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DLN: 93493196004000

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

2008

Open to Public Inspection

A Fo	r the	2008 ca	alendar yea	r, or tax year beginning 09-	01-2008 and ending 08-31-20	009		
B Ch	eck ıf a	pplicable	Please	C Name of organization Children's Center for DEVELOP	MENTAL		D Employer ide	entification number
☐ Add	tress ch	nange	use IRS label or	ENRICHMENT			31-166667	
┌ Nai	me cha	nge	print or	Doing Business As			E Telephone nu	ımber
┌ Init	ial retu	rn	type. See Specific	Number and street (or P O bo	ox if mail is not delivered to street add	ress) Room/suit	(614) 865-	
┌ Ter	mınatıc	on	Instruc- tions.	939 South State Street		, , , , , , , , , , , , , , , , , , , ,	G Gross receip	ts \$ 8,495,187
┌ Am	ended	return		City or town, state or country,	and ZIP + 4		-	
☐ Apr	olication	n pending		Westerville, OH 43081				
,			E Non	Lne and address of Principal	Officer	1		
				CA MORRISON	Officer		nis a group return ates?	rfor
				OUTH STATE STREET			4103	, 105 , 110
т Та	x-exem	npt status		RVILLE, OH 43081) (3) ◀ (insert no)	a)(1) or \square 527	, ,	all affiliates include	, ,
) (3) • (III361C110) +3+7(No," attach a list up Exemption Nu	See instructions)
) W	eb sit	e: 🕨 ww	w ccde org			H(c) G10	ap Exemption Na	illiber F
К Тур	e of org	ganızatıon	Corporat	ion trust association ot	ner 🕨	L Year of F	formation 1999 M	State of legal domicile OH
Pa	rt I							
	1	•		e organization's mission or	•			
<u> </u>					ALITY-DRIVEN SERVICES FO THERS IN THE COMMUNITY	RINDIVIDUA	ALS WITH AUTIS	SM SPECTRUM
Governance		J.55.	<i>D</i>	, , , , , , , , , , , , , , , , , , , ,				
ĕ	2	Check	this box	ıf the organization disconti	nued its operations or disposed	l of more than	25% of its asset:	s
ŝ	3	Numbe	r of voting r	nembers of the governing b	ody (Part VI, line 1a)		. 3_	7
	4	Numbe	r of ındepen	ident voting members of the	e governing body (Part VI, line	1b)	. 4	7
Activities &	5	Total n	umber of en	nployees (Part V, line 2a)			5 _	144
Ĭ	6	Total n	umber of vo	olunteers (estimate if neces		6 _	50	
र्	7a	Total g	ross unrela	ted business revenue from	Part VIII, line 12, column (C)		7a _	-7,890
	ь	Net unr	elated busi	ness taxable income from f	Form 990-T, line 34		7b	-7,890
						Pr	ior Year	Current Year
	8	Contri	butions and	d grants (Part VIII, line 1h		838,179	291,917	
Пle	9	Progra	am service	revenue (Part VIII, line 2g		6,962,223	7,862,011	
Ravenue	10	Invest	tment incor	me (Part VIII, column (A),		13,787	3,593	
щ	11	Other	revenue (P	art VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)		9,728	281,082
	12	Total (12)	revenue—a	dd lines 8 through 11 (mus	t equal Part VIII, column (A), l	ine	7,823,917	8,438,603
	13		s and simila	ar amounts paid (Part IX, co	olumn (A), lines 1-3)		.,,.	0
	14			or for members (Part IX, col	, ,,			0
	15			ompensation, employee ben	5 5 -		<u>-</u>	
\$		10)	,	, , ,			5,351,717	6,373,619
Expenses	16a	Profes	sional fund	raising fees (Part IX, colun		89,990	0	
ਲੋ	b	(Total f	undraising ex	penses, Part IX, column (D), line	25 86,513			
	17	Other	expenses ((Part IX, column (A), lines :		2,323,327	1,514,869	
	18	Total	expenses—	add lines 13–17 (must equ)	7,765,034	7,888,488	
. 02	19	Reven	ue less exp	penses Subtract line 18 fro		58,883	550,115	
Net Assets or Fund Balances						Begin	ning of Year	End of Year
10 Kg	20	Total	assets (Par	rt X, line 16)			9,155,018	8,789,806
A A	21	Total	lıabılıtıes (F	Part X, line 26)			4,830,003	3,916,183
20	22	Netas	sets or fun	d balances Subtract line 2	1 from line 20		4,325,015	4,873,623
Pai	rt II	Sign	ature Blo	ock				
					ined this return, including accompany n of preparer (other than officer) is ba			
Plea	Se	***		correct, and complete Deciaration	Tor preparer (other than officer) is be	1		er has any knowledge
Sign		I -	ature of office	er		Date	0-07-15 e	
Here	2	DR	REBECCA MOR	RRISON CEO/DIRECTOR				
			e or print nam					
		Preparer	r's Nu		Date	Check if	Preparer's PTIN	(See Gen Inst)
Paid		signatur		J WHITE		self- empolyed •	-	
	arer's	Firm's n	ame (or yours	s L COHEN & COMPANY LTD				
Use (ıf self-er	mployed), and ZIP + 4	OFFICES LISTED AT			EIN Þ	
	=	auuiess,	, anu ZIF + 4				Phone no ▶ (8	300) 229-1099
May	he IR	S discus	ss this retii	rn with the preparer shown	44115 above? (See instructions) .		<u> </u>	✓ Yes No

