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Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047
2007
Open to Public Inspection

For the 2007 calendar year, or tax year beginning , and ending

<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions.	C Name of organization CONSUMER SERVICES INC		D Employer identification number 02-0674084
		Number and street (or P O box if mail is not delivered to street address) Room/suite 585 JEWETT ROAD		E Telephone number 517-833-8100
		City or town, state or country, and ZIP + 4 MASON MI 49866		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Not applicable to section 527 organizations.

Website: N/A

Organization type (check only one) 501(c) (3) (insert no) 4947(a)(1)

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

H If not applicable to section 527 organizations:
 H(a) Is this a group return for affiliates? Yes No
 H(b) If "Yes," enter number of affiliates: _____
 H(c) Are all affiliates included? Yes No (If "No," attach a list. See instructions.)
 H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number: _____

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

Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: **8,228,334**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Contributions to donor advised funds				
	Direct public support (not included on line 1a)				
	Indirect public support (not included on line 1a)				
	Government contributions (grants) (not included on line 1a)				
	1e Total (add lines 1a through 1d) (cash \$ _____ net cash \$ _____)				0
	Program service revenue including government fees and contracts (from Part VII, line 93)				2 8,200,276
	Membership dues and assessments				3
	Interest on savings and temporary cash investments				4
	Dividends and interest from securities				5
	6a Gross rents				
	6b Less rental expenses				
6c Net rental income or (loss). Subtract line 6b from line 6a					
7 Other investment income (describe):					
8a Gross amount from sales of assets other than inventory					
b Less cost or other basis and sales expenses					
c Gain or (loss) (attach schedule)					
8d Net gain or (loss). Combine line 8c, columns (A) and (B)					
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ _____ of contributions reported on line 1b)					
9a Less direct expenses other than fundraising expenses					
9b Net income or (loss) from special events. Subtract line 9b from line 9a					
10a Gross sales of inventory, less returns and allowances					
b Less cost of goods sold					
10c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a					
11 Other revenue (from Part VII, line 103)				11 28,058	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11				12 8,228,334	
Expenses	13 Program services (from line 44, column (B))			13 6,545,481	
	14 Management and general (from line 44, column (C))			14 1,732,777	
	15 Fundraising (from line 44, column (D))			15	
	16 Payments to affiliates (attach schedule)			16	
	17 Total expenses. Add lines 16 and 44, column (A)				17 8,278,258
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12			18 -49,924	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))			19 456,189	
	20 Other changes in net assets or fund balances (attach explanation)			20	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20				21 406,265

For more information on the Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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COVINGTON, KY

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
2a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22a					
2b	Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b					
3	Specific assistance to individuals (attach schedule)				
23					
4	Benefits paid to or for members (attach schedule)				
24					
5a	Compensation of current officers, directors, key employees, etc listed in Part V-A SEE STATEMENT 1	158,273	59,023	99,250	
25a					
b	Compensation of former officers, directors, key employees, etc listed in Part V-B				
25b					
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
25c					
6	Salaries and wages of employees not included on lines 25a, b, and c	2,667,491	1,839,046	828,445	
26					
7	Pension plan contributions not included on lines 25a, b, and c				
27					
8	Employee benefits not included on lines 25a - 27	112,885	75,955	36,930	
28					
9	Payroll taxes	247,028	163,916	83,112	
29					
0	Professional fundraising fees				
30					
1	Accounting fees	14,886		14,886	
31					
2	Legal fees	26,794	885	25,909	
32					
3	Supplies	160,723	110,917	49,806	
33					
4	Telephone	104,491	22,468	82,023	
34					
5	Postage and shipping	7,870	696	7,174	
35					
6	Occupancy	331,363	220,014	111,349	
36					
7	Equipment rental and maintenance	45,844	9,214	36,630	
37					
8	Printing and publications	6,204	320	5,884	
38					
9	Travel	83,214	11,461	71,753	
39					
10	Conferences, conventions, and meetings	53,259	8,681	44,578	
40					
11	Interest	1,531	282	1,249	
41					
12	Depreciation, depletion, etc (attach schedule)	28,323		28,323	
42					
13	Other expenses not covered above (itemize)				
a	SEE STATEMENT 2	4,228,079	4,022,603	205,476	
43a					
b					
43b					
c					
43c					
d					
43d					
e					
43e					
f					
43f					
g					
43g					
14	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	8,278,258	6,545,481	1,732,777	0
44					

