRONT END LOADER MAS FERGUSON - FACILITIES & MAIN	01/01/95	SL	7.00	HY17	3,200.				3,200.	3,200.		0.	3,200.
1643	MOWER* 6'* HOG ATH 720 - FACILITIES & MAINTENANCE	01/01/95	SL	7.00	HY17	1,450.				1,450.	1,450.		0.	1,450.
1657	1995 TRACTOR* MASSYFERGUSON - FACILITIES & MAINTENANCE	01/01/95	SL	7.00	HY17	10,995.				10,995.	10,995.		0.	10,995.
1660	1996 FORD F150 PICKUP - FACILITIES & MAINTENANCE	04/16/96	SL	5.00	HY17	14,896.				14,896.	14,896.		0.	14,896.
1665	GAS LINES - ITASCA	12/31/78	SL	15.00	HY16	14,724.				14,724.	14,724.		0.	14,724.
1666	LANDSCAPING & FENCING - ITASCA	12/31/83	SL	10.00	HY16	8,132.				8,132.	8,132.		0.	8,132.
1667	LANDSCAPING & FENCING*1985 ADD - ITASCA	10/14/85	SL	10.00	HY16	24,709.				24,709.	24,709.		0.	24,709.
1668	ROAD PAVING - ITASCA	01/01/61	SL	27.50	MM16	19,277.				19,277.	19,277.		0.	19,277.
1669	ROAD PAVING TO BF - ITASCA	12/27/79	SL	27.50	MM16	4,555.				4,555.	4,555.		0.	4,555.
1670	ROAD PAVING TO HILLTOP - ITASCA	02/13/81	SL	27.50	MM16	6,375.				6,375.	6,375.		0.	6,375.
1671	TENNIS COURTS - ITASCA	01/01/61	SL	27.50	MM16	1,982.				1,982.	1,982.		0.	1,982.
1672	WATER TOWER RENOVATION - ITASCA	01/01/84	SL	12.00	HY16	15,986.				15,986.	15,986.		0.	15,986.
1673	DAIRY BARN / STORAGE SHED - FACILITIES & MAINTENANCE	04/16/96	SL	27.50	MM17	14,896.				14,896.	14,896.		0.	14,896.
1674	GRAIN BIN - FACILITIES & MAINTENANCE	01/01/38	SL	27.50	MM16	1,037.				1,037.	1,037.		0.	1,037.
1686	GRAY COTTAGE (1994) - ITASCA	10/31/94	SL	27.50	MM17	66,045.				66,045.	25,261.		1,651.	26,912.

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1715	GYM ADDITION(1994) FANS - ITASCA	12/31/94	SL	27.50	MM17	31,408.				31,408.	11,904.		785.	12,689.
1716	GYM - ITASCA	01/01/78	SL	27.50	MM16	158,560.				158,560.	126,848.		0.	126,848.
1717	WEIGHT MACHINE*HYDRAGYM ATHLTC - ITASCA	01/01/85	SL	7.00	HY16	2,975.				2,975.	2,975.		0.	2,975.
1897	HAWKINS-LONG COTTAGE (1994) - ITASCA	09/01/94	SL	27.50	MM17	289,037.				289,037.	111,566.		7,226.	118,792.
1898	SOFA* BLUE/OAK - LIVING ROOM - ITASCA	11/12/85	SL	7.00	HY16	1,258.				1,258.	1,258.		0.	1,258.
1906	HILLTOP - ITASCA	01/01/50	SL	27.50	MM16	41,986.				41,986.	41,986.		0.	41,986.
1907	HILLTOP - 1988 ADDITIONS - ITASCA	01/01/88	SL	27.50	MM17	13,161.				13,161.	7,228.		329.	7,557.
2046	HOOKS ADMINISTRATION BLDG*1923 - ITASCA	01/01/30	SL	27.50	MM16	75,014.				75,014.	75,014.		0.	75,014.
2047	HOOKS ADMIN BLDG-1989 ADDITION - ITASCA	01/01/89	SL	27.50	MM17	6,774.				6,774.	3,551.		169.	3,720.
2048	HOOKS ADMIN BLDG-1992 ROOF - ITASCA	04/08/92	SL	27.50	MM17	2,500.				2,500.	1,110.		63.	1,173.
2050	COMPUTER* MAC LC - RECPT - ITASCA	10/24/91	SL	5.00	HY17	1,918.				1,918.	1,918.		0.	1,918.
2051	SAFE* HERRING-HALL-MARVIN-FIN - IT	01/01/30	SL	7.00	HY16	4,000.				4,000.	4,000.		0.	4,000.
2122	HUNTER COTTAGE - ITASCA	01/01/55	SL	27.50	MM16	16,838.				16,838.	16,838.		0.	16,838.
2123	HUNTER COTTAGE 1985 ADDITIONS - ITASCA	01/01/85	SL	27.50	MM16	364.				364.	227.		9.	236.
2214	LARWOOD YOUTH CENTER - ITASCA	01/01/62	SL	27.50	MM16	31,973.				31,973.	31,973.		0.	31,973.
2215	LARWOOD YOUTH CENTER-85 ADDIT. - ITASCA	01/01/85	SL	20.00	HY16	49,906.				49,906.	49,906.		0.	49,906.
2216	LARWOOD YOUTH CENTER-89 ADDIT. - ITASCA	01/01/89	SL	27.50	MM17	1,442.				1,442.	756.		36.	792.
2328	MCMILLAN COTTAGE* ADDITION - ITASCA	01/01/60	SL	27.50	MM16	75,083.				75,083.	75,083.		0.	75,083.

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2329	MCMILLAN COTTAGE* 87 ADDITION - ITASCA	01/01/87	SL	27.50	MM17	154,387.				154,387.	88,645.		3,860.	92,505.
2337	BRYCE SWIMMING POOL - ITASCA	01/01/61	SL	10.00	HY16	47,483.				47,483.	47,483.		0.	47,483.
2338	BRYCE SWIMMING POOL* 87 ADDTN - ITASCA	01/01/87	SL	10.00	HY17	21,680.				21,680.	21,680.		0.	21,680.
2442	ICE MACHINE - MANITOWOC - ITASCA	06/23/97	SL	7.00	HY17	2,300.				2,300.	2,300.		0.	2,300.
2554	PORTABLE BUILDING - WAXAHACHIE	01/30/98	SL	10.00	HY17	1,375.				1,375.	1,375.		0.	1,375.
2555	AUSTIN HOME - 3603 STARLINE DR - AUSTIN GIRL'S HOME	06/29/98	SL	15.00	HY17	202,583.				202,583.	81,034.		6,753.	87,787.
2556	AUSTIN HOME LAND-3603 STARLINE - AUSTIN GIRL'S HOM	06/29/98	L		HY	50,000.				50,000.			0.	
2560	LAND 5.679 ACRES - SAN ANTONIO	12/17/98	L		HY	373,899.				373,899.			0.	
2562	COMDIAL TELEPHONE SYSTEM - ADMINISTRATION	12/11/98	SL	7.00	HY17	10,849.				10,849.	10,849.		0.	10,849.
2563	WATER & WASTEWATER IMPROVEMENT - ITASCA	08/28/98	SL	27.50	MM17	363,685.				363,685.	148,801.		12,123.	160,924.
2564	PIANO (DONATED) - WAXAHACHIE	09/17/98	SL	7.00	HY17	2,000.				2,000.	2,000.		0.	2,000.
2578	TRAILER-CHOIR (WHITE) - FACILITIES & MAINTENANCE	07/27/99	SL	7.00	HY17	1,260.				1,260.	1,260.		0.	1,260.
2581	HUNTER COTTAGE RENOVATIONS-1999 - ITASCA	10/01/99	SL	27.50	MM17	23,038.				23,038.	6,336.		576.	6,912.
2582	LAND CLEARING-SAN ANTONIO - SAN ANTONIO	02/08/99	L		HY	4,250.				4,250.			0.	
2583	DESK- VP FINANCE OFFICE - ADMINISTRATION	07/08/99	SL	7.00	HY17	1,160.				1,160.	1,160.		0.	1,160.
2585	BEE CAVES OFFICE BLDG-CENTRAL OFFICE-1999 EXP	12/31/99	SL	27.50	MM17	116,573.				116,573.	32,057.		6,130.	38,187.
2588	HORSE STALLS - SAN ANTONIO	01/31/00	SL	27.50	MM17	2,500.				2,500.	1,250.		125.	1,375.
2590	POOL FENCE - ITASCA	03/22/00	SL	15.00	HY17	5,509.				5,509.	5,509.		0.	5,509.

