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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

	For the	2009 calend	dar year, o	or tax year b	eginning Oct 1	L	, 2009	, and	endin	g Sep	30		, 2010	
В	Check if a	applicable		C Name of org	ganization						D Employ	er Iden	tification Number	
	Addı	ress change		PROPERTI	ES FOR CHIL	DREN					20-0	0704	904	
	Nam	ne change	or print or type.	Number and	street (or PO box if n	naıl ıs not deliv	ered to street a	ddr)	Room/st	nte	E Telepho	one num	ıber	
	Initia	al return	See specific	PO BOX 9	8						(82	8 (8	98-5465	
	H	mination	Instruc- tions	City, town o	or country		State	ZIP o	code + 4		,	-, -		
	Ħ	ended return		BANNER E	ELK		NC	28	604		G Gross r	eceints	\$ 1,202,024	
	\vdash	lication pending		and address of pri		·-	210			H(a) Is this	a group retur			X No
		1		NKOLA PO	•	BANNER	RIK NO	C 28		• •	affiliates incl		Yes	No
	Tayı	exempt status) ◀ (insert no)		'(a)(1) or	52		If 'No,'	attach a list	(see in	structions)	
÷		site: ► N/2		(c) (2) (macretio)	+3+/	(4)(1) 01	1 1 52		U(a) Croup	exemption ni	ımbar İ	•	
K			X Corpora	ation Trust	Association	Other ►	1	Voor o		on 2004			legal domicile NC	
	0 (Sac	Summa		ition Trust	Association	Outer	-	Teal O	roman	011 200	<u> </u>	otate of	legal domicile 14C	
Ū, G					nission or most si	onificant ac	tivities							
	1	-	_	=	OF LIFE FOR	-		CR C	ARE	BY PRO	VIDING			
Activities & Governance	. –				IRONMENT WIT		- <i></i>							
E	_								<u> </u>					
o e	2 0	Check this bo	x • 🗍	If the organiz	zation discontinue	d its operat	ions or disp	osed	of mo	re than 2	5% of its	asset	s.	
<u>ن</u> مح	3 1	lumber of vol	tıng mem	bers of the g	overning body (Pa	art VI, line	1a)						6	
န					nbers of the gover	nıng body (Part VI, line	e 1b)				4	0	
ž		otal number										5	45	
ŧ	1				te if necessary)		(O) 10					6	0	
•		_			nue from Part VII							7 a		0.
_	D IV	vet unrelated	business	taxable inco	me from Form 99	0-1, line 34	<u> </u>			1 _		7b	_	
					 1					РР	rior Year		Current Ye	
9		Contributions								<u> </u>	101,3			857.
Revenue	9 F	Program serv	Ketteve u	ue (Part Will,	ine 2g) ການ (A), lines 3, 4,	amal 7al\					,221,0		1,165,	
æ							 nd 11a)				10,7	08.	1,	980.
	12 T	otal revenue	JAN	res 8 through)), Whes 5, 6d, 8c, n 1√2must equal F	Part VIII co	lumn (Δ) li	ine 12	2)	 	,336,1		1,202,	0.
					art ix, column (A			110 12		 	,,,,,,	05.	1,202,	024.
					rt IX, column (A)		•							
					oyee benefits (Pa		nn (A) lines	s 5-10))		382,2	50	347	172.
ses	l				IX, column (A), lii		(. 1,7, 11.100		•,				32,,	
Expenses									•					
ă					, column (D), line				0.					•
					A), lines 11a-11d,						,372,2		1,178,	
		•		•	ust equal Part IX,	•	.), line 25).			1	,754,4		1,526,	
	19 F	Revenue less	expense	s Subtract lir	ne 18 from line 12						-418,2		-323,	
18 OF		_									nning of Y		End of Ye	
Assets or 1 Balance		Total assets (•						5	,197,6		5,149,	
Net A	1	Total liabilities		_			• •				181,9	49.	396,	735.
					act line 21 from lir	ne 20				5	,015,6	58.	4,752,	936.
ال ال	ारी 🎚	Signatu											 	
		Under penalties true, correct, ai	s of perjury, no complete	I declare that I had Declaration of p	ave examined this returi reparer (other than office	n, including acc er) is based on	companying sch	nedules	and state	ements, and rer has any	to the best o	of my kn	nowledge and belief, i	t is
٥.		_ /		/						1	1	1	. / .	
Sig He	gn											/13	5/10	
пе	: I C	Signature o	or officer	_	1, 1	1-1				Da	ile	•	•	
		Type or pri	int name and		nkola -	CEO								
_		/ / / /	ame all	- 555			Т	Date				16	renarer's identifiung	number
Pa	id	1 .		1.0	1 110	1		Date /	/ /	/ se	heck if	<u></u> 6	reparer's identifying i see instructions)	.unuci
Pr		Preparer's signature	•	Bill	Mon	./.		///	2/,	a // er	mployed P			
	rer's	17						/	12	-//	 			
Üs	se	Firm's name (o			ANT & CARPEN	TER, P.	.c. /	$-\!\!\!/$						
Or	ıly /	employed), address, and	▶ <u>PO 1</u>								IN ►		_	
		ZIP + 4	BOOI				NC 2860	07		P	hone no		- 	٦
Ma	v the IR	as discuss th	is return i	with the prec	arer shown above	/ (see inst	ructions)						X Yes	No

