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Form 990-EZ

Short Form
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2009

Department of the Treasury
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending ,

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.CHILDRENS VILLAGE AND FAMILY SERVICE
P. O. BOX 6564
TYLER, TX 75711

D Employer identification number

75-1634826

E Telephone number

903-592-3421

F Group Exemption
Number. ►• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts
must attach a completed Schedule A (Form 990 or 990-EZ).G Accounting method: ☒ Cash ☐ Accrual
Other (specify) ►

I Website: ► N/A

J Tax-exempt status (check only one) — ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527H Check ☐ if the organization is not
required to attach Schedule B (Form 990,
990-EZ, or 990-PF).K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than
\$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990
instead of Form 990-EZ. ► \$ 378,717.

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

1	Contributions, gifts, grants, and similar amounts received	1	326,944.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	994.
5a	Gross amount from sale of assets other than inventory	5a	847.
b	Less: cost or other basis and sales expenses	5b	1,305.
c			

Part V Other Information (Note the statement requirements in the instrs for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes.		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved. 38b N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9		N/A
b Gross receipts, included on line 9, for public use of club facilities		N/A
40a Section 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 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c 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? If 'Yes,' complete Form 8886-T		X
41 List the states with which a copy of this return is filed NONE		

42a The organization's books are in care of **KATHLEEN STEINOCHER** Telephone no. **903-592-3421**
 Located at **C/O P. O. BOX 6687, TYLER, TX** ZIP + 4 **75711-6687**

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)? **42b** 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 a Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? **42c** X
 If 'Yes,' enter the name of the foreign country: _____

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

SEE STATEMENT 9

- | | Yes | No |
|---|-----|----|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I | | X |
| 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II | | X |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | | X |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | | X |
| b If 'Yes,' was the related organization a section 527 organization? | | |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

Sign Here

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.

Signature of officer: Kathleen J Steinocher Date: 5/12/10

Type or print name and title: Kathleen J Steinocher

Paid Preparer's Use Only

Preparer's signature: BV Brady Date: MAY 11 2010

Firm's name (or yours if self-employed), address, and ZIP + 4: BRADY AND MOORE, P.C.
3650 OLD BULLARD ROAD, SUITE 320
TYLER, TX 75701

Check if self-employed: ☐ Preparer's Identifying Number (See instructions): N/A

EIN: N/A Phone no.: (903) 597-6550

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

BAA

Form 990-EZ (20

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

CHILDRENS VILLAGE AND FAMILY SERVICE

Employer identification number

75-1634826

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organizations.

(i) Name of Supported Organization

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	797,190.	371,818.	320,331.	691,176.	326,944.	2,507,459.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 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.
4 Total. Add lines 1 through 3.	797,190.	371,818.	320,331.	691,176.	326,944.	2,507,459.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						857,794.
6 Public support. Subtract line 5 from line 4.						1,649,665.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4.	797,190.	371,818.	320,331.	691,176.	326,944.	2,507,459.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	6,175.	11,890.	13,254.	5,805.	994.	38,118.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 Total support. Add lines 7 through 10.						2,545,577.
12 Gross receipts from related activities, etc. (see instructions).					12	0.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)).	14	64.8 %
15 Public support percentage from 2008 Schedule A, Part II, line 14.	15	64.8 %

16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☒

b **33-1/3 support test – 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add lns 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ☐						

Section

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		TYLER AZALEA 1 (event type)	CHRISTMAS CARD (event type)	2 (total number)	(Add col. (a) through col. (c))
REVENUE	1 Gross receipts	14,250.	13,665.	22,017.	49,932.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	14,250.	13,665.	22,017.	49,932.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	472.	2,328.	3,703.	6,503.
	10 Direct expense summary. Add lines 4- through 9 in column (d)				6,503.
11 Net income summary. Combine lines 3, column (d) and line 10				43,429.	