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2591	GAS WELDER - FACILITIES & MAINTENANCE	05/30/00	SL	15.00	HY17	2,700.				2,700.	2,700.		0.	2,700.
2593	CENTRAL OFFICE BLDG -2000 EXPENSES - ADMINISTRATION	04/12/00	SL	27.50	MM17	1,128,180.				1,128,180.	282,046.		41,025.	323,071.
2594	SCREENED IN PORCH (HARGIS FRONT STEPS) - ITASCA	07/17/00	SL	15.00	HY17	2,915.				2,915.	1,458.		194.	1,652.
2599	HILLTOP IMPROVEMENTS - ITASCA	01/01/01	SL	15.00	HY17	162,632.				162,632.	32,874.		4,066.	36,940.
2600	BLACKBAUD PAYROLL SOFTWARE ADMINISTRATION	10/09/00	SL	5.00	HY17	4,040.				4,040.	4,040.		0.	4,040.
2604	DATA/VIDEO PROJECTION UNIT DEVELOPMENT	11/22/00	SL	5.00	HY17	3,891.				3,891.	3,891.		0.	3,891.
2622	NEW HOLLAND TRACTOR-TN65 - FACILITIES & MAINTENANCE	01/31/01	SL	7.00	HY17	15,955.				15,955.	15,955.		0.	15,955.
2625	FRONT END LOADER - FACILITIES & MAINTENANCE	04/30/01	SL	7.00	HY17	3,963.				3,963.	3,963.		0.	3,963.
2629	OVEN AND RANGE - AUSTIN GIRL'S HOME	10/11/01	SL	7.00	HY17	1,347.				1,347.	1,347.		0.	1,347.
2637	SA BOYS SHED - SAN ANTONIO	12/19/01	SL	7.00	HY17	2,135.				2,135.	2,135.		0.	2,135.
2638	SA GIRL'S SHED - SAN ANTONIO	12/19/01	SL	7.00	HY17	2,135.				2,135.	2,135.		0.	2,135.
2640	SLIDE - ITASCA PLAYGROUND - ITASCA	07/25/01	SL	10.00	HY17	2,966.				2,966.	2,670.		296.	2,966.
2641	SEESAW- ITASCA PLAYGROUND - ITASCA	07/25/01	SL	10.00	HY17	1,121.				1,121.	1,008.		112.	1,120.
2642	GAZEBO - ITASCA PLAYGROUND - ITASCA	04/25/01	SL	20.00	HY17	2,189.				2,189.	897.		109.	1,006.
2643	AC/HEATER - FURNACE - WAXAHACHIE	02/20/02	SL	7.00	HY17	4,290.				4,290.	4,290.		0.	4,290.
2646	EROSION CONTROL PROJECT - WAXAHACHIE	07/11/02	SL	27.50	MM17	31,206.				31,206.	6,241.		1,135.	7,376.
2647	HP PAVILION 700 - COM (EXTRA PC) - DEVELOPMENT	07/19/02	SL	5.00	HY17	2,400.				2,400.	2,400.		0.	2,400.
2648	TRIAD XTS PHONE SYSTEM - ITASCA	07/29/02	SL	7.00	HY17	8,523.				8,523.	8,523.		0.	8,523.

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2652	(D)SIDE BY SIDE REFRIGERATOR/FREEZER - SAN A	06/11/02	SL	7.00	HY17	1,350.				1,350.	1,350.		0.	
2654	BASEBALL FIELD - WAXAHACHIE	09/06/02	SL	20.00	HY17	21,137.				21,137.	8,455.		1,057.	9,512.
2655	A/C - JANITORIL 5 TON COMPRESSOR - ITASCA	08/19/02	SL	7.00	HY17	1,580.				1,580.	1,580.		0.	1,580.
2658	AUTOMATIC GATE - ITASCA	09/17/02	SL	10.00	HY17	2,590.				2,590.	2,072.		259.	2,331.
2660	AC/HEATER - CARRIER GAS FURNACE - WAXAHACHIE	10/31/02	SL	7.00	HY17	4,525.				4,525.	4,525.		0.	4,525.
2661	AC/HEATER - CARRIER GAS FURNACE - WAXAHACHIE	10/30/02	SL	7.00	HY17	4,525.				4,525.	4,525.		0.	4,525.
2662	6FT FINISHING MOWER - FACILITIES & MAINTENANCE	10/01/02	SL	7.00	HY17	1,099.				1,099.	1,099.		0.	1,099.
2665	WAXAHACHIE LAND - HOME - WAXAHACHIE	12/31/90	L		HY	142,607.				142,607.			0.	
2673	1995 FORD TRUCK - PURPLE (SHOP TRUCK) - FACILITIES &	04/03/98	SL	5.00	HY17	10,572.				10,572.	10,572.		0.	10,572.
2698	COMPUTER - INTEL PENTIUM 166- 32 MEG- 3.5 GIG - FACIL	12/22/97	SL	5.00	HY17	1,083.				1,083.	1,083.		0.	1,083.
2722	LIQUID BLEACH CONTROLLER FOR POOL - WAXAHACHIE	05/11/99	SL	5.00	HY17	6,418.				6,418.	6,418.		0.	6,418.
2724	POOL FURNITURE - WAXAHACHIE	06/17/99	SL	5.00	HY17	2,799.				2,799.	2,799.		0.	2,799.
2737	AQUA KING LP - WAXAHACHIE	05/31/00	SL	5.00	HY17	2,969.				2,969.	2,969.		0.	2,969.
2739	50" CUT ZERO TURN RIDER LAWN MOWER - FACILITIES & MAINTE	07/18/01	SL	5.00	HY17	5,750.				5,750.	5,750.		0.	5,750.
2743	KUBOTA TRACTOR W/TOP- LOADER- BUCK & MOWER - FACIL	08/12/97	SL	7.00	HY17	11,934.				11,934.	11,934.		0.	11,934.
2744	PHONE SYSTEM - WAXAHACHIE	12/12/97	SL	7.00	HY17	8,711.				8,711.	8,711.		0.	8,711.
2753	FLOORING - CARPETING - WAXAHACHIE	04/09/98	SL	10.00	HY17	3,878.				3,878.	3,878.		0.	3,878.
2754	BRUTE FORCE WEIGHT STATION - WAXAHACHIE	05/27/98	SL	10.00	HY17	3,000.				3,000.	3,000.		0.	3,000.

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2757	A/C - LENNOX 6-TON CONDENSING UNIT - WAXAHACHIE	02/02/99	SL	10.00		HY17	1,995.				1,995.	1,995.		0.	1,995.
2758	BASEMENT CUBICLES - DEVELOPMENT	02/23/99	SL	10.00		HY17	12,624.				12,624.	12,624.		0.	12,624.
2760	LIFEGUARD STAND - WAXAHACHIE	07/14/99	SL	10.00		HY17	1,900.				1,900.	1,900.		0.	1,900.
2761	AC/HEATER - FURNACE & A/C COILS - WAXAHACHIE	11/03/99	SL	10.00		HY17	3,640.				3,640.	3,640.		0.	3,640.
2762	(D)A/C & HEATING PACKAGE - WAXAHACHIE	12/28/99	SL	10.00		HY17	2,740.				2,740.	2,740.		0.	
2764	AC/HEATER - GAS FURNACE & EVAP. COILS - WAXAHACHIE	06/08/00	SL	10.00		HY17	2,073.				2,073.	2,073.		0.	2,073.
2765	A/C CONDENSING UNIT - WAXAHACHIE	06/15/00	SL	10.00		HY17	1,376.				1,376.	1,376.		0.	1,376.
2766	A/C EVAP. COILS - WAXAHACHIE	06/27/00	SL	10.00		HY17	1,047.				1,047.	1,047.		0.	1,047.
2767	A/C CONDENSING UNIT - WAXAHACHIE	07/06/00	SL	10.00		HY17	1,456.				1,456.	1,456.		0.	1,456.
2769	AC/HEATING - STERLING DUCT FURNACE - WAXAHACHIE	02/22/01	SL	10.00		HY17	6,517.				6,517.	5,837.		652.	6,489.
2770	A/C CONDENSING UNIT - WAXAHACHIE	06/11/01	SL	10.00		HY17	3,950.				3,950.	3,513.		395.	3,908.
2771	INSTALL OF FIBER OPTIC CABLE AND PULL BOXES - WAXAHACHIE	07/01/01	SL	7.00		HY17	11,010.				11,010.	11,010.		0.	11,010.
2772	A/C CARRIER - CONDENSING UNIT - WAXAHACHIE	07/17/01	SL	10.00		HY17	3,728.				3,728.	3,298.		373.	3,671.
2773	A/C CONDENSING UNIT - WAXAHACHIE	11/07/01	SL	10.00		HY17	3,950.				3,950.	3,469.		395.	3,864.
2774	NEW GAS FURNACES WATER HEATER - WAXAHACHIE	12/20/01	SL	10.00		HY17	4,185.				4,185.	3,658.		419.	4,077.
2775	CONFERENCE TABLE - WAXAHACHIE	12/21/01	SL	7.00		HY17	1,160.				1,160.	1,160.		0.	1,160.
2777	PHONE CABINET - WAXAHACHIE	10/31/01	SL	5.00		HY17	3,123.				3,123.	3,123.		0.	3,123.
2778	SEWER TREATING SYSTEM - WAXAHACHIE	07/01/83	SL	10.00		HY16	16,757.				16,757.	16,757.		0.	16,757.