Joint Costs. Check if you are following SOP 98-2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,
 (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
45	Cash—non-interest-bearing	168,368	45	29,740
46	Savings and temporary cash investments	6,018	46	5,687
47a	Accounts receivable	834,142		
b	Less allowance for doubtful accounts	100,000	47c	734,142
48a	Pledges receivable			
b	Less allowance for doubtful accounts		48c	
49	Grants receivable		49	
50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att schedule)		50b	
51a	Other notes and loans receivable (attach schedule)			
b	Less: allowance for doubtful accounts		51c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges	30,775	53	57,014
54a	Investments—publicly-traded securities		54a	
b	Investments—other securities (attach schedule)		54b	
55a	Investments—land, buildings, and equipment basis			
b	Less accumulated depreciation (attach schedule)		55c	
56	Investments—other (attach schedule)		56	
57a	Land, buildings, and equipment basis	195,434		
b	Less accumulated depreciation (attach schedule) SEE STATEMENT 4	39,588	57c	155,846
58	Other assets, including program-related investments (describe ▶)		58	
59	Total assets (must equal line 74) Add lines 45 through 58	847,705	59	982,429
60	Accounts payable and accrued expenses	391,516	60	527,080
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule) SEE WORKSHEET		64b	49,084
65	Other liabilities (describe ▶)		65	
66	Total liabilities. Add lines 60 through 65	391,516	66	576,164
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted	456,189	67	406,265
68	Temporarily restricted		68	
69	Permanently restricted		69	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	456,189	73	406,265
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	847,705	74	982,429

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.) N/A

Total revenue, gains, and other support per audited financial statements		a
Amounts included on line a but not on Part I, line 12		
1 Net unrealized gains on investments	b1	
2 Donated services and use of facilities	b2	
3 Recoveries of prior year grants	b3	
4 Other (specify)	b4	
Add lines b1 through b4		b
Subtract line b from line a		c
Amounts included on Part I, line 12, but not on line a:		
1 Investment expenses not included on Part I, line 6b	d1	
2 Other (specify)	d2	
Add lines d1 and d2		d
Total revenue (Part I, line 12) Add lines c and d		e

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return N/A

Total expenses and losses per audited financial statements		a
Amounts included on line a but not Part I, line 17		
1 Donated services and use of facilities	b1	
2 Prior year adjustments reported on Part I, line 20	b2	
3 Losses reported on Part I, line 20	b3	
4 Other (specify)	b4	
Add lines b1 through b4		b
Subtract line b from line a		c
Amounts included on Part I, line 17, but not on line a:		
1 Investment expenses not included on Part I, line 6b	d1	
2 Other (specify)	d2	
Add lines d1 and d2		d
Total expenses (Part I, line 17) Add lines c and d		e

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
KATHLEEN TAYLOR 585 JEWETT ROAD MASON MI 49866	CEO 50	107,313	0	0
JUDD WISE 585 JEWETT ROAD MASON MI 49866	V. PRESIDENT 15	27,400	0	0
MARY DUNCAN 585 JEWETT ROAD MASON MI 49866	SECRETARY 0	0	0	0
JOHN HEALY 585 JEWETT ROAD MASON MI 49866	PRESIDENT 0	0	0	0
BARB ELDRED 585 JEWETT ROAD MASON MI 49866	BOARD MEMBER 0	23,560	0	0
PAUL TAYLOR 585 JEWETT ROAD MASON MI 49866	BOARD MEMBER 0	0	0	0
SAMANTHA MOODY 585 JEWETT ROAD MASON MI 49866	BOARD MEMBER 0	0	0	0

Part VI Other Information (continued)

Yes No

1 Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82a X

2 If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b

3a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X

b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A 83b

a Did the organization solicit any contributions or gifts that were not tax deductible? N/A 84a