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 'Yes,' complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		х
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		<u>x</u> _
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		
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 similar funds or 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		х
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III .	8		x
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 'Yes,' complete Schedule D. Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments Yes, complete Schedule D, Part V	10		x
11	Is the organization's answer to any of the following questions 'Yes'? f so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 107f 'Yes,' complete Schedule D, Part VI			
•	• Did the organization report an amount for investments- other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			
•	• Did the organization report an amount for investments- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		I	
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 253f 'Yes,' complete Schedule D, Part X		!	
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If es,' complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statement for the tax year? 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	x	
12	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		х
14a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		_x
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States?!f 'Yes,' complete Schedule F, Part I	14b		<u>x</u>
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		<u>x</u>
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		_x_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		<u>x</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a% 'Yes,' complete Schedule G, Part III	19		x
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		x

Form 990 (2009) PROPERTIES FOR CHILDREN

Partive Checklist of Required Schedules (continued)

	•	1	ı																Yes	No
21	Did the United S	organız States d	ation on Pai	report rt IX, co	more th	nan \$5, (A), line	,000 of ¢ ∋ 1 <i>?If 'Y</i>	grants a	and oth	er ass Sched	sistance dule I, I	e to gov Parts I	vernme and II	nts and	organiza	ations in th	ne	21		_x_
22	Did the IX, colu	organız mn (A),	ation , line :	report 2? <i>If</i> 'Y	more thes, ' cor	nan \$5, nplete	,000 of o	grants a le I, Pa	and oth arts I an	ner ass nd III	sistance	to ind	lividuals	s in the	United S	tates on F	Part	22		_ x _
23	Did the and form Schedu	ner offi	ation cers,	answei directoi	r 'Yes' i rs, trusi	to Part tees, ke	VII, Sec ey empl	ction A loyees,	, line 3, and hig	, 4, or ghest	r 5 abou comper	ut comp nsated	ensatio employ	on of the rees <i>7f</i> 'Y	e organız 'es,' com	zation's cu <i>iplete</i>		23		x
24 a	Did the as of th complet	e last d	lay of	the year	ar, and	that wa	as issue	ue with ed after	n an out Decem	stand ber 3	ing prin 1, 2002	icipal a ' <i>If 'Yes</i>	mount o s,' <i>answ</i>	of more ver lines	than \$1 24b thro	00,000 bugh 24d a	and	24a		<u>x</u>
b	Did the	organız	ation	ınvest	any pro	ceeds	of tax-e	exempt	bonds	beyor	nd a ten	nporary	period	l except	ion?		-	24b		
	any tax	exemp	t bond	ds?							J		,		,	ar to defea	ase	24c		
C	Did the	organız	ation	act as	an 'on	behalf	of' issue	er for b	onds o	utstan	nding at	any tir	ne duri	ng the y	ear?		-	24d		
25 a	Section disquali	501(c) fied per	(3) an rson d	d 501(c luring t)(4) orç ne year	g <mark>anizati</mark> ? <i>If 'Ye</i> :	ions.Dic s,' comp	d the or plete S	rganizat Schedule	tion e e L, Pa	ngage i lart l	n an e	xcess b	enefit tr	ansactio	n with a		25a		
ł		transa	ction I													prior year, ' <i>complete</i>	- 1	25b		
26	Was a I disquali	oan to o	or by or	a curre outstand	nt or fo ding as	rmer o	fficer, d end of t	lirector, the org	, trustee janizatio	e, key on's ta	employ ax year	yee, hig <i>If 'Ye</i> s,	hly cor ' <i>compl</i>	mpensat lete Sch	ed empl edule L,	oyee, or <i>Part II</i>		26		<u>x</u>
27	Did the contribu Schedu	itor, or	a grar	provide nt selec	e a gran tion co	nt or ot mittee	her assi membe	istance er, or to	e to an o o a perso	officer on rel	r, direct lated to	or, trus such a	stee, ke an indivi 	y emplo idual <i>lf "</i> ·	yee, sub Yes,' cor	ostantial <i>nplete</i>		27		_x_
28	ınstruct	ons for	applı	cable f	ling thr	eshold	s, condi	itions, a	and exc	eption	ns)	٠.	•		dule L, F	Part IV		200		
	A curre								-		•			•			}	28a		_ <u>x</u> _
	A family Schedu	le L, Pa	art IV				·					•		·				28b		<u>x</u>
	An entite was an Did the	officer,	direc	tor, trus	stee, or	direct	or indir	ect owr	ner?If 'Y	Yes,' d	complet	e Sche	dule L,	Part IV		family me	` L	28c		x
		organiz	ation	receive	contri	butions	of art.					•	•			conservation				
31								olve and	id cease	e oper	rations?	If 'Yes.	' compl	ete Sch	edule N.	Part I	-	30 31		<u> </u>
	Did the Schedu	organiz	ation	•		•				•		•	•		•			32		x
33	Did the 301.770	organiz 1-2 and	ation 301	own 10 7701-3	00% of ? <i>If 'Ye</i>	an enti s, ' com	ity disre	garded Schedule	d as sep le R, Pai	arate irt I	from th	ne orga	nızatıor	n under	Regulatı	ons sectio	ons	33		х
34	Was the	organ	ızatıor	relate	d to an	y tax-e	exempt	or taxal	ble enti	ty <i>7lf '</i> '	Yes,' co	mplete	Sched	lule R, P	Parts II, I	II, IV, and	v,	34	х	
35	Is any r Part V,	elated o <i>line 2</i>	organ	zation	a contr	olled ei	ntity wit	thin the	e meanır	ng of	section	512(b))(13) <i>7f</i> '	'Yes,' co	mplete :	Schedule i	R,	35	_x	
36	Section organization	501(c) ation? <i>I</i>	(3) org	ganizat ,' comp	ions.Di elete Sc	id the c chedule	organiza R, Pan	ation ma t V, line	ake any <i>e 2</i>	/ trans	sfers to	an exe	empt no	n-charit	able rela	ated		36		
37	Did the treated	organız as a pa	zation artners	conductions	t more federa	than 5	5% of its ne tax p	s activit ourpose	ties thro es <i>?lf 'Ye</i> :	ough a	an entity <i>mplete</i>	y that is Schedi	s not a ule R, F	related Part VI	organıza	ition and t	hat is	37		<u>x</u>
38	Did the Note. A	organız II Form	zation 990 f	comple llers ar	ete Sch e requii	edule (red to c	O and po complete	rovide e Sche	explana dule O	ations	ın Sch	edule C) for Pa	art VI, lır	nes 11 a	nd 19?		38	х	
3AA	١																	Form	990 (2009)