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2779	WATER & SEWER DISTRIBUTION - WAXAHACHIE	07/01/83	SL	10.00		HY16	34,160.				34,160.	34,160.		0.	34,160.
2780	STREETS - WAXAHACHIE	07/01/83	SL	10.00		HY16	43,971.				43,971.	43,971.		0.	43,971.
2781	STREET IMPROVEMENTS - WAXAHACHIE	07/01/83	SL	10.00		HY16	57,758.				57,758.	57,758.		0.	57,758.
2782	TENNIS COURT - WAXAHACHIE	07/01/83	SL	10.00		HY16	7,793.				7,793.	7,793.		0.	7,793.
2783	SWIMMING POOL IMPROVEMENTS - WAXAHACHIE	07/01/87	SL	10.00		HY17	10,827.				10,827.	10,827.		0.	10,827.
2784	STREET PAVING - WAXAHACHIE	07/01/89	SL	10.00		HY17	7,300.				7,300.	7,300.		0.	7,300.
2785	SWIMMING POOL - WAXAHACHIE	07/01/89	SL	10.00		HY17	45,496.				45,496.	45,496.		0.	45,496.
2786	READ MEMORIAL GARDEN - WAXAHACHIE	07/01/90	SL	10.00		HY17	9,700.				9,700.	9,700.		0.	9,700.
2787	FENCE - MATERIALS - WAXAHACHIE	01/31/96	SL	10.00		HY17	35,922.				35,922.	35,922.		0.	35,922.
2788	PROPERTY IMPROVEMENTS - WAXAHACHIE	08/15/96	SL	10.00		HY17	2,930.				2,930.	2,930.		0.	2,930.
2789	FENCE - LABOR - WAXAHACHIE	10/09/96	SL	10.00		HY17	7,498.				7,498.	7,498.		0.	7,498.
2790	VOLLEYBALL COURTS - WAXAHACHIE	06/27/97	SL	10.00		HY17	5,756.				5,756.	5,756.		0.	5,756.
2791	A/C - 7.5 TON TRANE UNIT - WAXAHACHIE	07/31/98	SL	10.00		HY17	2,600.				2,600.	2,600.		0.	2,600.
2793	ROAD REPAIR - LAY NEW ASPHALT - WAXAHACHIE	03/23/99	SL	10.00		HY17	16,088.				16,088.	16,088.		0.	16,088.
2794	POOL RENOVATION - WAXAHACHIE	04/09/99	SL	15.00		HY17	16,831.				16,831.	12,342.		1,122.	13,464.
2796	DRAINAGE WORK - WAXAHACHIE	07/19/99	SL	10.00		HY17	1,484.				1,484.	1,484.		0.	1,484.
2797	PORTABLE POOL BUILDING - WAXAHACHIE	07/23/99	SL	10.00		HY17	1,010.				1,010.	1,010.		0.	1,010.
2798	LOUVERED DOORS FOR POOL ROOM - WAXAHACHIE	09/28/99	SL	15.00		HY17	1,479.				1,479.	1,085.		99.	1,184.

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2799	ELECT. SVC- FANS- LIGHTS @ POLE BARN - WAXAHACHIE	12/09/99	SL	10.00		HY17	4,565.				4,565.	4,565.		0.	4,565.
2800	SWIMMING POOL IMPROVEMENTS - WAXAHACHIE	07/20/01	SL	15.00		HY17	17,318.				17,318.	10,392.		1,155.	11,547.
2801	SWIMMING POOL IMPROVEMENTS - WAXAHACHIE	07/30/01	SL	15.00		HY17	1,300.				1,300.	781.		87.	868.
2802	PCHS SIGN - WAXAHACHIE	12/14/01	SL	10.00		HY17	7,625.				7,625.	6,664.		763.	7,427.
2803	PLAYGROUND EQUIPMENT - WAXAHACHIE	08/24/98	SL	10.00		HY17	2,437.				2,437.	2,437.		0.	2,437.
2805	BASEBALL BACKSTOP - WAXAHACHIE	04/29/98	SL	15.00		HY17	1,000.				1,000.	788.		67.	855.
2806	ROOF REPAIR - WAXAHACHIE	04/13/98	SL	20.00		HY17	1,900.				1,900.	1,118.		95.	1,213.
2808	FIRE ALARM PANEL - WAXAHACHIE	09/10/98	SL	20.00		HY17	1,135.				1,135.	654.		57.	711.
2809	AC/HEATER - INDOOR AIR HANDLER - WAXAHACHIE	09/30/98	SL	10.00		HY17	2,055.				2,055.	2,055.		0.	2,055.
2810	OUTSIDE LIGHTING - WAXAHACHIE	05/15/99	SL	20.00		HY17	2,042.				2,042.	1,094.		102.	1,196.
2811	ROOF - WAXAHACHIE	09/23/99	SL	20.00		HY17	3,717.				3,717.	1,944.		186.	2,130.
2812	ROOF - WAXAHACHIE	09/23/99	SL	20.00		HY17	3,717.				3,717.	1,944.		186.	2,130.
2813	ROPES COURSE - WAXAHACHIE	10/01/99	SL	20.00		HY17	32,484.				32,484.	16,987.		1,624.	18,611.
2814	PATHWAY LIGHTING - WAXAHACHIE	12/27/99	SL	20.00		HY17	1,154.				1,154.	597.		58.	655.
2815	ROOF - WAXAHACHIE	11/14/00	SL	20.00		HY17	3,717.				3,717.	1,743.		186.	1,929.
2816	ROOF - WAXAHACHIE	11/14/00	SL	20.00		HY17	3,717.				3,717.	1,743.		186.	1,929.
2817	ROOF - WAXAHACHIE	10/15/01	SL	20.00		HY17	3,917.				3,917.	1,652.		196.	1,848.
2818	ROOF - WAXAHACHIE	10/15/01	SL	20.00		HY17	3,917.				3,917.	1,652.		196.	1,848.

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2819	DOT & ARTHUR HERRING SHOP BLDG - FACILITIES & MAINTENANCE RECREATION BUILDING - WAXAHACHIE	07/01/63	SL	27.50	MM	16	10,644.				10,644.	10,644.		0.	10,644.
2820	LAUNDRY BUILDING - WAXAHACHIE	07/01/67	SL	27.50	MM	16	51,600.				51,600.	51,600.		0.	51,600.
2821	HAY BARN - WAXAHACHIE	07/01/67	SL	27.50	MM	16	10,600.				10,600.	10,600.		0.	10,600.
2822	HOFFSTETTER MEMORIAL (OFFICES) - WAXAHACHIE	07/01/68	SL	27.50	MM	16	3,582.				3,582.	3,582.		0.	3,582.
2823	EQUIPMENT BARN (BY ROPES COURSE) - WAXAHACHIE	07/01/69	SL	27.50	MM	16	178,844.				178,844.	178,844.		0.	178,844.
2824	POSTON MEMORIAL INFIRMARY - WAXAHACHIE	07/01/69	SL	27.50	MM	16	2,640.				2,640.	2,640.		0.	2,640.
2825	STAFF COTTAGE NO- 1 (OLD READ RES) - WAXAHACHIE	07/11/70	SL	27.50	MM	16	42,500.				42,500.	42,500.		0.	42,500.
2826	HOFFSTETTER MEMORIAL BLDG IMPROVEMENT - WAXAHACHIE	07/01/76	SL	27.50	MM	16	19,700.				19,700.	19,700.		0.	19,700.
2827	STAFF DUPLEX RESIDENCE - WAXAHACHIE	07/01/77	SL	27.50	MM	16	47,870.				47,870.	47,870.		0.	47,870.
2828	STAFF RESIDENCE #3 (TRIPLEX) - WAXAHACHIE	07/01/77	SL	27.50	MM	16	31,179.				31,179.	31,178.		0.	31,178.
2829	ADMINISTRATORS RESIDENCE - WAXAHACHIE	07/01/79	SL	27.50	MM	16	49,562.				49,562.	45,564.		0.	45,564.
2830	BLDG NO 1 - REYNOLDS MEMORIAL - WAXAHACHIE	07/01/82	SL	27.50	MM	16	59,559.				59,559.	48,751.		0.	48,751.
2831	BLDG NO 2 - REAGAN P. WOFFORD MEMORIAL - WAXAHACHIE	07/01/82	SL	27.50	MM	16	36,550.				36,550.	30,327.		0.	30,327.
2832	BLDG NO 3 - JAMES READ MEMORIAL - WAXAHACHIE	07/01/82	SL	27.50	MM	16	36,550.				36,550.	30,327.		0.	30,327.
2833	BLDG NO 4 - MRS. J. W. MOORE MEMORIAL - WAXAHACHIE	07/01/82	SL	27.50	MM	16	36,550.				36,550.	30,328.		0.	30,328.
2834	BLDG NO 5 - WM J. KING MEMORIAL - WAXAHACHIE	07/01/82	SL	27.50	MM	16	36,550.				36,550.	30,328.		0.	30,328.
2835	BLDG NO 6 - WM. C. PROCTOR - WAXAHACHIE	07/01/82	SL	27.50	MM	16	36,550.				36,550.	30,328.		0.	30,328.
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2837	BLDG NO 7 - BERTHA CHAPMAN CUNNINGHAM - WAXAHACHIE	07/01/84	SL	27.50	MM16	40,836.				40,836.	31,526.		1,485.	33,011.
2838	BLDG NO 8 - VERA CHAPMAN GILLIAN MEMORIAL - WAXAHACHIE	07/01/84	SL	27.50	MM16	40,836.				40,836.	31,524.		1,485.	33,009.
2839	BLDG NO 9 - LEE J. EVANS MEMORIAL - WAXAHACHIE	07/01/84	SL	27.50	MM16	40,836.				40,836.	31,524.		1,485.	33,009.
2840	KITCHEN/BATHROOM REMODEL - 1992 - WAXAHACHIE	07/01/92	SL	15.00	HY17	488,333.				488,333.	265,178.		0.	265,178.
2841	PRESIDENTS HOME - 1993 - WAXAHACHIE	07/01/93	SL	27.50	MM17	6,425.				6,425.	3,767.		234.	4,001.
2842	AUDITORIUM - 1994 - WAXAHACHIE	07/01/94	SL	27.50	MM17	14,913.				14,913.	7,445.		542.	7,987.
2843	ADMIN BLDG RENOVATION - 1994 - WAXAHACHIE	07/01/94	SL	15.00	HY17	149,298.				149,298.	70,247.		0.	70,247.
2844	MAINTENANCE OFFICE - INSIDE OLD BARN - FACILITIES & MAIN	01/31/97	SL	27.50	MM17	6,716.				6,716.	2,227.		244.	2,471.
2845	MAINTENANCE OFFICE - INSIDE OLD BARN - FACILITIES & MAIN	04/30/97	SL	27.50	MM17	2,375.				2,375.	775.		86.	861.
2846	KITCHEN LEVELING & SUPPORTS - WAXAHACHIE	12/30/97	SL	27.50	MM17	2,000.				2,000.	607.		73.	680.
2847	W-GYM RENOVATIONS - WAXAHACHIE	02/15/98	SL	27.50	MM17	506,195.				506,195.	150,929.		10,158.	161,087.
2848	CONFERENCE ROOM - WAXAHACHIE	12/01/98	SL	27.50	MM17	4,563.				4,563.	1,276.		166.	1,442.
2849	BASEMENT CONVERSION - WAXAHACHIE	02/15/99	SL	15.00	HY17	11,266.				11,266.	5,412.		751.	6,163.
2850	BRIDGE HOUSE (#110) - WAXAHACHIE	03/01/02	SL	27.50	MM17	273,626.				273,626.	54,726.		9,950.	64,676.
2851	ITASCA POOL IMPROVEMENTS 2003 - ITASCA	04/01/09	SL	15.00	HY17	7,307.				7,307.	490.		487.	977.
2852	TENNIS/BASKETBALL COURTS IMPROVEMENTS 2003 - ITASCA	04/03/03	SL	15.00	HY17	10,210.				10,210.	4,765.		681.	5,446.
2858	BRYCE-FLATO ADDITION 2003 - ITASCA	07/14/03	SL	15.00	HY17	74,116.				74,116.	12,971.		4,941.	17,912.
2859	A/C - JANITORIL 5 TON COMPRESSOR - ITASCA	05/12/03	SL	7.00	HY17	1,680.				1,680.	1,680.		0.	1,680.