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A 84b

a 501(c)(4), (5), or (6) Were substantially all dues nondeductible by members? N/A 85a

b Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A 85b

If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year

c Dues, assessments, and similar amounts from members 85c

d Section 162(e) lobbying and political expenditures 85d

e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e

f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f

g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A 85g

h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A 85h

i 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 86a

b Gross receipts, included on line 12, for public use of club facilities 86b

j 501(c)(12) orgs Enter a Gross income from members or shareholders 87a

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b

3a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX 88a X

b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI 88b X

9a 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 0, section 4912 0, section 4955 0

b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction 89b X

c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0

d Enter: Amount of tax on line 89c, above, reimbursed by the organization 0

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 89e X

f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract? 89f X

g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 89g X

10a List the states with which a copy of this return is filed MI

b Number of employees employed in the pay period that includes March 12, 2007 (See instructions) 90b 100

11a The books are in care of KATHY TAYLOR Telephone no 517-833-8100 585 JEWETT ROAD ZIP + 4 49866 Located at MASON, MI

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 91b X

If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

Table with 3 columns: Question ID, Yes, No. Row 91b: Yes, No (X)

Part VI Other Information (continued)

At any time during the calendar year, did the organization maintain an office outside of the United States? Yes No
 If "Yes," enter the name of the foreign country ▶
 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here ▶
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ | 92 |

Part VII Analysis of Income-Producing Activities (See the instructions.)

101 Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
3 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					8,200,276
14 Membership dues and assessments					
15 Interest on savings and temporary cash investments					
16 Dividends and interest from securities					
17 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
18 Net rental income or (loss) from personal property					
19 Other investment income					
20 Gain or (loss) from sales of assets other than inventory					
21 Net income or (loss) from special events					
22 Gross profit or (loss) from sales of inventory					
23 Other revenue: a					
b OTHER REVENUE					28,058
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		0	8,228,334
105 Total (add line 104, columns (B), (D), and (E))					8,228,334

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
103A	ALL INCOME WAS USED TO COVER THE COSTS OF PROVIDING OVERSITE CARE FOR DEVELOPMENTALLY DISABLED INDIVIDUALS.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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

Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

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

Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

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

Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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.

▶ *Kimberly M Rogers* 3/30/10
 Signature of officer Date

▶ *Kimberly G Rogers* CFD
 Type or print name and title

Preparer's signature	▶ <i>George Dove CPA</i> GEORGE DOVE CPA	Date	7/29/08	Check if self-employed	<input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Instr X)	P00299431
Firm's name (or yours if self-employed), address, and ZIP + 4	DOVE & HICKEY, P.L.C. 209 EAST WASHINGTON AVENUE, SUITE 255 JACKSON, MI 49201			EIN	▶ 38-3253553		
				Phone no	▶ 517-796-8880		

SCHEDULE A
Form 990 or 990-EZ

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust)

OMB No 1545-0047

2007

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Department of the Treasury
Internal Revenue Service

Name of the organization

CONSUMER SERVICES INC

Employer identification number

02-0674084

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl benefit plans & deferred comp	(e) Expense account and other allowances
ONE				

Total number of other employees paid over \$50,000 ▶

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000

(b) Type of service

(c) Compensation

VALMER AFC 1033 WESTBROOK MUTCOMES, INC. 116 W. MORRELL HUDSON'S COUNTRY MANOR 1589 DOWNING ST DR. MICHAEL GOTLIEB 1856 PANORAMA CIR 11 AVE AFC 1820 WOODVIEW	IONIA MI 48846 JACKSON MI 49203 PORTAGE MI 49024 WEST BLOOMFIELD MI 48323 LANSING MI 48911	ADULT FOSTER CA ADULT FOSTER CA ADULT FOSTER CA ADULT FOSTER CA ADULT FOSTER CA PYSCHIATRIST ADULT FOSTER CA	479,512 386,517 375,665 371,370 206,494
--	---	--	---

Total number of others receiving over \$50,000 for

professional services ▶

6

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000

(b) Type of service

(c) Compensation

NONE		

Total number of other contractors receiving over \$50,000 for other services ▶

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)

1 Yes No

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)

a Sale, exchange, or leasing of property?

SEE STATEMENT 6

2a Yes No

b Lending of money or other extension of credit?