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
		1 Gross revenue			
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No		
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Combine lines 1, column (d) and line 7					

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' explain: _____

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed

13 Indicate the percentage of gaming activity operated in:

- a** The organization's facility. **13a** %
- b** An outside facility. **13b** %

14 Enter 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 contact with a third party from whom the organization receives gaming revenue? **15a**

- 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 of the third party:

Name: ▶ _____

Address: ▶ _____

16 Gaming manager information

Name: ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided: ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**

- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$

2009

FEDERAL STATEMENTS

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CLIENT 101

CHILDRENS VILLAGE AND FAMILY SERVICE

75-1634826

3/31/10

10:16AM

STATEMENT 1
FORM 990-EZ, PART I, LINE 5C
NET GAIN (LOSS) FROM NONINVENTORY SALES

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: 847.
 COST OR OTHER BASIS: 1,305.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ -458.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -458.

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

24 HR RESIDENTIAL CARE	\$ 27,343.
ASSOC DUES.....	3,605.
BANK CHARGES.....	307.
BOARD EXPENSES	2,510.
CONTRACT LABOR.....	128.
DEPRECIATION.....	24,826.
INSURANCE.....	16,410.
INTEREST.....	6,680.
OFFICE EXPENSES.....	13,439.
PROPERTY TAXES.....	779.
PUBLIC RELATIONS.....	521.
REPAIRS & MAINTENANCE	8,562.
TELEPHONE	6,715.
TRAVEL	11,618.
TOTAL \$	123,443.

STATEMENT 3
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	BEGINNING	ENDING
ACCOUNTS RECEIVABLE	\$ 500.	\$ 500.
AUTOMOBILES	3,332.	1,591.
FURNITURE AND FIXTURES.....	26,537.	24,173.
MACHINERY AND EQUIPMENT.....	16,100.	13,236.
TOTAL \$	46,469.	39,500.

STATEMENT 4
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	BEGINNING	ENDING
PAYROLL TAX PAYABLE	\$ 3,472.	\$ 2,495.
SECURED MORTGAGES AND NOTES PAYABLE	102,774.	79,454.

2009

FEDERAL STATEMENTS

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CHILDRENS VILLAGE AND FAMILY SERVICE

75-1634826

3/31/10

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STATEMENT 4 (CONTINUED)
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
UNEMPLOYMENT TAX PAYABLE	\$ 11.	\$ 15.
TOTAL	\$ 106,257.	\$ 81,964.

STATEMENT 5
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO PROVIDE QUALITY RESIDENTIAL FOSTER CARE FOR ABUSED, NEGLECTED AND ABANDONED CHILDREN.

STATEMENT 6
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

OPERATING A 24 HOUR RESIDENTIAL FOSTER HOME FOR 12 MIDDLE SCHOOL AND HIGH SCHOOL BOYS AND GIRLS PROVIDING SUPERVISED DAILY CARE, RECREATION AND EXTRA CURRICULAR ACTIVITIES AND TEACHING SOCIAL, ACADEMIC AND INDEPENDENT LIVING SKILLS, RESPONSIBLE BEHAVIOR AND ENCOURAGING EMOTIONAL AND SPIRITUAL GROWTH.

STATEMENT 7
FORM 990-EZ, PART III, LINE 29
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

OPERATING A 24 HOUR RESIDENTIAL FOSTER HOME FOR 12 PRESCHOOL AND ELEMENTARY SCHOOL BOYS AND GIRLS AGES BIRTH - 11, THAT PROVIDES SUPERVISED DAILY CARE AND RECREATION AND TEACHES POSITIVE VALUES, ENHANCES SOCIAL SKILLS, ACADEMIC ACHIEVEMENT AND SPIRITUAL GROWTH.

STATEMENT 8
FORM 990-EZ, PART III, LINE 31
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>PROGRAM SERVICE EXPENSES</u>
PROVIDE FAMILY COUNSELING FOR FAMILIES EXPERIENCING PROBLEMS IN THE PARENT-CHILD RELATIONSHIP. INCLUDES FOREIGN GRANTS: NO		
TOTAL	\$ 0.	\$ 0.

2009

FEDERAL STATEMENTS

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CLIENT 101

CHILDRENS VILLAGE AND FAMILY SERVICE

75-1634826

3/31/10

10:16AM

**STATEMENT 9
FORM 990-EZ, PART VI
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?.....	NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?.....	NO

ATTACHMENT #1
PART V
LIST OF BOARD OF TRUSTEES

Board of Trustees members are volunteers and service without compensation, employment benefits or expense accounts. Board meetings are six times a year.