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2860	TRAILER BBQ PIT - FACILITIES & MAINTENANCE	06/26/03	SL	7.00		HY17	1,100.				1,100.	1,100.		0.	1,100.
2863	AC/HEATER - FURNACES - WAXAHACHIE	06/03/03	SL	7.00		HY17	4,525.				4,525.	4,524.		1.	4,525.
2867	ROOF - WAXAHACHIE	10/22/03	SL	20.00		HY17	2,748.				2,748.	961.		137.	1,098.
2868	ROOF - WAXAHACHIE	10/22/03	SL	20.00		HY17	2,748.				2,748.	961.		137.	1,098.
2869	ROOF (METAL) - ITASCA	12/17/03	SL	20.00		HY17	1,500.				1,500.	525.		75.	600.
2870	2001 CHEVY SILVERADO TRUCK (MAINTENANCE) - FACILITIES &	12/12/03	SL	5.00		HY17	8,856.				8,856.	8,856.		0.	8,856.
2872	2002 CHEVY C2500 TRUCK - FACILITIES & MAINTENANCE	12/07/03	SL	5.00		HY17	20,092.				20,092.	20,092.		0.	20,092.
2874	XEROX COPIER - WAXAHACHIE	10/01/03	SL	7.00		HY17	14,079.				14,079.	14,079.		0.	14,079.
2875	BRYCE FLATO ADDITION 2004 - ITASCA	03/31/04	SL	15.00		HY17	3,858.				3,858.	578.		257.	835.
2876	FLOORING - VINYL (DUNCANVILLE KITCHEN) - WAXA	05/19/04	SL	10.00		HY17	2,620.				2,620.	1,572.		262.	1,834.
2877	GRASSHOPPER MOWER - FACILITIES & MAINTENANCE	02/02/04	SL	7.00		HY17	8,190.				8,190.	7,020.		1,170.	8,190.
2880	(D)DELL LAPTOP (BECKI RICE) - STUDENT ED	02/20/04	SL	5.00		HY17	1,006.				1,006.	1,006.		0.	
2881	LAWNMOWER (ZERO-TURN) - SAN ANTONIO	02/24/04	SL	7.00		HY17	2,900.				2,900.	2,485.		414.	2,899.
2882	LAWNMOWER (ZERO-TURN) - FACILITIES & MAINTENANCE	02/24/04	SL	7.00		HY17	2,400.				2,400.	2,057.		343.	2,400.
2883	CARPET EXTRACTOR - FACILITIES & MAINTENANCE	03/05/04	SL	7.00		HY17	1,995.				1,995.	1,710.		285.	1,995.
2886	(D)COUCH - SECTIONAL (SA GIRLS) - SAN ANTONIO	04/02/04	SL	7.00		HY17	1,660.				1,660.	1,422.		237.	
2887	COUCH - SA BOYS - SAN ANTONIO	04/07/04	SL	7.00		HY17	1,000.				1,000.	857.		143.	1,000.
2888	DAHILL COPIER - ADMINISTRATION	05/06/04	SL	7.00		HY17	8,300.				8,300.	7,115.		1,185.	8,300.

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2889	RANGE - ITASCA	05/11/04	SL	7.00		HY17	2,764.				2,764.	2,369.		395.	2,764.
2892	AC/HEATING UNIT - ITASCA	09/23/04	SL	7.00		HY17	3,100.				3,100.	2,657.		443.	3,100.
2893	A/C - 10 TON CONDENSING UNIT - WAXAHACHIE	07/16/04	SL	7.00		HY17	4,015.				4,015.	3,442.		573.	4,015.
2894	ROAD REPAIR & BLACKTOP - WAXAHACHIE	08/25/04	SL	10.00		HY17	26,400.				26,400.	15,840.		2,640.	18,480.
2898	(D)2004 TAURUS - DEVELOPMENT	10/27/04	SL	5.00		HY17	13,177.				13,177.	13,177.		0.	
2899	AC/HEATING UNIT - WAXAHACHIE	04/19/05	SL	7.00		HY17	1,098.				1,098.	785.		157.	942.
2900	FLOORING - GYMNASIUM - ITASCA	02/14/05	SL	20.00		HY17	26,100.				26,100.	6,525.		1,305.	7,830.
2901	REFRIGERATOR - SAN ANTONIO	01/23/05	SL	7.00		HY17	2,025.				2,025.	1,446.		289.	1,735.
2902	AC/HEATING UNIT - SAN ANTONIO	04/27/05	SL	7.00		HY17	1,406.				1,406.	1,004.		201.	1,205.
2903	AC/HEATING UNIT - WAXAHACHIE	04/27/05	SL	7.00		HY17	1,465.				1,465.	1,046.		209.	1,255.
2904	FLOORING - CARPET & VINYL - ITASCA	03/28/05	SL	10.00		HY17	24,349.				24,349.	12,175.		2,435.	14,610.
2905	FIRE SUPPRESSION SYSTEM - ITASCA	03/21/05	SL	20.00		HY17	6,050.				6,050.	1,514.		303.	1,817.
2906	(D)DELL INSPIRON 8600, INTEL PENTIUM MPROCESSOR 725 - HO	02/05/05	SL	5.00		HY17	1,160.				1,160.	1,160.		0.	
2907	(D)DELL INSPIRON 8600, INTEL PENTIUM MPROCESSOR 725 - FA	02/05/05	SL	5.00		HY17	1,161.				1,161.	1,161.		0.	
2908	AC/HEATING UNIT - AUSTIN GIRL'S HOME	01/26/05	SL	7.00		HY17	3,565.				3,565.	2,546.		509.	3,055.
2909	72" CUT ZERO TURN RIDING MOWER - FACILITIES & MAINTEN	03/01/05	SL	7.00		HY17	9,500.				9,500.	6,785.		1,357.	8,142.
2910	ZERO TURN MOWER - FACILITIES & MAINTENANCE	03/01/05	SL	7.00		HY17	5,000.				5,000.	3,571.		714.	4,285.
2911	FIRE ALARM SYSTEM - ITASCA	05/25/05	SL	20.00		HY17	9,552.				9,552.	2,389.		478.	2,867.