Form 990 (2009) PROPERTIES FOR CHILDREN	20-0704904	<u> </u>	<u>Р</u>	age !
Part V Statements Regarding Other IRS Filings and Tax Compliance				
	1 1		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 11			
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 vendo (gambling) winnings to prize winners?	rs and reportable gaming 	1 c	х	
2 a 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 45			
2b If at least one is reported on line 2a, did the organization file all required federal employment	nt tax returns?	2b	х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to-file this return	rn (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year this return?	ar covered by	3a		x
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q		3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other f	e or other authority over, a financial account)?	4a		x
b If 'Yes,' enter the name of the foreign country				
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Financial Accounts	Foreign Bank and			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the ta	x year?	5a		х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelf	ter transaction?	5b		_x
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Er Tax Shelter Transaction?	ntity Regarding Prohibited	5 c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible?	and did the organization	6a		x
b If 'Yes,' did the organization include with every solicitation an express statement that such c deductible?	l			
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and provided to the payor?	partly for goods and services	7a		·
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	,	7a 7b		_X_
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for w Form 8282?		7c		x
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d			
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiul benefit contract?		7e		х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber	nefit contract?	7f		x
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 For	m 1098-C as required?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, by a donor advised fund maintained by a sponsoring organization, by a donor advised fund maintained by a sponsoring organization.	ng organizationsDid the nave excess business			
holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds.		8		_
a Did the organization make any taxable distributions under section 4966?		9a		
b Did the organization make any distribution to a donor, donor advisor, or related person?		9b		
10 Section 501(c)(7) organizations.Enter.		7.0	أحري	
a Initiation fees and capital contributions included on Part VIII, line 12	10a		i i	
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter	'			
a Gross income from other 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.)	11 Ь			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o		12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			

BAA

Form 990 (2009)

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

Sec	tion A.	Governing I	3ody and	Managem	ent									
											_		Yes	No
1 a	Enter th	e number of votir	ng members	of the gover	ning body	y			1 a 6	;				
t	Enter th	e number of votir	ng members	that are inde	ependent				1 b 0)		: į		
2	Did any officer, of	officer, director, t director, trustee o	trustee, or k or key emplo	ey employee yee ⁷	have a f	amily relations	ship or a busine	ess rel	lations	hip with any	other	2		X
3	Did the of	organization dele rs, directors or tr	gate control ustees, or ke	over manage ey employees	ement du s to a ma	ities customari inagement cor	lly performed by	y or un	nder th	ne direct su	pervision	3		x
4	Did the	organization mak	e any signifi	cant change:	s to its or	ganızatıonal d	locuments					4		х
	since the	e prior Form 990	was filed? .				•							
5	Did the	organization beco	ome aware d	luring the yea	ar of a m	aterial diversio	on of the organi	ızatıon	n's ass	ets?		5		<u>x</u>
6	Does the	e organization ha	ve members	or stockhold	ders?							6		<u>x</u>
7 a	Does the governir	e organization ha ig body?	ve members	, stockholde	rs, or oth	er persons wh	o may elect on	ne or m	nore m	embers of t	he	7a		<u>x</u>
Ŀ	Are any	decisions of the	governing be	ody subject t	o approv	al by members	s, stockholders,	, or oth	her pe	rsons?		7b		<u>x</u>
8	Did the the follo	organization cont wing	emporaneou	ısly documer	nt the me	etings held or	written actions	under	rtaken	during the	year by			
a	The gov	erning body?										8a	х	
t	Each co	mmittee with auti	hority to act	on behalf of	the gove	rning body?						8b	х	
9	organiza	any officer, direc ition's mailing ad	ldress? If 'Ye	s,' provide th	ne names	and addresse	es in Schedule	a				9		<u>x</u>
Sec	tion B.	Policies (This Section	on B reque	ests info	ormation ab	out policies	not re	equir	ed by the	Internal			
Reve	enue Cod	e)												
					_								Yes	No
		e organization ha			•							10a		<u> </u>
	and brai	does the organiz nches to ensure t	their operation	ons are cons	istent wit	h those of the	organization?					10b		
		organization pro						-		filing the fo	rm?	11	X	
		ın Schedule O t		-	-	-		m 990						
		e organization ha				-				1.1		12a	х	
	to confli				•	•						12 b	х	
(Does the Schedul	e organization red le O how this is d	gularly and d <i>lone</i>	consistently r	nonitor a	nd enforce coi	mpliance with ti	the pol	licy ## "	Yes,' descril	oe in	12c	х	
13	Does the	e organization ha	ive a written	whistleblowe	er policy?							13	х	
14	Does the	e organization ha	ive a written	document re	etention a	ind destruction	policy?					14	х	
15	Did the persons	process for deter , comparability da	mining compata, and con	ensation of temporaneou	the follov us substa	ving persons in ntiation of the	nclude a review deliberation ar	v and a nd dec	approv	al by indep	endent			
ā	The orga	anızatıon's CEO,	Executive D	rector, or to	p manage	ement official						15 a	x	
t		ficers of key emp	•	•			••					15b	Х	_
		to line 15a or 15b	•	•		,	•							
	entity di	organization inve uring the year?					•					16a		X
ŀ	',If 'Yes in joint v status w	has the organiza venture arrangem with respect to such	ition adopted nents under a ch arrangem	l a written po applicable fe ents?	olicy or pi deral tax	rocedure requi law, and take	ring the organia n steps to safe	zation guard	to eva	aluate its pa ganization's	rticipation exempt	16b		
Sec	tion C.	Disclosures	<u> </u>									· ·		
17	List the	states with which	ı a copy of t	his Form 990	ıs requir	ed to be filed								
18	inspecti	6104 requires an on Indicate how	you make th	iese availabli	s Forms 1 e. Check	all that apply	f applicable), 9							oublic
	∐ Owr	n website	☐ Anoth	er's website		X Upon red	quest							
19	Describe stateme	e in Schedule O v nts available to t	whether (and he public.	l if so, how)	the orgar	nization makes	its governing o	docum	nents,	conflict of in	nterest pol	icy, ar	nd fina	incial
		e name, physical		nd telephone PO_BOX_9		•	who possesses NER ELK			and records	_		ion 3 <u>98 - 5</u>	5 <u>465</u>