CHILDREN'S VILLAGE BOD MEMBERS 2009

TERM OF 2009	TERM OF 2010	TERM OF 2011
Kelly Galyean (1) (Winn) 12584 CR 168 Flint, TX 75762 539-0099 galyeankelly@aol.com	Jeff Billings (1) (Angie) 2150 W. Grande Blvd. Tyler, TX 75703 903-561-5333 billingsstire@suddenlinkmail.com	Jack Compton (1) (Sue) 6009 Stoneleigh Drive Tyler, TX 75703 903-581-7254 (H) thecomptons@suddenlink.net
Lee Travers (1) (Pat) 5705 Churchill Drive Tyler, TX 75703 581-7115 (H) 714-0073 (C) lee.travers@morgankeegan.com	Jill Cobb (1) (David) 1501 Drexel Place Tyler, TX 75701 535-9525 (H) 571-2028 (C) jbcobb@suddenlink.net	Leigh Vickery (1) (Ron) 2120 Holly Creek Drive Tyler, TX 75703 903-509-2740(H) 903-245-9183 (C) lsvickery@gmail.com
Jean Hanna (2) (J.W. "Chad") 408 Brighton Ct. Tyler, TX 75701 561-8744 NO EMAIL	John Ellis (1) (Sherry) 5703 Regents Row Tyler, TX 75703 360-1456 (C) 920-0464 (W) 581-4587 (H) S2sailor@suddenlink.net	Karen McJimsey (1) (Dr. Bert) 3211 Belmead Tyler, TX 75701 903-526-7765(H) 903-520-5352(C) tylerags@suddenlink.net
Jon Moore (1) (Cindy) Chase Bank 100 Independence Place Tyler, TX 75703 903-534-4265(W) 520-3119 (C) jon.c.moore@chase.com	Kendra Graham (1) (Dr. Brad) 4215 Lazy Creek Tyler, TX 75707 566-9414 (H) 903-521-4873 (C) bgraham33@suddenlink.net	Ray Cozby (1) (Maryann) 3413 Allen Tyler, TX 75701 903-597-3033 (H) 903-531-7150 (W) 903-571-8790 (C) cozby@suddenlink.net (H) raymond.cozby@southside.com (W)
Sheila Mendonsa (2) 5401 Hollytree, Unit 604 Tyler, TX 75703 534-2867 (H) 316-6231 (C) sfmen5@aol.com	Molly Nelson (1) (Brett) 3335 Allen Ave. Tyler, TX 75701-9026 526-6699 (H) 780-8528 (C) mnelson@nbc56.com	Jamie Landes (1) (Drew) 2118 Woodlands Drive Tyler, TX 75703 903-581-1130(H) 903-530-5333(C) jlandes7@suddenlink.net
Karen Norton (2) (Michael) 624 Tremont Tyler, TX 75701 535-7901 kmjnorton@sbcglobal.net	Mary Beth Petrakian (1)	

Tax Asset Detail 1/01/09 - 12/31/09

Asset #	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: AUTOMOBILE											
264	VAN - GLASPIES AUTO	2/06/01	23,555.00	0.00	0.00	23,555.00	0.00	23,555.00	0.00	S/L	5.0
265	VAN - KING CHEVY	2/10/01	26,389.00	0.00	0.00	26,389.00	0.00	26,389.00	0.00	S/L	5.0
287	1997 BUICK PARK AVENUE	9/10/05	7,475.00	0.00	0.00	4,983.33	1,495.00	6,478.33	996.67	S/L	5.0
298	16' 2 AXEL TRAILER	5/24/07	1,229.00	0.00	0.00	389.18	245.80	634.98	594.02	S/L	5.0
AUTOMOBILE											
			58,648.00	0.00c	0.00	55,316.51	1,740.80	57,057.31	1,590.69		
Group: BUILDING & IMPROVEMENTS											
6	KITCHEN SINK	6/01/86	131.87	0.00	0.00	131.87	0.00	131.87	0.00	S/L	5.0
7	BUILDING IMPROVEMENTS	10/31/86	510.37	0.00	0.00	510.37	0.00	510.37	0.00	S/L	5.0
8	BOOKCASE	12/31/86	165.00	0.00	0.00	165.00	0.00	165.00	0.00	S/L	5.0
9	BUILDING IMPROVEMENT	12/31/86	1,799.44	0.00	0.00	1,799.44	0.00	1,799.44	0.00	S/L	5.0
10	SEPTIC SYSTEM LATERAL LI	3/20/87	1,190.00	0.00	0.00	1,190.00	0.00	1,190.00	0.00	S/L	10.0
11	2 TON HEAT COMPRESSOR	6/04/87	245.50	0.00	0.00	245.50	0.00	245.50	0.00	S/L	10.0
12											