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2912	FIRE ALARM SYSTEM - ITASCA	05/25/05	SL	20.00		HY17	9,552.				9,552.	2,389.		478.	2,867.
2913	FIRE ALARM SYSTEM - ITASCA	05/25/05	SL	20.00		HY17	9,552.				9,552.	2,389.		478.	2,867.
2914	FLOORING - CARPETING - ITASCA	05/27/05	SL	10.00		HY17	3,775.				3,775.	1,886.		378.	2,264.
2917	CL2 CONTROLLER FOR POOL - ITASCA	06/16/05	SL	7.00		HY17	1,658.				1,658.	1,185.		237.	1,422.
2918	2006 FORD 12 PASSENGER E350 VAN - RED - AUSTIN GIRL'S HO	07/14/05	SL	5.00		HY17	19,622.				19,622.	19,621.		1.	19,622.
2920	2006 FORD 12 PASSENGER E350 VAN - RED - SAN ANTONIO	07/14/05	SL	5.00		HY17	19,622.				19,622.	19,621.		1.	19,622.
2922	2006 FORD 12 PASSENGER E350 VAN - SILVER - WAXAHACHIE	07/14/05	SL	5.00		HY17	19,622.				19,622.	19,621.		1.	19,622.
2924	2006 FORD 12 PASSENGER E350 VAN - TUNDRA - WAXAHACHIE	07/14/05	SL	5.00		HY17	19,622.				19,622.	19,621.		1.	19,622.
2925	2006 FORD 12 PASSENGER E350 VAN - TUNDRA - WAXAHACHIE	07/14/05	SL	5.00		HY17	19,622.				19,622.	19,621.		1.	19,622.
2926	2006 FORD 12 PASSENGER E350 VAN - RED - WAXAHACHIE	07/14/05	SL	5.00		HY17	19,622.				19,622.	19,621.		1.	19,622.
2927	2006 FORD F250 3/4 TON PICKUP - WHITE - FACILITIES	07/14/05	SL	5.00		HY17	20,667.				20,667.	20,666.		1.	20,667.
2928	2006 FORD 12 PASSENGER E350 VAN - TUNDRA - ITASCA	07/14/05	SL	5.00		HY17	19,621.				19,621.	19,621.		0.	19,621.
2929	2006 FORD 12 PASSENGER E350 VAN - SILVER - ITASCA	07/14/05	SL	5.00		HY17	19,622.				19,622.	19,621.		1.	19,622.
2930	2006 FORD 12 PASSENGER E350 VAN - BLUE - ITASCA	07/14/05	SL	5.00		HY17	19,622.				19,622.	19,621.		1.	19,622.
2931	2006 FORD 12 PASSENGER E350 VAN - RED - ITASCA	07/14/05	SL	5.00		HY17	19,622.				19,622.	19,621.		1.	19,622.
2932	ROADWORK - ITASCA	08/01/05	SL	10.00		HY17	3,439.				3,439.	1,720.		344.	2,064.
2933	BASEBALL FIELD ALUMINUM BLEACHERS - ITASCA	08/02/05	SL	20.00		HY17	2,335.				2,335.	584.		117.	701.
2934	STORAGE SHED - ITASCA	07/11/05	SL	10.00		HY17	1,145.				1,145.	513.		115.	628.

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2935	FLOORING - CARPETING - WAXAHACHIE	03/09/05	SL	10.00		HY17	7,993.				7,993.	3,996.		799.	4,795.
2936	FLOORING - CARPETING - WAXAHACHIE	03/21/05	SL	10.00		HY17	1,795.				1,795.	896.		180.	1,076.
2937	COMPUTER SERVER - ADMINISTRATION	08/03/05	SL	5.00		HY17	2,017.				2,017.	2,016.		1.	2,017.
2938	ROOF - WAXAHACHIE	07/20/05	SL	20.00		HY17	11,000.				11,000.	2,750.		550.	3,300.
2939	ROOF - FACILITIES & MAINTENANCE	07/20/05	SL	20.00		HY17	1,260.				1,260.	315.		63.	378.
2940	FLOORING - CARPETING - WAXAHACHIE	02/23/05	SL	10.00		HY17	1,813.				1,813.	906.		181.	1,087.
2941	ROOF - WAXAHACHIE	08/15/05	SL	20.00		HY17	5,705.				5,705.	1,426.		285.	1,711.
2942	FLOORING - CARPET & VINYL - WAXAHACHIE	07/20/05	SL	10.00		HY17	7,995.				7,995.	3,999.		800.	4,799.
2943	FLOORING - VINYL - WAXAHACHIE	07/20/05	SL	10.00		HY17	7,995.				7,995.	3,999.		800.	4,799.
2944	FLOORING - VINYL - WAXAHACHIE	08/18/05	SL	10.00		HY17	2,822.				2,822.	1,411.		282.	1,693.
2946	GE DOUBLE OVEN - SAN ANTONIO	09/27/05	SL	7.00		HY17	2,098.				2,098.	1,499.		300.	1,799.
2947	KITCHENAID RANGE - SAN ANTONIO	09/27/05	SL	7.00		HY17	2,618.				2,618.	1,870.		374.	2,244.
2948	FLOORING - WAX AUDITORIUM (VINYL PLANK) - WAXAHACHIE	09/06/05	SL	10.00		HY17	10,248.				10,248.	5,021.		1,025.	6,046.
2949	FLOORING - VINYL PLANK - WAXAHACHIE	09/06/05	SL	10.00		HY17	3,984.				3,984.	1,952.		398.	2,350.
2950	SIDING - SAN ANTONIO	10/18/05	SL	15.00		HY17	34,771.				34,771.	4,346.		2,318.	6,664.
2951	WORKING SERVER-CENTRAL OFFICE - ADMINISTRATION	09/09/05	SL	5.00		HY17	891.				891.	891.		0.	891.
2952	WORKING SERVER-CENTRAL OFFICE - ADMINISTRATION	08/04/05	SL	5.00		HY17	33.				33.	33.		0.	33.
2953	ROAD REPAIR & BLACKTOP - SAN ANTONIO	10/18/05	SL	10.00		HY17	22,575.				22,575.	11,289.		2,258.	13,547.

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2954	REMODEL KITCHEN - SAN ANTONIO	10/19/05	SL	15.00		HY17	3,987.				3,987.	499.		266.	765.
2955	FILING CABINET (FIRE PROOF) - ADMINISTRATION	12/22/05	SL	7.00		HY17	1,650.				1,650.	1,179.		236.	1,415.
2956	AC/HEATING UNIT - WAXAHACHIE	12/06/05	SL	7.00		HY17	3,565.				3,565.	2,546.		509.	3,055.
2957	AC/HEATING UNIT - WAXAHACHIE	12/06/05	SL	7.00		HY17	3,565.				3,565.	2,546.		509.	3,055.
2959	AC/HEATING UNIT - WAXAHACHIE	12/06/05	SL	7.00		HY17	3,565.				3,565.	2,546.		509.	3,055.
2960	AC/HEATING UNIT - WAXAHACHIE	12/06/05	SL	7.00		HY17	3,565.				3,565.	2,546.		509.	3,055.
2961	AC/HEATING UNIT - WAXAHACHIE	12/06/05	SL	7.00		HY17	3,565.				3,565.	2,546.		509.	3,055.
2962	AC/HEATING UNIT - WAXAHACHIE	12/06/05	SL	7.00		HY17	2,369.				2,369.	1,691.		338.	2,029.
2963	AC/HEATING UNIT - WAXAHACHIE	12/06/05	SL	7.00		HY17	1,296.				1,296.	899.		185.	1,084.
2964	AC/HEATING UNIT - WAXAHACHIE	12/06/05	SL	7.00		HY17	3,880.				3,880.	2,771.		554.	3,325.
2967	1994 ISUZU PICKUP (SHOP TRUCK) - FACILITIES & MAINTENANCE	12/30/05	SL	5.00		HY17	1,250.				1,250.	1,250.		0.	1,250.
2968	AC/HEATING UNIT - ITASCA	02/07/06	SL	7.00		HY17	20,000.				20,000.	11,428.		2,857.	14,285.
2969	(D)2005 FORD TAURUS SEL - 4DR SEDAN - DEVELOPMENT	02/17/06	SL	5.00		HY17	13,381.				13,381.	10,704.		2,676.	
2970	AC/HEATING UNIT - SAN ANTONIO	02/14/06	SL	7.00		HY17	1,435.				1,435.	820.		205.	1,025.
2971	AC/HEATING UNIT - WAXAHACHIE	01/31/06	SL	7.00		HY17	4,187.				4,187.	2,392.		598.	2,990.
2972	WAX AUDITORIUM REMODEL - WAXAHACHIE	01/24/06	SL	15.00		HY17	2,252.				2,252.	225.		150.	375.
2973	AC/HEATING UNIT - ADMINISTRATION	01/19/06	SL	7.00		HY17	2,530.				2,530.	1,445.		361.	1,806.
2974	ROOF, SIDING AND VENT REPAIR - AUSTIN GIRL'S HOME	03/21/06	SL	15.00		HY17	8,907.				8,907.	1,781.		594.	2,375.