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's m	ssion			
See A	dditional Data Table				
2	Did the organization undertake the prior Form 990 or 990-EZ?	any significant program s	ervices during the year	which were not listed on	
	If "Yes," describe these new se	rvices on Schedule O			, 155 , 115
3	Did the organization cease concervices?		nt changes in how it con	ducts any program	└ Yes ✓ No
	If "Yes," describe these change	s on Schedule O			,,
4	Describe the exempt purpose a Section 501(c)(3) and (4) organ others, the total expenses, and	nızatıons and 4947(a)(1)	trusts are required to re	eport the amount of grants a	
4a	(Code) (Exp. CCDE provides educational services t developing peers. The program focus served approximately 415 students.	enses \$ 6,439,433 o children age 2 through the 12 es on education and socialization	2th grade Services are offere) (Revenue \$ ed to children with autism spectrui vith typical peer model children F	7,364,903) In disorders and their typically or the year ended 8/31/09, CCDE
4b	(Code) (Exp CCDE provides therapy services to ch therapy in the areas of speech, occup		ational program These servic		
4c	(Code) (Exp	enses \$	including grants of \$) (Revenue \$)
4d	Other program services (Des	cribe in Schedule O) including grants o	of\$) (Revenue \$)
4e	Total program service expens	es \$ 7,393.02	28 Must equal Part IX,	Line 25, column (B).	

Part IV	Chec	klist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		Νο
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		N o
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
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? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		Νο
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	Yes	1,10
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> " <i>Yes,"</i> complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νο
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νo
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νo
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	ce				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	19			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments	to ven	dors and reportable		v	
_	gaming (gambling) winnings to prize winners?	; ·		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	2a	144			
h	If at least one is reported in 2a, did the organization file all required federal employi					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file thi			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during return?	ng the	year covered by this	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	nedule	0	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities as	-	·	_		
	account)?			4a		No
Ь	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ing the	tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sl	nelter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	ot Enti	ty Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
ь	If "Yes," did the organization include with every solicitation an express statement t	hat su	ch contributions or gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo cor more?	ntrıbut	ion of \$75 or	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	:d?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property	erty for	which it was required to	7c		No
الد	file Form 8282?	 7d		/c		IN O
u	in res, indicate the number of Forms 6262 med during the year	_ /u				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pa benefit contract?		niums on a personal	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization	file a F	orm 1098-C as	_		
	required?	• •		7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the			8		
•	year?					<u> </u>
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			_		
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person	٠, ١		9b		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12	10a	I			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	10a				
U	facilities	100				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 i	n lieu (of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the	12b				
	year					

1a

2

6

Section A. Governing Body and Management

No

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Yes

2

3

4

5

6

7a

7Ь

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

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the circumstances,
	Enter the number of voting members of the governing body	1a	7
Ь	Enter the number of voting members that are independent	1b	7

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any

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?	

filed?

Did the organization become aware during the year of a	material diversion of the organization's assets?
Does the organization have members or stockholders?	

	oes the organization have members, stockholders, or other persons who may elect one or more members of t	the
	overning body?	
b	re any decisions of the governing body subject to approval by members, stockholders, or other persons? .	

•	_	_	-		•	•	· ·		
Did the organization of	contempo	raneous	y docume	nt the me	etings held	d or written a	ctions unde	rtaken during	the
year by the following									

	year by the following													
а	the governing body?													

b	each committee with authority to act on behalf of the governing body?	•	•	•	•	•	•	•	•	•	•	•	
1	Does the organization have local chapters, branches, or affiliates? .												

Ь	If "Yes," does the organization have written policies and procedures governing the activities of su	ıch (cha	pter	·s,
	affiliates, and branches to ensure their operations are consistent with those of the organization?				

Was	a copy of tl	ne Form 990	provided to	the organiz	ation's go	verning	body b	efore it	was file	d۶ A	lor	ganı	zatı	ons	5
must	describe i	n Schedule	O the proces	s, if any, the	e organiza	ation use	s to re	view th	e Form 9	90					

11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached a	at
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	

8a	Yes	
8b	Yes	
9a		Νo
9b		
10	Yes	
11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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?	16a		Νο
b	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?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed OH
- Section 6104 requires an organization to make its Form 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. In another's website.
- 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. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization JOHANNA GLADMAN 939 SOUTH STATE STREET Westerville, OH 43081 (614) 865-0400

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

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

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

Check this box if the organization did not compensate any officer, director, trustee or key employee

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

	·	Posit ti	(C non (chec)				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
DOUG SHARP , PRESIDENT	1 0	Х		Х				0	0	0
DOUG BROWN , VICE PRESIDENT	1 0	Х		Х				0	0	0
ED SNODGRASS, TREASURER	1 0	Х		Х				0	0	0
LISA LAWLESS , BOARD MEMBER	1 0	Х						0	0	0
ELLIOTT BRODY , BOARD MEMBER	1 0	Х						0	0	0
DR PAUL OTTE , BOARD MEMBER	1 0	Х						0	0	0
JIM MARTIN , BOARD MEMBER	1 0	Х						0	0	0
DR REBECCA MORRISON , CEO/DIRECTOR	40 0			Х				251,402	0	13,539
						-	<u> </u>			
			-				-			

Part VII Continued

(A) Name and Title	(B) Average hours per week	o at Institutional Trustee	(che	y)	Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total						>	251,402		13,539

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

			1 03	110
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed online 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			
	maividual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο

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

(A) Name and business address	(B) Description of services	(C) Compensation						
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation								