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Asset Group:	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: BUILDING & IMPROVEMENTS (continued)												
319		ALARM SYSTEM-CTG A	3/27/08	4,000.00	0.00	0.00	75.00	100.00	175.00	3,825.00	S/L	40.0
321		GUTTERS - OFC	1/05/08	581.00	0.00	0.00	29.05	29.05	58.10	522.90	S/L	20.0
322		GUTTERS - CTG A	1/17/08	530.00	0.00	0.00	24.29	26.50	50.79	479.21	S/L	20.0
326		LEASEHOLD IMPRV - CTG B	10/06/08	994.05	0.00	0.00	6.21	24.85	31.06	962.99	S/L	40.0
329		LEASEHOLD IMPRV-CTG A	1/01/08	826.60	0.00	0.00	20.67	20.67	41.34	785.26	S/L	40.0
333		LEASEHOLD IMPRV-OFC	2/23/09	2,512.84	0.00c	0.00	0.00	52.35	52.35	2,460.49	S/L	40.0
		BUILDING & IMPROVEMENTS		679,021.36	0.00c	0.00	183,838.12	14,735.12	198,593.24	480,428.12		
Group: FURNITURE & FIXTURES												
55		BAND INSTRUMENT	9/30/85	195.00	0.00	0.00	195.00	0.00	195.00	0.00	S/L	5.0
56		ALARM SYSTEM	12/05/85	1,315.00	0.00	0.00	1,315.00	0.00	1,315.00	0.00	S/L	5.0
62		BAND INSTRUMENT	8/31/86	361.10	0.00	0.00	361.10	0.00	361.10	0.00	S/L	5.0
63		REFERENCE BOOKS	11/30/86	1,500.00	0.00	0.00	1,500.00	0.00				

Asset Group: FURNITURE & FIXTURES (continued)	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
202		EQUIPMENT TOOLS	8/05/97	79.98	0.00	0.00	79.98	0.00	79.98	0.00	S/L	10.0
208		EQUIP-COTTAGE (DISHWASHE	3/31/97	1,175.00	0.00	0.00	1,175.00	0.00	1,175.00	0.00	S/L	10.0
217		FURN & FIX - CTG B	1/30/98	675.00	0.00	0.00	675.00	0.00	675.00	0.00	S/L	10.0
219		FURN & FIX - CTG B	3/11/98	3,016.00	0.00	0.00	3,016.00	0.00	3,016.00	0.00	S/L	10.0
221		PICTURE FRAMES - CTG B	4/24/98	455.00	0.00	0.00	455.00	0.00	455.00	0.00	S/L	10.0
222		EMERGENCY LIGHTS-CTG B	7/28/98	144.00	0.00	0.00	144.00	0.00	144.00	0.00	S/L	10.0
223		MICROWAVE - CTG B	4/28/98	160.00	0.00	0.00	160.00	0.00	160.00	0.00	S/L	10.0
224		CABINETS - CTG B	5/28/98	10,185.00	0.00	0.00	10,185.00	0.00	10,185.00	0.00	S/L	10.0
225		3 KITCHEN SINKS - CTG B	6/17/98	176.00	0.00	0.00	176.00	0.00	176.00	0.00	S/L	10.0
226		OVERHEAD DOORS - CTG B	6/30/98	3,553.00	0.00	0.00	3,553.00	0.00	3,553.00	0.00	S/L	10.0
227		3 TABLES - CTG B	7/03/98	1,796.00	0.00	0.00	1,796.00	0.00	1,796.00	0.00	S/L	10.0
228		12 DINING CHRS & 2 ARM CHR:	7/03/98	1,706.00	0.00	0.00	1,706.00	0.00	1,706.00	0.00	S/L	10.0
229		FURN & FIX - CTG B	7/09/98	4,200.00	0.00	0.00	4,200.00	0.				