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

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

Check this box if the organization did not compensate any current officer, director, or trustee. (A) (B) (c) (D) **(E)** (F) Average Position (check all that apply) Reportable compensation from related organizations (W-2/1099-MISC) Reportable compensation from Estimated amount of other Name and Title hours Officer per week יומואורו institutional trustee (e) employee employee the organization (W-2/1099-MISC) compensation 다 다 from the es organization and related Lel frances сонтрызмен organizations TOM FOXX 5.00 Х X CHAIR CAROL ALLEN BOARD MEMBER 5.00 X 0 0 0. SADLER BARNHARDT 5.00 X X ٥. 0. 0. VICE CHAIR CARROL GARLAND BOARD MEMBER 5.00 X 0. 0. Ο. DAN GODWIN 5.00 0. 0 BOARD MEMBER X ٥. DICK WILSON SECRETARY / TREASURER 5.00 Х x 0 0 0. DON YOUNG MANAGING DIRECTOR 40.00 47,150. 0 X 0.

from the organization

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated e	employee
	on line 1a ⁵ If 'Yes,' complete Schedule J for such individual	

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000*'lf 'Yes' complete Schedule J for such* ındıvıðual

			compensation from any		anızatıon fo	r services
rendered to the	organization?	'If 'Yes,' complete S	chedule J for such perso	n		

	Yes	No
	繼	
3		X
4		X
差性	大量	
5		x

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

	Na	(A me and bus	(B) Description of Services	(C) Compensation			
JE GREEN COMPANY 303	E.	MARKET	ST.	JOHNSON CITY TN	37601	CONTRACTOR	964,139.
						-	<u> </u>
					·		
	•	_					

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization▶

	1 990 (2009) PROPERTIES FOR CHILDREN			20-0704904	Page 9
Pa	t VIII Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e 15,100.				
ONTRIBUTION ON THER	f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribus included in lns 1a-1f: \$				
	h Total. Add lines 1a-1f	34,857.			
PROGRAM SERVICE REVENUE	2a RENTAL & CONTRACTED SERVICES 811000 b	1,165,187.	1,165,187.	0.	0.
SERVICE	cd				
ROGRAM	f All other program service revenue g Total. Add lines 2a-2f	1,165,187.			
	3 Investment income (including dividends, interest and	1/103/10/.			
	other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties				
	6a Gross Rents b Less rental expenses c Rental income or (loss)				
	d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other 1,980.				
	b Less. cost or other basis and sales expenses c Gain or (loss) 1,980.				
	d Net gain or (loss)	1,980.	1,980.	0.	0.
NUE	8a Gross income from fundraising events (not including \$	1,900.	1,300.	0.	
OTHER REVENUE	of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses b				
5	c Net income or (loss) from fundraising events			-	
	9a Gross income from gaming activities See Part IV, line 19				
	b Less. direct expenses				
	c Net income or (loss) from gaming activities	· · · · · · · · · · · · · · · · · · ·			
	10a Gross sales of inventory, less returns and allowances a b Less. cost of goods sold b				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				
	11a OTHER 900099 b	0.	0.	0.	0.
	d All other revenue				
	e Total. Add lines 11a-11d	0.			
	12 Total revenue. See instructions	1.202.024.	1,167,167.	0.	1 0.

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are	not required to complete columns (B), (C), and (D).

Do .	not include amounts reported on lines 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		oxpenses .	gonerar expenses	- CAPONISSE
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7		289,250.	289,250.	0.	0.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,537.	8,537.	0.	0.
9	Other employee benefits	24,805.	24,805.	0.	0.
10	Payroll taxes	24,580.	24,580.	0.	0.
11	Fees for services (non-employees)	24,500.	24,500.		
	a Management	134,589.	0.	134,589.	0.
	o Legal	134,309.	0.	131,309.	<u></u>
	c Accounting				
	d Lobbying				
	e Prof fundraising svcs. See Part IV, In 17				
	Investment management fees				
	g Other	205			
	Advertising and promotion	206.	206.	0.	0.
	Office expenses .	17,998.	17,998.	0.	0.
14	Information technology	·			
15	Royalties				
16	Occupancy	2 855	2 855		
17 18	Travel . Payments of travel or entertainment expenses for any federal, state, or local public officials	3,755.	3,755.	0.	0.
19	Conferences, conventions, and meetings				
20	Interest .				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	367,678.	367,678.	0.	0.
	Insurance 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)				
;	DUES, SUBSCRIPTIONS, TAXES	9,768.	0.	9,768.	0.
i	b INSURANCE	130,014.	0.	130,014.	0.
	c UTILITIES,GAS,OIL	93,144.	93,144.	0.	0.
	d TECHNOLOGY EXPENSE	59,441.	59,441.	0.	0.
	e RECORD CHECK FEES	535.	535.	0.	0.
,	f All other expenses	361,716.	361,716.	0.	0.
25	Total functional expenses. Add lines 1 through 24f	1,526,016.	1,251,645.	274,371.	0.
26	Joint costs. Check here ▶ ☐ 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				
BAA		<u> </u>			Form 990 (2009)