Voc No

Sta	te	m	ent	of	Re	v	en	u	E
-----	----	---	-----	----	----	---	----	---	---

				<u> </u>		
			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
60 (B	1a	Federated campaigns 1a 10,	125			
Contributions, gifts, grants and other similar amounts	b	Membership dues				
ಕ್ಷಿಕ್ಷ	c	Fundraising events 12,	546			
# 1 ± 3°		1c				
	d	Related organizations1d Government grants (contributions) 1e 8,	400			
ê ê	e	All other contributions, gifts, grants, and 260,				
章章	f	sımılar amounts not ıncluded above				
音音	g	1f Noncash contributions included in				
Contributions, and other sim		lines 1a-1f \$ 22,835				
_	h	Total (Add lines 1a-1f)	291,917			
		Business Co	ode			
JE .	2a	TUITION AND FEES 900	7,364,903	7,364,903		
Program Service Revenue	Ь	CCDE THERAPIES 900	0,099 497,108	497,108		
Se F	С					
ja Si	d					
<u>ج</u>	e					
⊒ra Gra	f	All other program service revenue				
Š	g	Total. Add lines 2a-2f				
	3	► \$ 7,862,011 Investment income (including dividends, interes	it .			
		other similar amounts)	3,593			3,593
	4	Income from investment of tax-exempt bond proceeds .	. 0			
	5	Royalties	0			
		(ı) Real (ıı) Person	al			
	6a	Gross Rents 29,218				
	ь	Less rental 37,108 expenses				
	С	Rental income -7,890 or (loss)				
	d	Net rental income or (loss)	-7,890		-7,890	
		(ı) Securities (ıı) O'ther				
	7a	Gross amount from sales of				
		assets other than inventory				
	ь	Less cost or				
		other basis and sales expenses				
	С	Gain or (loss)				
	d	Net gain or (loss)	•			
	8a	Gross income from fundraising				
		events (not including \$ 37,985				
Ĕ		of contributions reported on line				
क >		1c) See Part IV, line 18 Attach Schedule G if total exceeds				
æ		\$15,000 a				
Other Revenue	b		476			
ō	С	Net income or (loss) from fundraising events .	18,509	18,509		
	9a	Gross income from gaming activities See part IV, line 19				
		Complete Schedule G ıf total				
		exceeds \$15,000				
	ь	Less direct expensesb				
	c	Net income or (loss) from gaming activities	0			
	10-	Construction less	*			
	10a	Gross sales of inventory, less returns and allowances .				
		а				
	b	Less cost of goods sold b				
	С	Net income or (loss) from sales of inventory .				
	11a	Miscellaneous Revenue Business Co	80,463	80,463		
	ь	MANAGEMENT FEE INCOME	34,000	·		
	c	MANAGEMENT FEE INCOME RENTAL INCOME	156,000			
			133,300			
	d	All other revenue Total. Add lines 11a-11d				
	e	10tal. Add lines 11a-11d				
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d 8c,	, 8,438,603	8,150,983	-7,890	3,593
		9c, 10c, and 11e	•			
						Form 990 (2008)

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re).
Do ı	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	0			<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	375,215	350,120	21,196	3,899
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	4,959,222	4,627,538		51,532
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	142,466	135,279	6,072	1,115
9	Other employee benefits	436,870	414,830	18,621	3,419
10	Payroll taxes	459,846	429,090	25,977	4,779
11	Fees for services (non-employees)				
а	Management	5,000	0	5,000	0
b	Legal	141,808	141,808	0	0
c	Accounting	15,000	9,228	5,772	0
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	69,491	69,491		
12	Advertising and promotion	5,726	5,497	229	0
13	Office expenses	237,569	208,332	29,095	142
14	Information technology	51,050	49,008	2,042	0
15	Royalties	0			
16	Occupancy	436,747	436,747	0	0
17	Travel	770	739	31	0
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	8,757	8,407	350	0
20	Interest	5,466	5,248	218	0
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	277,505	266,415	11,090	0
23	Insurance	54,063	51,730	2,333	0
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	CURRICULUM	31,645	31,645	0	0
Ь	PLACEMENT CONTRACT EXPENSE	133,402	133,402	0	0
С	SPECIAL EVENTS	4,348	4,174	174	0
d	FUNDRAISING EXPENSES	21,627	0	0	21,627
е	CONTINUING EDUCATION	14,895	14,300	595	0
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	7,888,488	7,393,028	408,947	86,513
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation			-	

Part X	Balance	Sheet

					(A) Beginning of year		(E	
	1	Cash—non-interest-bearing			20,593	1		62,502
	2	Savings and temporary cash investments			764,948	2		471,800
	3	Pledges and grants receivable, net		439,603	3		387,980	
	4	Accounts receivable, net			87,214	4		130,941
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L				5		
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of 3	ction 4	1958(f)(1)) and		6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use				8		
SO.	9	Prepaid expenses and deferred charges				9		
et	10a		-					
Assets		Land, buildings, and equipment cost basis	10a	8,527,290				
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	814,063	7,816,546	10c		7,713,227
	11	Investments—publicly traded securities			5,108	11		3,727
	12	Investments—other securities See Part IV, line 11 $\it Complete Passive Schedule D$	rt VII d	of		12		
	13	Investments—program-related See Part IV, line 11 $\it Complete Part See Part IV$, line 11 $\it Complete Part See Part See Part IV$, line 11 $\it Complete Part See Part IV$, line 1	rt VIII			13		
	14	Intangible assets			21,006	14		19,629
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D				15		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			9,155,018	16		8,789,806
	17	Accounts payable and accrued expenses .			435,470	17		326,853
	18	Grants payable				18		
	19	Deferred revenue			867,460	19		203,583
	20	Tax-exempt bond liabilities				20		
eS.	21	Escrow account liability Complete Part IV of Schedule D				21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Εij		persons Complete Part II of Schedule L				22		
_	23	Secured mortgages and notes payable to unrelated third parties			3,495,073	23		3,353,747
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D			32,000	25		32,000
	26	Total liabilities. Add lines 17 through 25			4,830,003	26		3,916,183
		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	ete lin	es 27				
		through 29, and lines 33 and 34.						
аD	27	Unrestricted net assets			3,928,090	27		4,498,919
Balance	28	Temporarily restricted net assets			396,925	28		374,704
	29	Permanently restricted net assets				29		
r Fund		Organizations that do not follow SFAS 117, check here ► ☐ and lines 30 through 34.	d comp	let e				
s or	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
Q SS	32	Retained earnings, endowment, accumulated income, or other ful				32		
Net /	33	Total net assets or fund balances	-		4,325,015	33		4,873,623
Ž	34	Total liabilities and net assets/fund balances			9,155,018			8,789,806
	1	The second secon				·		,
Pa	rt XI	Financial Statements and Reporting						
				_			Yes	No

Dart VI	Einancial	Statements	and D	oporting
7. 1 4 2 . 1 2	FINANCIAL	Statements	ann R	emmetiliki.