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2975	2006 CHEVROLET MALIBU - ADMINISTRATION	03/01/06	SL	5.00	HY17	18,977.				18,977.	15,181.		3,795.	18,976.
2976	STORAGE SHED - ITASCA	03/24/06	SL	10.00	HY17	3,550.				3,550.	1,420.		355.	1,775.
2977	2006 CHEVROLET IMPALA (GIBSON OLD) - WEATHERFORD	03/30/06	SL	5.00	HY17	19,219.				19,219.	15,376.		3,843.	19,219.
2978	WAX AUDITORIUM REMODEL - ELECTRICAL WORK - WAXAHACHIE	05/01/06	SL	15.00	HY17	4,741.				4,741.	475.		316.	791.
2979	AC/HEATING UNIT - WAXAHACHIE	05/05/06	SL	7.00	HY17	3,334.				3,334.	1,905.		476.	2,381.
2980	AC/HEATING UNIT - WAXAHACHIE	05/05/06	SL	7.00	HY17	2,478.				2,478.	1,416.		354.	1,770.
2981	AC/HEATING UNIT - WAXAHACHIE	05/05/06	SL	7.00	HY17	2,970.				2,970.	1,697.		424.	2,121.
2982	AC/HEATING UNIT - WAXAHACHIE	05/05/06	SL	7.00	HY17	2,088.				2,088.	1,193.		298.	1,491.
2983	AC/HEATING UNIT - WAXAHACHIE	05/05/06	SL	7.00	HY17	3,565.				3,565.	2,037.		509.	2,546.
2984	AC/HEATING UNIT - WAXAHACHIE	05/05/06	SL	7.00	HY17	3,565.				3,565.	2,037.		509.	2,546.
2985	LIGHTING - WAXAHACHIE	05/01/06	SL	27.50	MM17	6,400.				6,400.	1,280.		233.	1,513.
2986	ROAD REPAIR & BLACKTOP - WAXAHACHIE	05/18/06	SL	10.00	HY17	8,020.				8,020.	3,249.		802.	4,051.
2987	SAN ANTONIO POOL IMPROVEMENTS - SAN ANTONIO	05/19/06	SL	10.00	HY17	6,850.				6,850.	2,740.		685.	3,425.
2988	2006 FORD 12 PASSENGER E350 VAN - BLUE - WAXAHACHIE	04/21/06	SL	5.00	HY17	20,005.				20,005.	16,004.		4,001.	20,005.
2989	2006 FORD 12 PASSENGER E350 VAN - BLUE - WAXAHACHIE	04/21/06	SL	5.00	HY17	20,005.				20,005.	16,004.		4,001.	20,005.
2990	2006 FORD 12 PASSENGER E350 VAN - MAROON - WAXAHACHIE	04/21/06	SL	5.00	HY17	20,005.				20,005.	16,004.		4,001.	20,005.
2991	2006 FORD 12 PASSENGER E350 VAN - GOLD ASH - WAXAHACHIE	04/21/06	SL	5.00	HY17	20,005.				20,005.	16,004.		4,001.	20,005.
2992	2006 FORD 12 PASSENGER E350 VAN - SILVER - SAN ANTONIO	04/21/06	SL	5.00	HY17	20,005.				20,005.	16,004.		4,001.	20,005.

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2993	FLOORING - TILE - SAN ANTONIO	06/22/06	SL	20.00	HY17	4,533.				4,533.	907.		227.	1,134.
2994	FLOORING - TILE - AUSTIN GIRL'S HOME	06/16/06	SL	20.00	HY17	3,965.				3,965.	793.		198.	991.
2995	AC/HEATING UNIT - ITASCA	05/31/06	SL	7.00	HY17	30,478.				30,478.	17,416.		4,354.	21,770.
2996	FLOORING - CARPETING - ITASCA	06/21/06	SL	10.00	HY17	4,905.				4,905.	1,961.		491.	2,452.
2997	FLOORING - VINYL - ITASCA	06/21/06	SL	10.00	HY17	3,451.				3,451.	1,380.		345.	1,725.
2998	MIXER - COMMERCIAL GRADE - ITASCA	04/28/06	SL	7.00	HY17	1,735.				1,735.	992.		248.	1,240.
2999	AC/HEATING UNIT - ADMINISTRATION	06/14/06	SL	7.00	HY17	5,532.				5,532.	3,161.		790.	3,951.
3000	SA POOL IMPROVEMENTS (POOL FENCE) - SAN ANTONIO	06/22/06	SL	10.00	HY17	4,370.				4,370.	1,748.		437.	2,185.
3001	AC/HEATING UNIT - ITASCA	06/28/06	SL	7.00	HY17	3,990.				3,990.	2,280.		570.	2,850.
3002	AG. PROJECT AREA - ITASCA - ITASCA	07/25/06	SL	27.50	MM17	10,501.				10,501.	1,051.		382.	1,433.
3003	FLOORING - CONCRETE - SAN ANTONIO	07/17/06	SL	20.00	HY17	4,218.				4,218.	844.		211.	1,055.
3004	COPIER/FAX MACHINE - SAN ANTONIO	07/25/06	SL	7.00	HY17	2,749.				2,749.	1,571.		393.	1,964.
3005	FLOORING - LAMINATE - SAN ANTONIO	08/23/06	SL	10.00	HY17	5,985.				5,985.	2,395.		599.	2,994.
3006	SIDING - BOYS HOME - SAN ANTONIO	08/21/06	SL	27.50	MM17	37,825.				37,825.	3,783.		1,375.	5,158.
3007	ROOF - WAXAHACHIE	08/24/06	SL	20.00	HY17	22,028.				22,028.	4,405.		1,101.	5,506.
3008	(D)2007 CHEVROLET IMPALA (VP FOR COMM SVCS) - PROGRAM AD	08/23/06	SL	5.00	HY17	23,784.				23,784.	19,028.		4,756.	
3009	PROJECT AREA LIVESTOCK PENS - ITASCA	09/22/06	SL	27.50	MM17	2,728.				2,728.	272.		99.	371.
3010	FLOORING - VINYL - ITASCA	09/29/06	SL	10.00	HY17	1,745.				1,745.	697.		175.	872.

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3012	SEPTIC - ITASCA	08/09/06	SL	27.50	MM17	1,200.				1,200.	120.		44.	164.
3014	AUSTIN BOYS HOME - LAND - AUSTIN BOYS HOME	11/17/06	L		HY	50,000.				50,000.			0.	
3015	AUSTIN BOYS HOME - HOUSE - AUSTIN BOYS HOME	11/17/06	SL	27.50	MM17	317,566.				317,566.	31,343.		11,548.	42,891.
3016	STORAGE SHED - ITASCA	11/14/06	SL	10.00	HY17	1,195.				1,195.	479.		120.	599.
3017	ROOF - FACILITIES & MAINTENANCE	10/20/06	SL	20.00	HY17	4,557.				4,557.	912.		228.	1,140.
3018	FLOORING - CARPET - WAXAHACHIE	12/21/06	SL	10.00	HY17	5,060.				5,060.	2,024.		506.	2,530.
3019	FLOORING - CARPET - WAXAHACHIE	12/21/06	SL	10.00	HY17	8,165.				8,165.	3,267.		817.	4,084.
3020	FLOORING - CARPET - WAXAHACHIE	12/21/06	SL	10.00	HY17	8,165.				8,165.	3,267.		817.	4,084.
3021	COMPUTER - HP PAVILLION (KANDACE) - DEVELOPMENT	12/21/06	SL	5.00	HY17	1,363.				1,363.	1,091.		272.	1,363.
3022	2006 FORD 500 - ITASCA	01/17/07	SL	5.00	HY17	16,651.				16,651.	9,990.		3,330.	13,320.
3023	2006 FORD FREESTAR WAGON - ITASCA	01/17/07	SL	5.00	HY17	15,659.				15,659.	9,396.		3,132.	12,528.
3024	RECEPTION DESK (WAX) - WAXAHACHIE	03/10/06	SL	7.00	HY17	1,912.				1,912.	1,092.		273.	1,365.
3025	ITASCA SEWER UPDATE - ITASCA	02/07/07	SL	27.50	MM17	98,562.				98,562.	7,392.		3,584.	10,976.
3026	CARGO TRAILER - FACILITIES & MAINTENANCE	02/20/07	SL	7.00	HY17	2,309.				2,309.	990.		330.	1,320.
3027	2006 FORD TAURUS - GOLD - AUSTIN GIRL'S HOME	03/05/07	SL	5.00	HY17	13,145.				13,145.	7,887.		2,629.	10,516.
3028	2006 FORD TAURUS - TUNDRA - PROGRAM ADMIN	03/05/07	SL	5.00	HY17	13,987.				13,987.	8,391.		2,797.	11,188.
3029	2006 FORD TAURUS - SILVER - WAXAHACHIE	03/05/07	SL	5.00	HY17	13,145.				13,145.	7,887.		2,629.	10,516.
3030	TENNIS COURT FENCE - WAX - WAXAHACHIE	02/22/07	SL	10.00	HY17	6,479.				6,479.	1,944.		648.	2,592.

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3031	2007 FORD FREESTAR - HOPE	03/28/07	SL	5.00	HY17	18,635.				18,635.	11,181.		3,727.	14,908.
3032	SIDEWALK AT BOY'S HOME - SAN ANTONIO	04/10/07	SL	20.00	HY17	3,400.				3,400.	512.		170.	682.
3033	SPRINKLER SYSTEM FOR ADMIN BLDG - WAXAHACHIE	04/11/07	SL	20.00	HY17	5,600.				5,600.	840.		280.	1,120.
3034	2.5 TON RHEEM AC UNIT - ITASCA	04/30/07	SL	7.00	HY17	2,967.				2,967.	1,272.		424.	1,696.
3035	ICE MACHINE - WAXAHACHIE	04/24/07	SL	7.00	HY17	2,000.				2,000.	858.		286.	1,144.
3036	5 TON RHEEM AC UNIT - ITASCA	04/30/07	SL	7.00	HY17	6,023.				6,023.	2,580.		860.	3,440.
3037	AC UNIT/FURNACE - WAXAHACHIE	04/06/07	SL	7.00	HY17	4,560.				4,560.	1,953.		651.	2,604.
3038	2006 CHEVY C1500 EXT CAB TRUCK - FACILITIES & MAINTEN	05/03/07	SL	5.00	HY17	20,267.				20,267.	12,159.		4,053.	16,212.
3039	2007 FORD FREESTYLE SEL - AUSTIN BOYS HOME	05/03/07	SL	5.00	HY17	19,648.				19,648.	11,790.		3,930.	15,720.
3040	2006 FORD FREESTAR SEL - AUSTIN BOYS HOME	05/03/07	SL	5.00	HY17	17,248.				17,248.	10,350.		3,450.	13,800.
3041	2007 FORD FREESTAR SE - SAN ANTONIO	05/03/07	SL	5.00	HY17	16,479.				16,479.	9,888.		3,296.	13,184.
3042	2007 FORD FREESTAR SE - SAN ANTONIO	05/03/07	SL	5.00	HY17	17,448.				17,448.	10,470.		3,490.	13,960.
3043	FLOORING - CARPET - ITASCA	05/08/07	SL	10.00	HY17	3,264.				3,264.	978.		326.	1,304.
3044	2006 FORD TAURUS - ADVANCED ED	05/08/07	SL	5.00	HY17	12,379.				12,379.	7,428.		2,476.	9,904.
3045	ADDITIONAL BATHROOM AUSTIN BOY'S HOME - AUSTIN BOYS HOME	06/07/07	SL	27.50	MM17	17,783.				17,783.	1,335.		647.	1,982.
3046	CONCRETE PARKING LOT - ITASCA	06/06/07	SL	20.00	HY17	9,387.				9,387.	1,407.		469.	1,876.
3047	PLANK FLOORING - ITASCA	06/18/07	SL	10.00	HY17	1,819.				1,819.	546.		182.	728.
3048	POOL CLEANER - WAXAHACHIE	06/20/07	SL	7.00	HY17	4,200.				4,200.	1,800.		600.	2,400.