2b Yes No

c Furnishing of goods, services, or facilities?

2c Yes No

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

SEE PART V-A, FORM 990

2d Yes No

e Transfer of any part of its income or assets?

2e Yes No

3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)

3a Yes No

b Did the organization have a section 403(b) annuity plan for its employees?

3b Yes No

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c Yes No

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d Yes No

4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a Yes No

b Did the organization make any taxable distributions under section 4966?

4b Yes No

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c Yes No

d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____

0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____

0

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)					0
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	4,844,305	2,086,369	1,815,725	557,535	9,303,934
18 3 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975				43	43
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					0
23 Total of lines 15 through 22	4,844,305	2,086,369	1,815,725	557,578	9,303,977
24 Line 23 minus line 17				43	43
25 Enter 1% of line 23	48,443	20,864	18,157	5,576	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	▶ 26a	1
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	▶ 26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e)	▶ 26c	43
d Add Amounts from column (e) for lines 18 <u>43</u> 19 _____ 22 _____ 26b _____	▶ 26d	43
e Public support (line 26c minus line 26d total)	▶ 26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	▶ 26f	%

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year

(2006)	(2005)	(2004)	(2003)	N/A
--------	--------	--------	--------	------------

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year

(2006)	(2005)	(2004)	(2003)	N/A
--------	--------	--------	--------	------------

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

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

N/A	Yes	No
29		
30		
31		
32a		
32b		
32c		
32d		
33a		
33b		
33c		
33d		
33e		
33f		
33g		
33h		
34a		
34b		
35		

Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?

If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement)

Does the organization maintain the following:

- a Records indicating the racial composition of the student body, faculty, and administrative staff?
- b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d Copies of all material used by the organization or on its behalf to solicit contributions?

If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement)

Does the organization discriminate by race in any way with respect to:

- a Students' rights or privileges?
- b Admissions policies?
- c Employment of faculty or administrative staff?
- d Scholarships or other financial assistance?
- e Educational policies?
- f Use of facilities?
- g Athletic programs?
- h Other extracurricular activities?

If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)

4a Does the organization receive any financial aid or assistance from a governmental agency?

b Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to either 34a or b, please explain using an attached statement

5 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

- (i) Cash
(ii) Other assets
b Other transactions.
(i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

Table with 2 columns: Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c. 'No' column contains 'X' for all rows.

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No (X) No

b If "Yes," complete the following schedule

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

rm **4562**
 Department of the Treasury
 Internal Revenue Service

Depreciation and Amortization
 (Including Information on Listed Property)

OMB No 1545-0172

2007

Attachment
 Sequence No **67**

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

Name(s) shown on return

CONSUMER SERVICES INC

Identifying number
02-0674084

Business or activity to which this form relates

INDIRECT DEPRECIATION

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.

Maximum amount See the instructions for a higher limit for certain businesses	1	125,000
Total cost of section 179 property placed in service (see instructions)	2	
Threshold cost of section 179 property before reduction in limitation	3	500,000
Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
Listed property. Enter the amount from line 29	7	
Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
Tentative deduction. Enter the smaller of line 5 or line 8	9	
Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
Carryover of disallowed deduction to 2008. 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.) (See instructions.)

Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions)	14	
Property subject to section 168(f)(1) election	15	
Other depreciation (including ACRS)	16	25,753

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

Section A

MACRS deductions for assets placed in service in tax years beginning before 2007	17	0
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 2007 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
9a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C-Assets Placed in Service During 2007 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)

Listed property. Enter amount from line 28	21	2,570
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	28,323
For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

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

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

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

a Do you have evidence to support the business/investment use claimed?				<input checked="" type="checkbox"/> Yes	No	24b	If "Yes," is the evidence written?				Yes	<input checked="" type="checkbox"/> No		
(a) Date of property placed in service (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				
Special allowance for qualified Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25							
Property used more than 50% in a qualified business use:														
CHEVROLET VAN	11/15/05	100.00%	9,560	9,560	5.0	S/L-	1,912							
VAN	7/07/05	100.00%	3,291	3,291	5.0	S/L-	658							
Property used 50% or less in a qualified business use:														
		%				S/L-								
		%				S/L-								
Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1							28	2,570						
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)		(b)		(c)		(d)		(e)		(f)	
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6
Total business/investment miles driven during the year (do not include commuting miles)												
Total commuting miles driven during the year												
Total other personal (noncommuting) miles driven												
Total miles driven during the year Add lines 30 through 32												
Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Was the vehicle used primarily by a more than 5% owner or related person?												
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 more than 5% owners or related persons (see instructions).