	_			
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
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?	3a		N o
b	If "Yes," did the organization undergo the required audit or audits?	3b		

DLN: 93493196004000

OMB No 1545-0047

Public Charity Status and Public Support

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-F7. See separate instructions.

Open to Public Inspection

Employer identification number Name of the organization Children's Center for DEVELOPMENTAL ENRICHMENT 31-1666674 Reason for Public Charity Status (to be completed by all organizations) (See Instructions) The organization is not a private foundation because it is (Please check only **one** organization) A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i). A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E) A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H) 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 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) A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v). 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) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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). (See instructions.) 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 **b** Type II c Type III - Functionally Integrated d Type III - Other 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) No and (III) below, the governing body of the the supported organization? 11g(i) Nο (ii) a family member of a person described in (i) above? 11q(ii) Νo (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11q(iii) Nο Provide the following information about the organizations the organization supports h (i) Name of (ii) EIN (v) Did you notify (vi) Is the (vii) A mount of (iii) Type of organization (iv) Is the Supported (described on lines 1-9 organization in the organization organization in support? Organization above or IRC section col (i) listed in in col (i) of your col (i) organized support? in the US? (See Instructions)) your governing document? Yes Yes Yes No

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
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							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, Check this	oox an	u see	▶ □
	ınstructions							F-1

Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if y	ou checked the box	OII						
Section A. Public Support								
Calendar year (or fiscal year beginnin	ig in) (a) 2004	_	(b) 2005	(c) 2006	(d) 2007	(e) 2	2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do no include any "unusual grants")	ot 292,5	543	271,440	272,268	838,179		269,082	1,943,512
2 Gross receipts from admissions, merchandise sold or services per or facilities furnished in any activ is related to the organization's tal exempt purpose	1ty that 3,050,8	804	3,358,984	3,987,387	6,971,951	;	8,132,474	25,501,600
3 Gross receipts from activities that not an unrelated trade or business section 513								
 Tax revenues levied for the organization's benefit and either por expended on its behalf The value of services or facilities 								
furnished by a governmental unit organization without charge								
6 Total Add lines 1-5	3,343,3	347	3,630,424	4,259,655	7,810,130		8,401,556	27,445,112
7a A mounts included on lines 1, 2, a received from disqualified persons b A mounts included on lines 2 and	s 45,0	000	25,000	10,067	43,199		17,698	140,964
received from other than disqualif persons that exceed the greater of	fied of 1% of			134,921				134,921
the total of lines 9, 10c, 11, and : the year or \$5.000		-	25 000	144,988	43,199		17,698	275,885
the total of lines 9, 10c, 11, and : the year or \$5,000 • Total of lines 7a and 7b	45,0	000	25,000	144,900	43,199		2.,000	
the year or \$5,000		000	25,000	144,900	43,199		27,030	27,169,227
the year or \$5,000 c Total of lines 7a and 7b 8 Public Support (Substract line 7c		000	25,000	144,900	43,199		17,050	27,169,227
the year or \$5,000 c Total of lines 7a and 7b 8 Public Support (Substract line 7c line 6)	from (a) 2004		(b) 2005	(c) 2006	(d) 2007	(e) 2	2008	(f) Total
the year or \$5,000 c Total of lines 7a and 7b 8 Public Support (Substract line 7c line 6) Total Support	from							· · · · · · · · · · · · · · · · · · ·
the year or \$5,000 c Total of lines 7a and 7b 8 Public Support (Substract line 7c line 6) Total Support Calendar year (or fiscal year beginning)	from (a) 2004 3,343,3 ends, loans, 4,5		(b) 2005	(c) 2006	(d) 2007		2008	(f) Total
the year or \$5,000 c Total of lines 7a and 7b 8 Public Support (Substract line 7c line 6) Total Support Calendar year (or fiscal year beginnin 9 A mounts from line 6 10a Gross income from interest, divid payments received on securities rents, royalties and income from s	from (a) 2004 3,343,3 ends, loans, similar ne (less	347 597	(b) 2005 3,630,424 8,694	(c) 2006 4,259,655 7,001	(d) 2007 7,810,130 13,737		2008 8,401,556	(f) Total 27,445,112 37,622
the year or \$5,000 c Total of lines 7a and 7b 8 Public Support (Substract line 7c line 6) Total Support Calendar year (or fiscal year beginnin 9 A mounts from line 6 10a Gross income from interest, divid payments received on securities rents, royalties and income from sources b Unrelated business taxable income section 511 taxes) from business acquired after 30 June, 1975 c Add lines 10a and 10b	from (a) 2004 3,343,3 ends, loans, similar ne (less ses) 4,5	347	(b) 2005 3,630,424	(c) 2006 4,259,655	(d) 2007 7,810,130		2008	(f) Total 27,445,112
the year or \$5,000 c Total of lines 7a and 7b 8 Public Support (Substract line 7c line 6) Total Support Calendar year (or fiscal year beginnin 9 A mounts from line 6 10a Gross income from interest, divid payments received on securities rents, royalties and income from sources b Unrelated business taxable income section 511 taxes) from business acquired after 30 June, 1975	from (a) 2004 3,343,3 ends, loans, similar ne (less ses) 4,5	347 597	(b) 2005 3,630,424 8,694	(c) 2006 4,259,655 7,001	(d) 2007 7,810,130 13,737		2008 8,401,556	(f) Total 27,445,112 37,622
the year or \$5,000 c Total of lines 7a and 7b 8 Public Support (Substract line 7c line 6) Total Support Calendar year (or fiscal year beginning 9 Amounts from line 6 10a Gross income from interest, divided payments received on securities rents, royalties and income from sources b Unrelated business taxable income section 511 taxes) from business acquired after 30 June, 1975 c Add lines 10 a and 10 b 11 Net income from unrelated busined activities not included in line 10 by whether or not the business is reg	from (a) 2004 3,343,3 ends, loans, similar ne (less ses 4,5 ess o, gularly	347 597	(b) 2005 3,630,424 8,694	(c) 2006 4,259,655 7,001	(d) 2007 7,810,130 13,737		2008 8,401,556	(f) Total 27,445,112 37,622
the year or \$5,000 c Total of lines 7a and 7b 8 Public Support (Substract line 7c line 6) Total Support Calendar year (or fiscal year beginning 9 Amounts from line 6 10a Gross income from interest, divided payments received on securities rents, royalties and income from sources b Unrelated business taxable income section 511 taxes) from business acquired after 30 June, 1975 c Add lines 10 a and 10 b 11 Net income from unrelated busines activities not included in line 10 be whether or not the business is regarded on 12 Other income Do not include gain from the sale of capital assets	from (a) 2004 3,343,3 ends, loans, similar ne (less ses 4,5 gularly n or loss	347 597	(b) 2005 3,630,424 8,694	(c) 2006 4,259,655 7,001	(d) 2007 7,810,130 13,737		2008 8,401,556	(f) Total 27,445,112 37,622
the year or \$5,000 c Total of lines 7a and 7b 8 Public Support (Substract line 7c line 6) Total Support Calendar year (or fiscal year beginning 9 Amounts from line 6 10a Gross income from interest, divided payments received on securities rents, royalties and income from sources b Unrelated business taxable income section 511 taxes) from business acquired after 30 June, 1975 c Add lines 10 a and 10 b 11 Net income from unrelated busines activities not included in line 10 be whether or not the business is regarded on 12 Other income Do not include gain from the sale of capital assets (Explain in Part IV) 13 Total Support (Add lines 9, 10c, 2)	from (a) 2004 3,343,3 ends, loans, similar ne (less ses 4,5 gularly n or loss 11 and	5597	(b) 2005 3,630,424 8,694	(c) 2006 4,259,655 7,001	(d) 2007 7,810,130 13,737		2008 8,401,556 3,593	(f) Total 27,445,112 37,622 37,622
the year or \$5,000 c Total of lines 7a and 7b 8 Public Support (Substract line 7c line 6) Total Support Calendar year (or fiscal year beginning 9 A mounts from line 6 10a Gross income from interest, divid payments received on securities rents, royalties and income from sources b Unrelated business taxable income section 511 taxes) from business acquired after 30 June, 1975 c Add lines 10a and 10b 11 Net income from unrelated busines activities not included in line 10b whether or not the business is regicarried on 12 Other income Do not include gain from the sale of capital assets (Explain in Part IV) 13 Total Support (Add lines 9, 10c, 12) 14 First Five Years If the Form 990 is check this box and stop here	from (a) 2004 3,343,3 ends, loans, similar ne (less ses 4,5 gularly n or loss 11 and s for the organization's	5597	(b) 2005 3,630,424 8,694	(c) 2006 4,259,655 7,001	(d) 2007 7,810,130 13,737		2008 8,401,556 3,593	(f) Total 27,445,112 37,622 37,622 27,482,734 ation,
the year or \$5,000 c Total of lines 7a and 7b 8 Public Support (Substract line 7c line 6) Total Support Calendar year (or fiscal year beginning 9 A mounts from line 6) 10a Gross income from interest, divid payments received on securities rents, royalties and income from sources b Unrelated business taxable income section 511 taxes) from business acquired after 30 June, 1975 c Add lines 10a and 10b 11 Net income from unrelated busines activities not included in line 10b whether or not the business is regicarried on 12 Other income Do not include gain from the sale of capital assets (Explain in Part IV) 13 Total Support (Add lines 9, 10c, 12) 14 First Five Years If the Form 990 is	from (a) 2004 3,343,3 ends, loans, similar ne (less ses 4,5 gularly n or loss 11 and s for the organization's	597 597 597	(b) 2005 3,630,424 8,694 8,694	(c) 2006 4,259,655 7,001 7,001	(d) 2007 7,810,130 13,737		2008 8,401,556 3,593	(f) Total 27,445,112 37,622 37,622 27,482,734 ation,
the year or \$5,000 c Total of lines 7a and 7b 8 Public Support (Substract line 7c line 6) Total Support Calendar year (or fiscal year beginning 9 Amounts from line 6 10a Gross income from interest, divided payments received on securities rents, royalties and income from sources b Unrelated business taxable income section 511 taxes) from business acquired after 30 June, 1975 c Add lines 10 a and 10 b 11 Net income from unrelated busines activities not included in line 10 be whether or not the business is required on 12 Other income Do not include gain from the sale of capital assets (Explain in Part IV) 13 Total Support (Add lines 9, 10c, 12) 14 First Five Years If the Form 990 is check this box and stop here	from (a) 2004 3,343,3 ends, loans, similar ne (less ses 4,5 ess 7, gularly n or loss 11 and s for the organization's rt Percentage 08 (line 8 column (f) di	347 597 597 s first	(b) 2005 3,630,424 8,694 8,694	(c) 2006 4,259,655 7,001 7,001	(d) 2007 7,810,130 13,737)1(c)(3	2008 8,401,556 3,593	(f) Total 27,445,112 37,622 37,622 27,482,734 ation, ▶ □
the year or \$5,000 c Total of lines 7a and 7b 8 Public Support (Substract line 7c line 6) Total Support Calendar year (or fiscal year beginning 9 A mounts from line 6 10a Gross income from interest, divid payments received on securities rents, royalties and income from sources b Unrelated business taxable income section 511 taxes) from business acquired after 30 June, 1975 c Add lines 10a and 10b 11 Net income from unrelated busines activities not included in line 10b whether or not the business is regional from the sale of capital assets (Explain in Part IV) 13 Total Support (Add lines 9, 10c, 12) 14 First Five Years If the Form 990 is check this box and stop here Computation of Public Suppo 15 Public Support Percentage for 200 16 Public Support Percentage for 200	from (a) 2004 3,343,3 ends, loans, similar ne (less ses 4,5 gularly n or loss 11 and s for the organization's rt Percentage 08 (line 8 column (f) di 07 Schedule A, Part IV	347 597 597 ivide V-A,	(b) 2005 3,630,424 8,694 8,694	(c) 2006 4,259,655 7,001 7,001	(d) 2007 7,810,130 13,737	01(c)(3	2008 8,401,556 3,593	(f) Total 27,445,112 37,622 37,622 27,482,734 ation, ▶□
the year or \$5,000 c Total of lines 7a and 7b 8 Public Support (Substract line 7c line 6) Total Support Calendar year (or fiscal year beginning 9 Amounts from line 6 10a Gross income from interest, divid payments received on securities rents, royalties and income from sources b Unrelated business taxable income section 511 taxes) from business acquired after 30 June, 1975 c Add lines 10a and 10b 11 Net income from unrelated busine activities not included in line 10b whether or not the business is recarried on 12 Other income Do not include gain from the sale of capital assets (Explain in Part IV) 13 Total Support (Add lines 9, 10c, 12) 14 First Five Years If the Form 990 is check this box and stop here Computation of Public Suppo	from (a) 2004 3,343,3 ends, loans, similar ne (less ses 4,5 gularly n or loss 11 and s for the organization's rt Percentage 08 (line 8 column (f) di 07 Schedule A, Part IV	347 597 597 ivide V-A,	(b) 2005 3,630,424 8,694 8,694 t, second, third	(c) 2006 4,259,655 7,001 7,001	(d) 2007 7,810,130 13,737	01(c)(3	2008 8,401,556 3,593	(f) Total 27,445,112 37,622 37,622 27,482,734 ation, ▶□