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(D) - Asset disposed

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
3049	EWALD TRACTOR - KUBOTA - FACILITIES & MAINTENANCE	06/25/07	SL	7.00		HY17	16,381.				16,381.	7,020.		2,340.	9,360.
3050	ITASCA PLAYGROUND IMPROVEMENTS - ITASCA	06/26/07	SL	27.50		MM17	8,210.				8,210.	615.		299.	914.
3051	IMPROVEMENT TO PROJECT AREA LIVESTOCK PENS - ITASCA	07/10/07	SL	27.50		MM17	560.				560.	42.		20.	62.
3052	LARGE ROUND TABLE - AUSTIN BOYS HOME	06/04/07	SL	7.00		HY17	1,500.				1,500.	642.		214.	856.
3053	2.5 TON A/C UNIT - FACILITIES & MAINTENANCE	08/15/07	SL	7.00		HY17	2,894.				2,894.	1,239.		413.	1,652.
3054	(D)PROJECTOR AND CAMERA - STUDENT ED	08/23/07	SL	7.00		HY17	1,464.				1,464.	627.		209.	
3055	MURPHY BED WITH WARDROBE - ITASCA	08/24/07	SL	7.00		HY17	4,488.				4,488.	1,923.		641.	2,564.
3056	NEW TILE - HALL, BATHROOM & LAUNDRY ROOM - SAN ANTONIO	08/24/07	SL	20.00		HY17	2,950.				2,950.	444.		148.	592.
3057	INFOCUS PROJECTOR - DEVELOPMENT	09/24/07	SL	7.00		HY17	3,024.				3,024.	1,296.		432.	1,728.
3058	5 TON A/C UNIT - ITASCA	09/19/07	SL	7.00		HY17	2,150.				2,150.	941.		307.	1,248.
3059	KITCHENETTE #101 - WAXAHACHIE	11/15/07	SL	15.00		HY17	3,476.				3,476.	256.		232.	488.
3061	KITCHENETTE #103 - WAXAHACHIE	11/15/07	SL	15.00		HY17	3,476.				3,476.	256.		232.	488.
3063	KITCHENETTE #105 - WAXAHACHIE	11/15/07	SL	15.00		HY17	3,476.				3,476.	256.		232.	488.
3065	KITCHENETTE #107 - WAXAHACHIE	11/15/07	SL	15.00		HY17	3,476.				3,476.	256.		232.	488.
3067	KITCHENETTE #109 - WAXAHACHIE	11/15/07	SL	15.00		HY17	3,476.				3,476.	256.		232.	488.
3068	FLAT SCREEN TV W/ WALL MOUNT - ITASCA	12/28/07	SL	7.00		HY17	1,498.				1,498.	642.		214.	856.
3069	REFRIGERATOR - 35 CU FT - ITASCA	12/28/07	SL	7.00		HY17	2,200.				2,200.	942.		314.	1,256.
3070	AUSTIN BOY'S LANDSCAPING - AUSTIN BOYS HOME	12/03/07	L			HY	28,788.				28,788.			0.	

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Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
3071	GE 27" BUILT-IN DOUBLE WALL OVEN - ITASCA	08/22/07	SL	7.00	HY17	2,149.				2,149.	921.		307.	1,228.
3072	AUSTIN BOY'S SECTIONAL COUCH - AUSTIN BOYS HOME	05/21/07	SL	7.00	HY17	2,369.				2,369.	1,014.		338.	1,352.
3073	WATER TOWER REPAINTING - ITASCA	01/16/08	SL	10.00	HY17	18,000.				18,000.	3,600.		1,800.	5,400.
3074	PARKING EXPANSION AT CHAPEL W/SIDEWALK - ITASCA	03/13/08	SL	10.00	HY17	6,360.				6,360.	1,272.		636.	1,908.
3075	CUB CADET RIDING MOWER - FACILITIES & MAINTENANCE	03/28/08	SL	7.00	HY17	2,903.				2,903.	830.		415.	1,245.
3076	ITASCA CONFERENCE ROOM REMODEL - ITASCA	04/14/08	SL	10.00	HY17	3,290.				3,290.	658.		329.	987.
3077	MURPHY BED WITH WARDROBE - ITASCA	01/25/08	SL	7.00	HY17	4,080.				4,080.	1,166.		583.	1,749.
3078	MURPHY BED WITH WARDROBE - ITASCA	01/25/08	SL	7.00	HY17	4,080.				4,080.	1,166.		583.	1,749.
3079	REFRIGERATOR - 35 CU FT - ITASCA	03/24/08	SL	7.00	HY17	2,524.				2,524.	722.		361.	1,083.
3080	IMAC APPLE COMPUTER - ITASCA	01/01/08	SL	5.00	HY17	1,149.				1,149.	460.		230.	690.
3081	2007 FORD ECONOLINE - WAXAHACHIE	01/31/08	SL	5.00	HY17	16,398.				16,398.	6,560.		3,280.	9,840.
3082	2007 FORD TAURUS - MENDENHALL - DEVELOPMENT	02/25/08	SL	5.00	HY17	13,468.				13,468.	5,388.		2,694.	8,082.
3083	BOY'S HOME HOUSEPARENT LIVING QUARTERS - SAN ANTONIO	04/18/08	SL	27.50	MM17	2,358.				2,358.	118.		86.	204.
3084	SA BOY'S BATHROOM FLOORS - SAN ANTONIO	06/04/08	SL	20.00	HY17	2,107.				2,107.	210.		105.	315.
3085	AUSTIN BOY'S STORAGE SHED - AUSTIN BOYS HOME	06/02/08	SL	10.00	HY17	1,791.				1,791.	358.		179.	537.
3086	GAS GENERATOR - FACILITIES & MAINTENANCE	06/13/08	SL	7.00	HY17	2,490.				2,490.	712.		356.	1,068.
3087	DIESEL GENERATOR - FACILITIES & MAINTENANCE	06/13/08	SL	7.00	HY17	2,490.				2,490.	712.		356.	1,068.
3088	2009 TOYOTA CAMRY - ADMINISTRATION	06/17/08	SL	5.00	HY17	29,529.				29,529.	11,812.		5,906.	17,718.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
3089	ITASCA STAIR REMODEL ON ADMIN BUILDING - ITASCA	07/17/08	SL	10.00		HY17	14,805.				14,805.	2,960.		1,481.	4,441.
3090	CARPET AUSTIN GIRLS HOME - AUSTIN GIRL'S HOME	07/24/08	SL	10.00		HY17	5,821.				5,821.	1,164.		582.	1,746.
3091	RHEEM GAS FURNACE - ITASCA	07/11/08	SL	7.00		HY17	2,490.				2,490.	712.		356.	1,068.
3092	WALL BED & OFFICE DESK UNIT - WAXAHACHIE	09/30/08	SL	7.00		HY17	5,000.				5,000.	1,428.		714.	2,142.
3093	WALL BED & OFFICE DESK UNIT - WAXAHACHIE	09/30/08	SL	7.00		HY17	5,000.				5,000.	1,428.		714.	2,142.
3094	WALL BED & OFFICE DESK UNIT - WAXAHACHIE	09/30/08	SL	7.00		HY17	5,000.				5,000.	1,428.		714.	2,142.
3095	WALL BED & OFFICE DESK UNIT - WAXAHACHIE	09/30/08	SL	7.00		HY17	5,000.				5,000.	1,428.		714.	2,142.
3096	ROAD REPAIR & ASPHALT - WAXAHACHIE	09/09/08	SL	10.00		HY17	20,920.				20,920.	4,184.		2,092.	6,276.
3097	2008 TECHNOLOGY UPGRADE - ADMINISTRATION	09/03/08	SL	5.00		HY17	5,082.				5,082.	2,032.		1,016.	3,048.
3098	HON 5 DRAWER LATERAL FILE - ADMINISTRATION	10/16/08	SL	7.00		HY17	1,050.				1,050.	300.		150.	450.
3099	BARN IMPROVEMENTS - FACILITIES & MAINTENANCE	10/27/08	SL	10.00		HY17	7,847.				7,847.	1,570.		785.	2,355.
3100	WAXAHACHIE PLAYGROUND - WAXAHACHIE	10/27/08	SL	7.00		HY17	38,734.				38,734.	13,085.		5,533.	18,618.
3101	KITCHENETTE #106 - WAXAHACHIE	11/15/07	SL	15.00		HY17	2,902.				2,902.	214.		193.	407.
3102	KITCHENETTE #102 - WAXAHACHIE	11/15/07	SL	15.00		HY17	2,902.				2,902.	214.		193.	407.
3103	KITCHENETTE #104 - WAXAHACHIE	11/15/07	SL	15.00		HY17	2,902.				2,902.	214.		193.	407.
3104	FOSTER CARE OFFICE RENOVATION (RETREAT BLDG) -	11/13/08	SL	15.00		HY17	24,325.				24,325.	1,194.		1,622.	2,816.
3105	TRUE 35 CU FT STAINLESS REFRIGERATOR - ITASCA	11/18/08	SL	7.00		HY17	2,275.				2,275.	650.		325.	975.
3106	PITNEY BOWES POSTAGE MACHINE - ADMINISTRATION	11/20/08	SL	7.00		HY17	4,334.				4,334.	1,238.		619.	1,857.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
3107	DAHILL COPIER	12/10/08	SL	7.00		HY17	6,495.				6,495.	1,856.		928.	2,784.
3108	FIRE KING 4 DRAWER FIRE SAFE FILE	12/02/08	SL	7.00		HY17	2,390.				2,390.	682.		341.	1,023.
3109	2008 TECHNOLOGY UPGRADE CENTRAL OFFICE	12/31/08	SL	5.00		HY17	57,214.				57,214.	22,894.		11,443.	34,337.
3110	2008 TECHNOLOGY UPGRADE WAXAHACHIE	12/31/08	SL	5.00		HY17	6,086.				6,086.	2,434.		1,217.	3,651.
3111	ALTIGEN VOIP PHONE SYSTEM - HOPE	01/13/09	SL	7.00		HY17	16,632.				16,632.	2,376.		2,376.	4,752.
3112	DAHILL SHARP COPIER - ITASCA	02/10/09	SL	7.00		HY17	6,495.				6,495.	928.		928.	1,856.
3113	RHEEM 5 TON A/C UNIT - ITASCA	03/02/09	SL	7.00		HY17	10,360.				10,360.	1,480.		1,480.	2,960.
3114	CARPET - SA GIRLS HOME - SAN ANTONIO	03/26/09	SL	10.00		HY17	9,026.				9,026.	903.		903.	1,806.
3115	GARAGE DOOR - WAXAHACHIE	03/11/09	SL	10.00		HY17	1,179.				1,179.	118.		118.	236.
3116	STORAGE BUILDING - WAXAHACHIE	02/19/09	SL	10.00		HY17	1,439.				1,439.	144.		144.	288.
3117	STORAGE BUILDING - WAXAHACHIE	02/19/09	SL	10.00		HY17	1,789.				1,789.	179.		179.	358.
3118	STORAGE BUILDING - WAXAHACHIE	02/19/09	SL	10.00		HY17	1,789.				1,789.	179.		179.	358.
3119	STORAGE BUILDING - WAXAHACHIE	02/19/09	SL	10.00		HY17	1,789.				1,789.	179.		179.	358.
3120	STORAGE BUILDING - WAXAHACHIE	02/19/09	SL	10.00		HY17	1,789.				1,789.	179.		179.	358.
3121	DAHILL SHARP COPIER - HOPE	02/10/09	SL	7.00		HY17	7,170.				7,170.	1,024.		1,024.	2,048.
3122	POOL RENOVATIONS - SAN ANTONIO	04/17/09	SL	15.00		HY17	4,418.				4,418.	295.		295.	590.
3123	RHEEM TANKLESS WATER HEATER - ITASCA	06/26/09	SL	7.00		HY17	1,404.				1,404.	201.		201.	402.
3124	KITCHENETTE #108 - WAXAHACHIE	11/15/07	SL	15.00		HY17	2,901.				2,901.	30.		193.	223.