	. ,			(A) Beginning of year		(B) End of year
1	Cash – non-interest-bearing				1	
2	Savings and temporary cash investments		-	35,689.	2	
3					3	
	Pledges and grants receivable, net			16 041		21 01
4	Accounts receivable, net			16,941.	4	31,218
5	Receivables from current and former officers, director and highest compensated employees. Complete Part	I of Sc	hedule L		5	
6	Receivables from other disqualified persons (as defin-	ed unde	r section 4958(f)(1))			· · · · · · · · · · · · · · · · · · ·
	and persons described in section 4958(c)(3)(B) Com	plete Pa	ort II of Schedule L		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use		8			
9	Prepaid expenses and deferred charges				9	
10:	Land, buildings, and equipment cost or other basis	10a	9,983,772.			
	Complete Part VI of Schedule D					
1	Less accumulated depreciation	10Ь	5,000,225.	4,301,770.	10 c	4,983,54
	Investments – publicly-traded securities				11	2,7500,01
12				·····	12	
13	·				13	
14	Intangible assets				14	
15	-		''' '	843,207.	15	134,90
16	Total assets Add lines 1 through 15 (must equal line	34)	••• •	5,197,607.	16	5,149,67
17		5-1)		180,158.	17	54,16
18	Grants payable		}	100,130.	18	<u>5</u> 4,10
19	Deferred revenue	-		19		
20	Tax-exempt bond liabilities		-		20	
21	Escrow or custodial account liability Complete Part I	V of Sc	bodulo D		21	
22	•	la l		21		
~~	highest compensated employees, and disqualified per	rsons C	Complete Part II			
	of Schedule L				22	
23	Secured mortgages and notes payable to unrelated the	nird part	ies		23	
24	Unsecured notes and loans payable to unrelated third	l parties			24	
25	Other liabilities Complete Part X of Schedule D	-		1,791.	25	342,57
26	Total liabilities. Add lines 17 through 25			181,949.	26	396,73
	Organizations that follow SFAS 117, check here ►	X and	d complete lines			
	27 through 29 and lines 33 and 34.		-			
27	Unrestricted net assets		Ī	4,421,202.	27	4,752,93
28	Temporarily restricted net assets			594,456.	28	
29					29	
	Organizations that do not follow SFAS 117, check he	ere►	and complete			
	lines 30 through 34.				ļ ļ	
30	_		ľ		30	
31	Paid-in or capital surplus, or land, building, and equip	ment fi	_{and}		31	
32					32	
33		, 5. 5.10		5,015,658.	33	4,752,93
	The state of the s			5,197,607.	34	5,149,67

Separate basis

Audit Act and OMB Circular A-133?

Part XI Financial Statements and Reporting Yes No 1 Accounting method used to prepare the Form 990 Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule ${\sf O}$ 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a b Were the organization's financial statements audited by an independent accountant? 2b X c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain ın Schedule O d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

X Both consolidated and separate basis

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

Consolidated basis

Form 990 (2009)

Х

3a

3b

SCHEDULE D . (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ➤ Attach to Form 990. ➤ See separate instructions 2009

Open to Public

Name of the organization

Employer Identification number

PRO	PERTIES FOR CHILDREN			20-0704904	
Pa	Organizations Maintaining Dono the organization answered 'Yes' t	r Advised Funds or Other Simila o Form 990. Part IV. line 6.	r Funds or Acco	unts Complete	e ıf
		(a) Donor advised funds	(b) Fu	unds and other ac	counts
1	Total number at end of year .				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year .				
5	Did the organization inform all donors and do funds are the organization's property, subject	nor advisors in writing that the assets he to the organization's exclusive legal con	ld in donor advised trol?	Yes	No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or donor advisor	ant funds may be or for any other	— ∏Yes	— □ No
Pa	Conservation Easements Complete		'Yes' to Form 99		
	Purpose(s) of conservation easements held by		163 10 1 01111 33	o, raitiv, iiie	<u> </u>
•	Preservation of land for public use (e.g., r		ration of an historica	lly important land	aroa
	Protection of natural habitat		ration of certified his	•	aica
	Preservation of open space		ation of certified fils	toric structure	
2	Complete lines 2a through 2d if the organizational day of the tax year	on held a qualified conservation contribu	ition in the form of a	conservation eas	ement on the
				Held at the End o	of the Year
ä	Total number of conservation easements		2a		
ı	Total acreage restricted by conservation ease	ments	2b		
•	Number of conservation easements on a certi	fied historic structure included in (a)	2c		
•	Number of conservation easements included i	n (c) acquired after 8/17/06.	2 d		
3	Number of conservation easements modified,	transferred, released, extinguished, or te	erminated by the org	anization during ti	he tax
	year ►				
4	Number of states where property subject to co	onservation easement is located	 		
5	Does the organization have a written policy re and enforcement of the conservation easement	nt it holds?		itions, 🔲 Yes	☐ No
_	Staff and volunteer hours devoted to monitoring the year ►				
7	Amount of expenses incurred in monitoring, in during the year ►	nspecting, and enforcing conservation ea	sements \$		
8	Does each conservation easement reported of 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirement	s of section	Yes	☐ No
9	In Part XIV, describe how the organization re- include, if applicable, the text of the footnote conservation easements	ports conservation easements in its rever to the organization's financial statements	nue and expense sta s that describes the o	itement, and balar organization's acc	nce sheet, and ounting for
Pa	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Treasure wered 'Yes' to Form 990, Part IV	es, or Other Sim , line 8.	ilar Assets	
1:	a If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial statement	lic exhibition, education, or research in f	statement and balan urtherance of public	ice sheet works of service, provide,	art, historical in Part XIV,
ı	o If the organization elected, as permitted unde treasures, or other similar assets held for pub amounts relating to these items	r SFAS 116, to report in its revenue state lic exhibition, education, or research in f	ement and balance s urtherance of public	sheet works of art, service, provide t	, historical he following
	(i) Revenues included in Form 990, Part VIII,	, line 1		► \$	
	(ii) Assets included in Form 990, Part X			► \$	
2	If the organization received or held works of a amounts required to be reported under SFAS	art, historical treasures, or other similar a 116 relating to these items	ssets for financial ga	ain, provide the fo	llowing
	a Revenues included in Form 990, Part VIII, line	e 1 .		> \$	
1	Assets included in Form 990, Part X		•	> \$	