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

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

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

▶▽

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Employer identification number Name of the organization Children's Center for DEVELOPMENTAL **ENRICHMENT** 31-1666674 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 Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨

- 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

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.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Intructions for Form 990

Schedule D (Form 990) 2008

Par	Organizations Maintaining Collections of	Art, His	tori	<u>cal Treasu</u>	ires, or Othe	<u>r Similar Asse</u>	ets (co	ontinued)
3	Using the organization's accession and other records, checitems (check all that apply)	k any of th	ne fol	lowing that ar	e a sıgnıfıcant u	se of its collectio	n	
а	Public exhibition	d	Γ	Loan or exc	hange programs			
b	Scholarly research	e	Γ	Other				
С	Preservation for future generations							
4	Provide a description of the organization's collections and e Part XIV	explain hov	w the	y further the o	organization's ex	empt purpose in		
5	During the year, did the organization solicit or receive dona assets to be sold to raise funds rather than to be maintaine		,			ıılar	Yes	┌ No
Par	Trust, Escrow and Custodial Arrangement Part IV, line 9, or reported an amount on Form				ınızatıon answ	ered "Yes" to F	orm 9	90,
1a	Is the organization an agent, trustee, custodian or other intincluded on Form 990, Part X?	ermediary	for c	ontributions (or other assets 1		Yes	┌ No
b	If "Yes," explain why in Part XIV and complete the following	j table						
						A mo	ınt	
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 >	(, line 21?				ı	Yes	No
	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete if the organiz					t IV, line 10. Three Years Back (e	N Cause V	aara Daali
	(a)Current Yea	11 (D	Prior `	real (C)IW	o Years Back (d)	Tillee feats back (e	e)roui i	ears back
1a	Beginning of year balance	—						
Ь	Contributions							
с	Investment earnings or losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year end balance h	neld as						
а	Board designated or quasi-endowment 🕨							
b	Permanent endowment 🕨							
c	Term endowment ▶							
3a	Are there endowment funds not in the possession of the org	janization	thata	are held and a	dministered for	the		
	organization by						Yes	No
	(i) unrelated organizations		•			3a(i)		<u> </u>
	(ii) related organizations					3a(ii)	<u> </u>	<u> </u>
ь 4	If "Yes" to 3a(II), are the related organizations listed as rec Describe in Part XIV the intended uses of the organization'	•				3b	1	<u> </u>
	<u>-</u>				art V. lina 10			
гœ	t VI Investments—Land, Buildings, and Equip	mient. 3						
	Description of investment			Cost or other (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ok value
1a	Land				1,099,294			1,099,294
	Buildings	•			7,014,365	585,191		6,429,174
	Leasehold improvements				7,014,303	363,191		0,423,1/4
	Equipment				A12 621	220 072		194 750
	Equipment				413,631	228,872		184,759
e	Oulei	<u> </u>	1		İ			
Tota	I. Add lines 1a-1e (Column (d) should equal Form 990, Part X,	column (P)) lina	10(c))	L			7,713,227