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
3125	DOUBLE OVEN - ITASCA	07/22/09	SL	7.00		HY17	1,292.				1,292.	185.		185.	370.
3126	KITCHEN REMODEL - MC COTTAGE - ITASCA	07/08/09	SL	15.00		HY17	5,576.				5,576.	139.		372.	511.
3127	REFRIGERATOR - STAINLESS SIDE BY SIDE - ITASCA	07/16/09	SL	7.00		HY17	2,450.				2,450.	350.		350.	700.
3128	PROMETHEAN BOARD - WAXAHACHIE	09/08/09	SL	5.00		HY17	4,883.				4,883.	977.		977.	1,954.
3129	AC/HEATING UNIT - WAXAHACHIE	10/13/09	SL	15.00		HY17	4,859.				4,859.	121.		324.	445.
3130	MAYTAG DOUBLE OVEN - WAXAHACHIE	11/05/09	SL	7.00		HY17	1,248.				1,248.	178.		178.	356.
3131	GOODMAN GAS FURNACE - ITASCA	12/08/09	SL	7.00		HY17	2,050.				2,050.	293.		293.	586.
3132	RHEEM A/C UNIT - WAXAHACHIE	07/13/09	SL	7.00		HY17	3,884.				3,884.	555.		555.	1,110.
3133	GOODMAN FURNACE - ITASCA	05/04/09	SL	7.00		HY17	1,890.				1,890.	270.		270.	540.
3134	STORAGE BUILDING	01/29/10	SL	10.00		HY19D	1,500.				1,500.			150.	150.
3135	CABINETS	04/09/10	SL	10.00		HY19D	3,000.				3,000.			3,609.	3,609.
3136	2010 FORD F150 TRUCK	02/11/10	SL	5.00		HY19B	18,047.				18,047.			3,621.	3,621.
3137	2010 FORD FUSION WHITE	02/11/10	SL	5.00		HY19B	18,105.				18,105.			3,618.	3,618.
3138	2010 FORD FUSION SILVER	03/29/10	SL	5.00		HY19B	17,980.				17,980.			3,596.	3,596.
3139	2010 FORD FUSION SILVER (ELLIOT)	02/11/10	SL	5.00		HY19B	18,088.				18,088.			300.	300.
3140	CABINETS	04/09/10	SL	10.00		HY19D	2,784.				2,784.			278.	278.
3141	POOL IMPROVEMENTS - MAIN DRAIN ASSEMBLY	06/09/10	SL	15.00		HY19B	24,999.				24,999.			717.	717.
3142	ASPHALT DRIVEWAY EXTENSION	06/25/10	SL	10.00		HY19D	6,500.				6,500.			1,667.	1,667.

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3143	CABINETS	07/09/10	SL	10.00		HY19D	2,892.				2,892.			171.	171.
3144	POOL CLEANER - GEMINI ROBOTIC	06/02/10	SL	7.00		HY19C	5,019.				5,019.			650.	650.
3145	35 CU. COMMERCIAL REFRIGERATOR	07/18/10	SL	7.00		HY19C	2,360.				2,360.			289.	289.
3146	GLASS DOOR MERCHANDISER COMMERCIAL REFRIGERATOR	07/18/10	SL	7.00		HY19C	1,242.				1,242.			337.	337.
3147	CUB CADET TRACTOR	10/27/10	SL	7.00		HY19C	2,058.				2,058.			177.	177.
3148	CERAMIC TILE - LAUNDRY, BATH, HALL	12/02/10	SL	20.00		HY19F	1,842.				1,842.			294.	294.
3149	AC/HEATER UNIT	12/31/10	SL	7.00		HY19C	4,700.				4,700.			92.	92.
3150	TANKLESS WATER HEATER	06/14/10	SL	7.00		HY19C	1,200.				1,200.			671.	671.
3151	HOSM ACQUISITIONS	12/31/10	SL	7.00		HY19C	47,576.				47,576.			0.	0.
3152	(D)ASSET ADJUSTMENT	VARIOUS	SL	7.00		HY17	-1,799.				-1,799.			0.	0.
	* TOTAL 990 PAGE 10 DEPR						11889934.				11889934.	5,571,532.		422,595.	5,933,874.

Depreciation and Amortization 990
(Including Information on Listed Property)

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

PRESBYTERIAN CHILDREN'S HOMES & SERVICES FORM 990 PAGE 10

Identifying number
75-0818172

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 instructions)	1	500,000.
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	2,000,000.
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 2009 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 2011. 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 allowance 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	6,511.

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 2010	17	395,847.
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 2010 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		72,220.	5 YRS.	HY	SL	11,135.
c	7-year property		16,579.	7 YRS.	HY	SL	2,216.
d	10-year property		16,676.	10 YRS.	HY	SL	5,875.
e	15-year property		24,999.	15 YRS.	HY	SL	717.
f	20-year property		1,842.	20 YRS.	HY	SL	294.
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 2010 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	422,595.
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, 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? Yes No **24b** If "Yes," is the evidence written? Yes 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
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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:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
	:	%						
	:	%						
	:	%						

27 Property used 50% or less in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
	:	%				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	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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?												
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.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
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
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42 Amortization of costs that begins during your 2010 tax year:

(a)	(b)	(c)	(d)	(e)	(f)
	:				
	:				

43 Amortization of costs that began before your 2010 tax year **43**

44 Total. Add amounts in column (f). See the instructions for where to report **44**