3 Using the organization's acquisition items (check all that apply): a Public exhibition b Scholarly research c Preservation for future general Provide a description of the organization assets to be sold to raise funds research to reported an amount of the organization and the organization of the organization and the or	ations nization's coll tion solicit or ather than to Arrangem unt on Forr	receive de maint	d Loan of a rained as part of omplete if o	or exchange progra v they further the o t, historical treasuri	rganization's exempt p			
b Scholarly research c Preservation for future general Provide a description of the organization assets to be sold to raise funds reported an amount of the preservation of the organization assets to be sold to raise funds reported an amount of the preservation of the organization assets to be sold to raise funds reported an amount of the preservation of the preservation of the organization of the preservation of the organization of the organi	nization's coll tion solicit or ather than to I Arrangem unt on Forr	receive d be maint	e Other ond explain how lonations of arained as part of the complete of the	v they further the o t, historical treasur of the organization'	rganization's exempt p	ourpose in		
c Preservation for future general Provide a description of the organ Part XIV 5 During the year, did the organizat assets to be sold to raise funds reported an amount of the preservation of the organization of the provided part IV Escrow and Custodial 9, or reported an amount of the provided provid	nization's coll tion solicit or ather than to I Arrangem unt on Forr	receive d be maint	nd explain how lonations of ar ained as part o	t, historical treasure of the organization'	es, or other similar	ourpose in		
Provide a description of the organ Part XIV During the year, did the organizar assets to be sold to raise funds reported an amount of the organizar assets to be sold to raise funds reported an amount of the organizar assets to be sold to raise funds reported an amount of the organization of the o	nization's coll tion solicit or ather than to I Arrangem unt on Forr	receive d be maint	lonations of ar ained as part o	t, historical treasure of the organization'	es, or other similar	ourpose in		
5 During the year, did the organizations assets to be sold to raise funds reported an amount of the part IV. 9, or reported an amount of the part IV.	tion solicit or ather than to Arrangem unt on Forr	receive d be maint	lonations of ar ained as part o	t, historical treasure of the organization'	es, or other similar	ourpose in		
Part IV Escrow and Custodial 9, or reported an amou	ather than to I Arrangem unt on Forr	be maint nents Co	ained as part o omplete if o	of the organization'	es, or other similar			
9, or reported an amou	unt on Forr	n ents Co n 990, f	omplete if o			. Yes No		
1a is the organization an agent true	tee, custodiai		art X, line	rganization ans 21.	wered 'Yes' to For	rm 990, Part IV, line		
included on Form 990, Part X?		n, or othe	er intermediary	for contributions o	r other assets not	☐ Yes ☐ No		
b If 'Yes,' explain the arrangement	ın Part XIV a	nd compl	ete the followi	ng table:				
		•		3		Amount		
c Beginning balance					1c			
d Additions during the year					1 d			
e Distributions during the year	·			•	1e			
f Ending balance				•• •	1f			
<u> </u>	mount on For	m 990 P	art X line 21?		<u> </u>	Yes No		
2a Did the organization include an amount on Form 990, Part X, line 21?								
Part V Endowment Funds Cor		rganizat	ion answer	ed 'Yes' to Form	990 Part IV line	10		
Tart v Zina ovinion () and o oci	(a) Current		(b) Prior year					
1 a Beginning of year balance	(a) ourrent	year	(b) Thor year	(c) Two years	S Dack (u) Three years	back (e) rour years back		
b Contributions			.					
b continuations .								
c Net Investment earnings, gains, and losses								
d Grants or scholarships								
e Other expenditures for facilities and programs								
f Administrative expenses								
g End of year balance					<u></u>	-		
2 Provide the estimated percentage	of the year	end balar	ice held as					
a Board designated or quasi-endow	/ment ►		%					
b Permanent endowment ►	<u> </u>							
c Term endowment ►	%							
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by Yes No								
(i) unrelated organizations 3a(i)								
(i) related organizations 3a(i) 3a(ii)								
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?								
4 Describe in Part XIV the intended uses of the organization's endowment funds								
Part VI Investments-Land, B					t X. line 10			
Description of investment		(a) Cost	or other basis estment)	(b) Cost or other basis (other)		ed (d) Book Value		
1a Land			143,137.	2223 (00.01)		143,137.		
b Buildings	ŀ		731,596.		5,000,22			
c Leasehold improvements .	ł				3,000,22	2//32/3/12		
d Equipment	ŀ	2	238,861.			2,238,861.		
e Other .			870,178.			870,178.		
Total. Add lines 1a through 1e (Column	(d) must eau			duma (R) June 104	-))			
BAA	(u) must equ	aai FOIIN	ээυ, Γαπ Λ, CC	линн (<i>р),</i> нпе ти(с		4,983,547. Schedule D (Form 990) 200		