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation ·year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Dawl VIII Investments Dueguam Delated Co	a Farm 000 Dart V June	12	
Part VIII Investments—Program Related. Se			d of valuation
(a) Description of investment type	(b) Book value		year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III			
(a) Descri	ption		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 3	15)	E.	
Part X Other Liabilities. See Form 990, Part >		<u> </u>	
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
LEASE DEPOSIT	32,000		
	,		
		1	
		1	
		1	
		1	
		1	
		1	
		1	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	32,000	1	
	,	4	

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	ıts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,438,603
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,888,488
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	550,115
4	Net unrealized gains (losses) on investments	4	-1,507
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-1,507
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	548,608
Par	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Returi	າ
1	Total revenue, gains, and other support per audited financial		8,493,680
_	statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
Ь	Donated services and use of facilities		
С .	Recoveries of prior year grants		
d	Other (Describe in Part XIV)	2-	FF 0.7.7
e	Add lines 2a through 2d	2e	55,077
3	Subtract line 2e from line 1	3	8,438,603
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
a b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	8,438,603
	Reconciliation of Expenses per Audited Financial Statements With Expenses		<u> </u>
1	Total expenses and losses per audited financial statements	1	7,945,072
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	56,584
3	Subtract line 2e from line 1	3	7,888,488
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	7,888,488

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
OTHER REVENUE ON BOOKS		FUNDRAISING EVENT EXPENSES NETTED WITH INCOME \$19,476 UNRELATED BUSINESS EXPENSES NETTED WITH INCOME \$37,108
OTHER EXPENSES ON BOOKS		FUNDRAISING EVENT EXPENSES NETTED WITH INCOME \$19,476 UNRELATED BUSINESS EXPENSES NETTED WITH INCOME \$37,108

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DLN: 93493196004000

OMB No 1545-0047

2008

Department of the Treasury

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public

IIICIIIai	Nevellue Service						Tiispection
	e of the organization					Employer ide	ntification number
	ren's Center for DEVELOP CHMENT	MENTAL				31-1666674	
	tI Fundraising Ac	tivities. Complete	ouf the ou	nanızat	ion answered "Yes" i		
							, iiic 17.
1	Indicate whether the orga	nization raised funds t	through ar	•		, , ,	
а	Mail solicitations				e Solicitation of r		
b	Email solicitations Phone solicitations					government grants	
C	In-person solicitations	_			g Special fundrais	sing events	
u	i in-person soncitations	5					
	Did the organization have or key employees listed in If "Yes," list the ten highe	Form 990, Part VII)	or entity	ın connec	tion with professional f	fundraising activities?	☐ Yes ☐ No
U	to be compensated at leas						
			(iii) Did fundraiser have custody or			(v) A mount paid to	(vi) A mount paid to
	(i) Name of individual	(ii) Activity			custody or control of		(iv) Gross receipts
	or entity (fundraiser)		contribu		from activity	col (i)	organization
			Yes	No			
			1				
			1				
Total	<u> </u>	1	1	-			
					I .	1	

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or 3 licensing

Pai	rt II	Fundraising Events. Comp more than \$15,000 on Form					r repo	rted
			(a) Event #1 DINNER	(b) Event #2	(c) O ther Events	(d) T (A dd c	otal Evol (a)	through
			(event type)	(event type)	(total number)	'	201 (C)	,
₽	1	Gross receipts	50,531					50,531
Revenue	2	Less Charitable contributions	12,546					12,546
	3	Gross revenue (line 1 minus line 2)	37,985					37,985
	4	Cash Prizes						
Ses	5	Non-cash Prizes				ļ		
pen	6	Rent/Facility costs	11,497					11,497
Direct Expenses	7	Other direct expenses	7,979					7,979
ē	8	Direct expense summary Add line	s 4 through 7 ın column	(d)				19,476
	9	Net income summary Combine lin	es 3 and 8 in column (d)					18,509
Par	t II	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin		'Yes" to Form 990, Pa	art IV, line 19, or repo	rted m	ore th	an
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming		tal gamıı through	ng (Add col (c))
_	1	Gross revenue						
— see	2	Cash prizes						
pens	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
<u>_</u>	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	┌ Yes	Yes			
	7	Direct expense summary Add lines	2 through 5 in column (d)				
	8	Net gaming income summary Comb	oine lines 1 and 7 in colu	ımn (d)	🕨			
9		ter the state(s) in which the organizat			-		Yes	s No
a b		the organization licensed to operate (gaming activities in eacr	n orthese states /		· 9	a <u> </u>	+
10a b		re any of the organization's gaming li Yes," Explain	censes revoked, suspen	ded or terminated during	g the tax year?	10	a	
11	 Do	es the organization operate gaming a	ctivities with nonmembe	rs?		- ₁	ւ	
12	Is	the organization a grantor, beneficiar	y or trustee of a trust or					

			Yes	NO
13	Indicate the percentage of gaming activity operated in			
а	The organization's facility			
b	An outside facility			
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records			
	Name 🕨			
	Address 🟲			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L5a		
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$			
c	If "Yes," enter name and address			
	Name ►			
	Address ►			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided 🟲			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	L7a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year	-, -		

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DLN: 93493196004000

OMB No. 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008

Open to Public Inspection

Name of the organization
Children's Center for DEVELOPMENTAL
ENRICHMENT

Employer identification number

31-1666674

	Questions Regarding Compensation	· ·			
				Yes	Νo
1a	11 1 ()	vided any of the following to or for a person listed in Form to provide any relevant information regarding these items			
	First class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a wi provision of all the expenses described above? If "N		1b		
2	Did the organization require substantiation prior to rofficers, directors, trustees, and the CEO/Executive		2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the	nat apply			
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VII, Section A, line 1a			
а	Receive a severance payment or change of control p	payment?	4a		Νo
b	Participate in, or receive payment from, a supplement	ntal nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-ba	ased compensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a, did the organization pay or accrue any			
а	The organization?		5a	Yes	
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," o		7		Νo
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III	paid or accured pursuant to a contract that was n Regs section 53 4958-4(a)(3)? If "Yes," describe	_		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns (B)(ı)-(D)	(F) Compensation
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation			reported in prior Form 990 or Form 990-EZ
DR REBECCA (I MORRISON (II		0	0	4,800 0	9,319 0	265,521 0	198,042 0
(iii)						
(i)							
(ii)						
(i)							
(iii)						
(i)							
(iii)						
(i)							
(ii)						
(i)							
(ii)						
(i)							
(ii)						
(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