	Yes	No
Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
Do you treat all use of vehicles by employees as personal use?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		<input checked="" type="checkbox"/>

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
Amortization of costs that begins during your 2007 tax year (see instructions):					
Amortization of costs that began before your 2007 tax year					43
Total. Add amounts in column (f) See the instructions for where to report					44

Mortgages and Other Notes Payable

rms
90 / 990-PF

2007

For calendar year 2007, or tax year beginning , and ending

ie
CONSUMER SERVICES INC Employer Identification Number
02-0674084

FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION

Name of lender	Relationship to disqualified person
INDEPENDENT BANK	
TRINITY	
INDEPENDENT BANK	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
14,689	12/20/07	12/20/12	MONTHLY PYMTS OF \$291	6.900
12,000	6/29/07	7/29/08	MONTHLY PYMTS OF \$1,000	7.000
30,000	2/18/07	2/20/08	PRINC & INT DUE 2/20/08	8.872

Security provided by borrower	Purpose of loan
VEHICLE	VEHICLE PURCHASE
	ASSET PURCHASE
	LINE OF CREDIT

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
		14,689
		4,395
		30,000
Totals		49,084

Federal Statements

02-0674084

FYE: 12/31/2007

Statement 1 - Form 990, Part II, Line 25a - Compensation of Current Officers

Name	Program Services	Management & General	Fundraising
EXPENSES	\$	\$	\$
COMPENSATION	59,023	99,250	
TOTAL	<u>\$ 59,023</u>	<u>\$ 99,250</u>	<u>\$ 0</u>

Federal Statements

Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
EXPENSES	\$	\$	\$	\$
PENALTIES	22,699		22,699	
ADVERTISING	2,607	2,607		
OFFICE SUPPLIES	89,327	25,666	63,661	
VEHICLE EXPENSE	25,291	15,695	9,596	
CONTRACTED LABOR	3,770,555	3,770,555		
PROPERTY TAX AND LICENSES	17,143	3,029	14,114	
INSURANCE	95,075	54,993	40,082	
REPAIRS AND MAINTENANCE	68,477	44,410	24,067	
MEALS AND ENTERTAINMENT	20,449	2,421	18,028	
MISCELLANEOUS	5,031	1,361	3,670	
BANK CHARGES	1,158		1,158	
GIFTS	3,013	96	2,917	
CONTRIBUTIONS	3,369	50	3,319	
DUES AND SUBSCRIPTIONS	3,885	1,720	2,165	
BAD DEBTS	100,000	100,000		
TOTAL	\$ 4,228,079	\$ 4,022,603	\$ 205,476	\$ 0

Statement 3 - Form 990, Part III - Organization's Primary Exempt Purpose

Description

TO PROVIDE BEHAVIORAL HEALTH SERVICES TO CHILDREN AND ADULTS WITH A MENTAL ILLNESS OR DEVELOPMENTAL DISABILITY EMPOWERING THEM TO ACHEIVE A HIGHER QUALITY OF LIFE.

Statement 4 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description

Description	Beginning of Year	Accum Depr	End of Year	Accum Depr
TOTAL	\$ 66,958	\$ 11,265	\$ 195,434	\$ 39,588
	\$ 66,958	\$ 11,265	\$ 195,434	\$ 39,588

Federal Statements

Statement 5 - Form 990, Part V-A, Line 75b - Related Party Information

Related Party One	Related Party Two	Relationship
KATHLEEN TAYLOR CEO	PAUL TAYLOR BOARD MEMBER	SPOUSE

Federal Statements

Statement 6 - Schedule A, Part III, Line 2a - Sale, Exchange, or Lease of Property

Description

LEASE OF OFFICE SPACE WITH JUDD WISE FOR ANNUAL PAYMENT OF \$41056