HILDREN	20-07049	04 Page
Form 990, Part X, line 12	2	
(b) Book value	(c) Method of valuation Cost or end-of-year market	n value
	· · · · · · · · · · · · · · · · · · ·	
_		
_		
Form 990, Part X, line 1	13)	
(b) Book value	(c) Method of valuation	n
	Cost or end-of-year market	value
	<u> </u>	
		<u>-</u>
Description		(b) Book value
		15,813.
		119,093.
, line 15)	>	134,906.
rt X, line 25)	>	134,906.
	>	134,906.
rt X, line 25) (b) Amount	>	134,906
rt X, line 25)	>	134,906
rt X, line 25) (b) Amount	>	134,906
rt X, line 25) (b) Amount	>	134,906
rt X, line 25) (b) Amount	>	134,906
rt X, line 25) (b) Amount	>	134,906
rt X, line 25) (b) Amount	>	134,906
rt X, line 25) (b) Amount	>	134,906
rt X, line 25) (b) Amount	>	134,906.
rt X, line 25) (b) Amount	b	134,906
rt X, line 25) (b) Amount	>	134,906.
	Form 990, Part X, line 12 (b) Book value	Form 990, Part X, line 12. (b) Book value (c) Method of valuation Cost or end-of-year market (c) Method of valuation Cost or end-of-year market (d) Book value (e) Method of valuation Cost or end-of-year market (f) Method of valuation Cost or end-of-year market (g) Method of valuation Cost or end-of-year market (g) Method of valuation Cost or end-of-year market

Schedule D (Form 990) 2009 PROPERTIES FOR CHI		F: : 1.0: .	20-07049	04 Page 4
PartXI Reconciliation of Change in Net Asset		Financial State	ements	
1 Total revenue (Form 990, Part VIII,column (A), line 12			<u> </u>	1,167,662.
2 Total expenses (Form 990, Part IX, column (A), line 25			<u> </u>	1,526,016.
3 Excess or (deficit) for the year. Subtract line 2 from lin	ie i		<u> </u>	-358,354.
4 Net unrealized gains (losses) on investments	•		• •	
5 Donated services and use of facilities	• • • • •		• •	
6 Investment expenses	• • • • •		• •	
7 Prior period adjustments	• •		<u> </u>	
8 Other (Describe in Part XIV)	• • • • • •		<u> </u>	
9 Total adjustments (net) Add lines 4 through 8			<u> </u>	
10 Excess or (deficit) for the year per audited financial st.			ue per Beturn	-358,354.
PartXII Reconciliation of Revenue per Audited 1 Total revenue, gains, and other support per audited fir		ils with Reven	ue per Keturn	1 167 662
1 Total revenue, gains, and other support per audited fir2 Amounts included on line 1 but not on Form 990, Part				1,167,662.
a Net unrealized gains on investments	VIII, IIIIE 12	2 a		
b Donated services and use of facilities		2b	0.	
c Recoveries of prior year grants		2c	0.	
d Other (Describe in Part XIV)		2 d		
e Add lines 2a through 2d			2e	0.
3 Subtract line 2e from line 1		1 1	3	1,167,662.
4 Amounts included on Form 990, Part VIII, line 12, but				
a Investments expenses not included on Form 990, Part	VIII, line /b	4a	0.	
b Other (Describe in Part XIV)		4 b		
c Add lines 4a and 4b			4c	0.
5 Total revenue Add lines 3 and 4c. (This must equal Fo			5	1,167,662.
RartiXIII Reconciliation of Expenses per Audit		ents with Expe	nses per Return	
1 Total expenses and losses per audited financial statem				1,526,016.
2 Amounts included on line 1 but not on Form 990, Part	IX, line 25			
a Donated services and use of facilities		2a	0.	
b Prior year adjustments		2b	0.	
c Other losses	• •	2c	0.	
d Other (Describe in Part XIV)	+ i	2d		_
e Add lines 2a through 2d			2e	0.
3 Subtract line 2e from line 1		1 1	3	1,526,016.
4 Amounts included on Form 990, Part IX, line 25, but n				
a Investments expenses not included on Form 990, Part	VIII, line 7b	4a	0.	
b Other (Describe in Part XIV)	•	4b		
c Add lines 4a and 4b			4c	0.
5 Total expenses Add lines 3 and 4c (This must equal F	orm 990, Part I, line 18)		5	1,526,016.
Part XIV Supplemental Information				
Complete this part to provide the descriptions required for F line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4 information	art II, lines 3, 5, and 9, F b, and Part XIII, lines 2d	and 4b. Also comp	a 4; Part IV, lines 1b	and 2b, Part V,
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BAA	TEEA3304 02/02/10		Schedul	e D (Form 990) 2009

Schedule D (Form 990) 2009 PROPERTIES FOR CHILDREN Park XIV Supplemental Information (continued)	20-0704904	Page 5
Part XIV Supplemental Information (continued)		
		