Ident if ier	Return Reference	Explanation
	PART I LINE 5A	REBECCA MORRISON RECEIVES A COMMISSION ON NON-TUITION REVENUES EARNED BY THE ORGANIZATION

Schedule J (Form 990) 2008

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493196004000

Employer identification number

Schedule L

(Form 990 or 990-EZ)

Name of the organization

Transactions with Interested Persons

2008

Doen to Public

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.
 To be completed by organizations that answered
 "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ. Part V lines 38b or 40b.

on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Open to Public Inspection

Children's Center for DEVELOPMENTAL ENRICHMENT						31	L-166	6674	4						
Part I Excess Benefit Transac	tion	s (section 501(c	:)(3)	and section 501	1 (c)										
To be completed by organizati	ons th	nat answered "Yes	" on	Form 990, Part IV	', line	25a or 25b	o, or F	orm 9	90-EZ	, Par	t V , lıne	40b			
1 (a) Name of disqualifie	d per	son		(h) Des	crint	ion of transa	ction			<u>[</u>	(c) Corr	ected?			
• ()	•			(5) 5 63						\dashv	Yes	No			
2 Enter the amount of tax imposed on section 4958							earu	nder	\$						
3 Enter the amount of tax, if any, on li		·		the organization .	•		• •	_	\$						
Part II Loans to and/or Fron				F 000 P+	T. / I	26 5.	0	00 5	7 0	V 1	- 20-				
To be completed by organize (a) Name of interested person and purpose	(b)	Loan to or from the ganization?		Original principal amount		3alance due		In	Appr by boo	f) oved ard or	(g)W	ritten ment?			
	Т	o From						No	Yes	No	Yes	No			
otal				> \$							•				
Part III Grants or Assistance I To be completed by orga					90.	Part IV. lin	e 27	_							
(a) Name of interested person		(b)Relationship	betv	veen interested pe organization					nt or ty	pe of	assista	nce			
Part IV Business Transactions To be completed by orga					90,	Part IV, lın	e 28	a, 28	b, or	 28c.					
(a) Name of interested person		(b) Relationship between interested person and the		(c) A mount of transaction	(d))escri		(d) Description of transaction							(e) Sha organız reven	ation's ues?
A DVI MODDICON		organization				EMBL SWITE				\dashv	Yes	No			
ARYL MORRISON		POUSE OF EO/DIRECTOR		28,	328	EMPLOYME	: N T					No			
ATHRYN MORRISON		AUGHTER OF EO/DIRECTOR		15,	164	EMPLOYME	NT					Νo			
IICHOLAS KERNS		STER OF EO/DIRECTOR		102,	373	EMPLOYME	NT					No			
FFF KERNS		ROTHER-IN-LAW	OF	68	418	EMPLOYME	NT			\dashv		Nο			

CEO/dir

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As Filed Data -

DLN: 93493196004000

SCHEDULE 0

Department of the Treasury
Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization
Children's Center for DEVELOPMENTAL
ENRICHMENT

ENRICHMENT

Employer identification number
31-1666674

ldentifier	Identifier Return Reference Explanation						
	PART VI - SECTION A - QUESTION 10	THE CFO REVIEWS THE FORM 990 IN DETAIL, THEN REVIEWS IT WITH THE CEO THE FORM IS THEN SENT TO THE BOARD OF DIRECTORS					

ldentifier	Identifier Return Reference Explanation					
CONFLICT OF INTEREST POLICY	PART VI - SECTION B - QUESTION 12C	ALL KEY EMPLOYEES ARE AWARE OF POTENTIAL CONFLICTS AND MONITOR TO ENSURE THEY ARE BROUGHT TO MANAGEMENT'S ATTENTION				

ldentifier	Return Reference	Explanation
COMPENSATION DETERMINATION	PART VI - SECTION B - QUESTION 15	THE BOARD SETS COMPENSATION OF THE CEO VIA CONTRACT THEY USE COMPARABILITY DATA, AS WELL AS DISCUSSION AND DELIBERATION THE CEO SETS COMPENSATION FOR ALL OTHER STAFF SHE CONSULTS THE HR DIRECTOR CLASSROOM STAFF SALARIES ARE COMPARED TO AGREEMENT RATES FOR CENTRAL OHIO SCHOOL DISTRICTS TO ENSURE CCDE IS IN THE SAME RANGE CEO UTILIZES COMPARABILITY DATA FOR ALL OTHER STAFF

ldentifier	Return Reference	Explanation
AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST, ETC	PART VI - SECTION B - QUESTION 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC, UPON REQUEST

Additional Data

Software ID: Software Version:

EIN: 31-1666674

Name: Children's Center for DEVELOPMENTAL

ENRICHMENT

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

The Children's Center for Developmental Enrichment (CCDE) is committed to providing empirically based and quality-driven services for individuals with autism spectrum disorder (ASD), their families and others in the community. The mission of CCDE through its school, Oakstone Academy (preschool through grade 12) and services offered by CCDE Therapies is to: provide excellent inclusive opportunities for children with ASD, while researching the effectiveness of inclusion models; provide an excellent education for all students including those children with ASD and students without disabilities; support and educate families on the benefits of a holistic approach to the treatment of children with ASD and to promote the cost-effective training and support to area school districts and professionals in the community.