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Asset Group: FURNITURE & FIXTURES (continued)	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = C	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
293		FURNITURE - COTTAGE A	11/25/06	419.16	0.00	0.00	124.75	59.88	184.63	234.53	S/L	7.0
294		FURNITURE - COTTAGE A	11/26/06	1,676.44	0.00	0.00	498.94	239.49	738.43	938.01	S/L	7.0
296		5 TWIN BEDS - CTG A	4/06/07	640.00	0.00	0.00	160.00	91.43	251.43	388.57	S/L	7.0
299		OFFICE FURNITURE	6/18/07	3,219.44	0.00	0.00	482.91	321.94	804.85	2,414.59	S/L	10.0
301		OFC FURNITURE	9/05/07	350.00	0.00	0.00	46.67	35.00	81.67	268.33	S/L	10.0
302		4 BOOKCASES - NEW OFC	9/18/07	1,554.95	0.00	0.00	194.37	155.50	349.87	1,205.08	S/L	10.0
303		OFFICE FURNITURE	9/18/07	2,141.00	0.00	0.00	267.63	214.10	481.73	1,659.27	S/L	10.0
306		STOVE W/ MICROHOOD	7/25/07	498.60	0.00	0.00	100.91	71.23	172.14	326.46	S/L	7.0
307		STOVE W/ MICROHOOD	7/25/07	498.60	0.00	0.00	100.91	71.23	172.14	326.46	S/L	7.0
308		REFRIGERATOR	7/25/07	510.60	0.00	0.00	103.33	72.94	176.27	334.33	S/L	7.0
309		REFRIGERATOR	7/25/07	510.60	0.00	0.00	103.33	72.94	176.27	334.33	S/L	7.0
310		REFRIGERATOR	7/25/07	460.60	0.00	0.00	93.22	65.80	159.02	301.58	S/L	7.0
315		CARPET 5 BDRMS - CTG A	6/05/07	2,600.00	0.00	0.00	588.10	371.43</				

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Asset	d	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: MACHINERY & EQUIPMENT (continued)												
274		COMPUTER - OFC	2/01/02	1,001.00	0.00	0.00	1,001.00	0.00	1,001.00	0.00	S/L	5.0
278		NEW COMPUTER - OFC	2/20/03	449.00	0.00	0.00	449.00	0.00	449.00	0.00	S/L	5.0
280		COMPUTER - CTG B	6/30/03	703.00	0.00	0.00	703.00	0.00	703.00	0.00	S/L	5.0
281	d	TYPEWRITER IBM - OFC	7/30/03	450.00	0.00	0.00	450.00	0.00	450.00	0.00	S/L	5.0
282		DELL COMP - OFC	10/31/03	1,153.00	0.00	0.00	1,153.00	0.00	1,153.00	0.00	S/L	5.0
286		PLAYGROUND EQUIPMENT	7/29/05	1,524.65	0.00	0.00	744.18	217.81	961.99	562.66	S/L	7.0
288		COMPUTER	7/29/05	1,668.00	0.00	0.00	1,139.80	333.60	1,473.40	194.60	S/L	5.0
291		Copier - Office	2/27/06	1,246.74	0.00	0.00	588.74	207.79	796.53	450.21	S/L	6.0
297		LAP TOP COMPUTER	5/02/07	902.00	0.00	0.00	300.67	180.40	481.07	420.93	S/L	5.0
300		OFC COMPUTER SCREEN	7/17/07	896.64	0.00	0.00	254.05	179.33	433.38	463.26	S/L	5.0
304		PHONE SYSTEM	10/23/07	6,110.85	0.00	0.00	712.94	611.09	1,324.03	4,786.82	S/L	10.0
305		ALARM SYSTEM	10/23/07	3,557.73	0.00	0.00	103.76	88.94	192.70	3,365.03	S/L	40.0
311		NETWORKING OFC COMP	10/27/07	3,252.60	0.00	0.00	758.94	650.52	1,			