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

PROPERTIES FOR CHILDREN	20-0704904
Pt_VI-B, Line_11A_Board members review the 990 for accuracy and consistency with information present	nted in the audited financial staements.
Pt_VI-B, Line_12c Internal controls over financial reporting ensure that confl	icts of interest do not exist.
Pt VI-B, Line 15 The Board uses market data as well as performance indicators	in determining compensation.
	-
	
	
	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 Attach to Form 990. ► See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

HOMES FOR CHILDREN HOMES FOR CHILDREN HOMES FOR CHILDREN HOMES FOR CHILDREN HOMES FOR CHILDREN HOMES FOR CHILDREN (F)
Direct controlling entity (F)
Direct controlling
entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Employer identification number N/A 20-0704904 (E)
Public charity status (if section 501(c)(3)) **(E)** End-of-year assets LINE 11c LINE 11b σ σ 0 g LINE 2 LINE LINE LINE LINE Part Identification of Disregarded Entities (Complete If the organization answered 'Yes' to Form 990, Part IV, line 33.) **(D)** Exempt Code section (**D)** Total income 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501 (C) (3) 501(C)(3) (C) Legal domicile (state or foreign country) (C)
Legal domicile (state or foreign country) Z S NC NEGLECTED CHILDREN NC Z S NEGLECTED CHILDREN NC ADOPTION SERVICES TO SERVE ABUSED, TO SERVE ABUSED (B)
Primary activity Primary activity CHARTER SCHOOL GRANDFATHER HOME FOR CHILDREN, INC. 56-0529975 GROUP HOME & ORGANIZATION FOSTER CARE GRANDFATHER HOME COMMUNITY SERVICES FOR CHILDREN 26-1259836 FOSTER CARE SUPPORTIVE SERVICES SERVICES 20-0704920 (A) Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity FOUNDATION FOR CHILDREN 01-0653458 COMMUNITY SERVICES FOR CHILDREN SCHOOLS FOR CHILDREN 20-1447469 PO BOX 98, BANNER ELK NC 28604 PO BOX 98, BANNER ELK NC 28604 PO BOX 98, BANNER ELK NC 28604 GRANDFATHER ACADEMY 56-1995527 PO BOX 98, BANNER ELK NC 28604 HOMES_FOR_CHILDREN 38-3672492 PROPERTIES FOR CHILDREN Part 11

Schedule R (Form 990) (2009)

TEEA5001 02/05/10

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2

20-0704904

Schedule R (Form 990) 2009 PROPERTIES FOR CHILDREN

Parity Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

	(J)	naging	partner?	\vdash	2					_		 	
	Ç	Ē			Yes	•						 	
	(D)	amount in box	20 of Schedule	K-1	(2001 1110 1)								
	(£)	onate	cations		S S	_							
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al . J	(G)	origie of end-or-year											
because it flag of the of filler related organizations treated as a partitle slip during the tax year.	Share of total income Share of end of way	סומה סו וסומ											
cu as a partificioni	(E)	income (related,	unrelated, excluded	sections 512-514)	3cc(10)13 312-314)								
ווובמנוטווא נוכמו	(C) .	controlling entity				•				·			
מוכח חואם			(state or	roreign Colintry)	couliny)								
	(B)	ייייין אייייין אייייין											
מברמחפב וו וומח	(A) Name address and FIN of	related organization				 	 	'			 		

Parally Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	Faxable as a Cor ed organizations	poration or Tr treated as a c	ust (Complete or torporation or torporation)	if the organizations the	ation answered 'Yoe tax year.)	es' to Form 990, Pa	π >,
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	Type of entity (C corp, S corp, or trust)	(F) Share of total income	(C) Legal domicile Direct Direct State or foreign controlling entity (C corp, S corp, country) (C) Type of entity (C corp, S corp, country) (C corp, S corp, or trust)	(H) Percentage ownership
ВАА		TEEA5002 02/05/10	05/10			Schedule R (Form 990) (2009)	990) (2009)

Yes

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During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

entity
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iv) rent
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- **b** Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
 - d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- Performance of services or membership or fundraising solicitations for other organization(s)
- Performance of services or membership or fundraising solicitations by other organization(s)
 - m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)
- 2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(C) Amount involved	424,566.
(B) Transaction type (a-r)	н
(A) Name of other organization	GRANDFATHER HOME FOR CHILDREN, INC.

INC (2) GRANDFATHER HOME FOR CHILDREN,

Ξ

(3) FOUNDATION FOR CHILDREN

(4) COMMUNITY SERVICE FOR CHILDREN

(5) HOMES FOR CHILDREN

Schedule R (Form 990) (2009)

56,727.

н

92,718.

264,220.

29,554

Schedule R-1 (Form 990) 2009 87,630. 89,347. 66,598. 134,589. (C) Amount invoived (B) Transaction type (a-r) Н н Н Pari V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2) TEEA5105 07/06/09 (A)
Name of other organization GRANDFATHER HOME COMMUNITY SERVICES FOR CHILDREN GRANDFATHER ACADEMY, INC. SCHOOLS FOR CHILDREN HOMES FOR CHILDREN BAA

Page 5

20-0704904

Schedule R-1 (Form 990) 2009 PROPERTIES FOR CHILDREN

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

(A)

(B)

(C)

(D)

(F)

(C)

(D)

Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	Are all partners section 501(c)(3) organizations?	(E) Share of end-of-year assets	Disproportionate	Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?	al or ging
			Yes No		Yes No	,	Yes	No
					.			
							-	
ВАА	·	TEEA5004 02/05/10				Schedule R (Form 990) (2009)	(066 m	(2009)