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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

2010Open to Public
Inspection**A** For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011****B** Check if applicable

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

C Name of organization**CHILDHAVEN, INC.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

P.O. BOX 2070

Room/suite

City or town, state or country, and ZIP + 4

CULLMAN, AL 35056**F** Name and address of principal officer **DR. JIM WRIGHT****SAME AS C ABOVE****D** Employer identification number**63-0320193****E** Telephone number**256-734-6720****G** Gross receipts \$ **1,920,794.****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)**H(c)** Group exemption number ▶**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.CHILDHAVEN.COM****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1949** **M** State of legal domicile: **AL****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: HOME FOR ORPHANED CHILDREN		
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	11
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	39
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,429,700.	1,600,017.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-400.	-81.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,849,918.	1,919,930.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,358,613.	1,303,829.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	697,725.	600,003.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,056,338.	1,903,832.
	19	Revenue less expenses. Subtract line 18 from line 12	-206,420.	16,098.
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year
21		Total liabilities (Part X, line 26)	322,062.	304,772.
22		Net assets or fund balances. Subtract line 21 from line 20	146,944.	113,556.
			175,118.	191,216.

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OGDEN, UT
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Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ▶ **Signature of officer** **DR. JIM WRIGHT, EXECUTIVE DIRECTOR** **Date** **09/28/2011**
 ▶ **Type or print name and title**

Print/Type preparer's name **GLENN F. TILL, JR.** **Preparer's signature** **Glenn F. Till, Jr.** **Date** **9/14/11** **Check if self-employed** ☐ **PTIN** **P00023180**
Firm's name ▶ **TILL, HESTER, EYER & BROWN, P.C.** **Firm's EIN** ▶
Firm's address ▶ **2700 HWY 280 E, STE 400** **Phone no.** **205-871-9855**
BIRMINGHAM, AL 35223

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

SCANNED OCT 28 2010

5-16 18

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐

1 Briefly describe the organization's mission:

HOME FOR ORPHANED CHILDREN2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code. _____) (Expenses \$ 1,630,667. including grants of \$ _____) (Revenue \$ _____)
CARE OF HOMELESS CHILDREN AND CHILDREN ENTRUSTED TO IT BY THE STATE OF ALABAMA. CHILDAHVEN PROVIDES SHELTER, FOOD, CLOTHING AND ALL NECESSARY ESSENTIALS FOR THE HEALTH AND WELFARE OF ITS CHILDREN. CHILDAHVEN ALSO PLACES CHILDREN IN FOSTER HOMES.

4b (Code. _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code. _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **1,630,667.**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	X
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? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	X

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	15	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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.	39	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

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

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	11	
b Enter the number of voting members included in line 1a, above, who are independent	11	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?		X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13		X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		
13 Does the organization have a written whistleblower policy?		X
14 Does the organization have a written document retention and destruction policy?		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►
JIM WRIGHT - 256-734-6720
1816 CHILDHAVEN ROAD, CULLMAN, AL 35055

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JERRIE W. BARBER BOARD MEMBER	1.00	X						0.	0.	0.
DEL BROCK BOARD MEMBER	1.00	X						0.	0.	0.
JAMES CAMP BOARD MEMBER	1.00	X						0.	0.	0.
GERALD D. COLVIN, JR. TREASURER	1.00	X						0.	0.	0.
CHESTER C. HICKS, JR. BOARD MEMBER	1.00	X						0.	0.	0.
JAMES KIFER BOARD MEMBER	1.00	X						0.	0.	0.
FLAVIL NICHOLS BOARD MEMBER	1.00	X						0.	0.	0.
CHRIS POSEY VICE PRESIDENT	1.00	X						0.	0.	0.
BERT SIMS PRESIDENT	1.00	X						0.	0.	0.
RODNEY STEGER SECRETARY	1.00	X						0.	0.	0.
RABON J WATSON PAST PRESIDENT	1.00	X						0.	0.	0.
DR. JIM WRIGHT EXECUTIVE DIRECTOR	40.00			X				116,208.	0.	5,919.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (*continued*)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total								116,208.	0.	5,919.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								116,208.	0.	5,919.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

- | | Yes | No |
|--|-----|----------|
| 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> | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0		

Part VII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	245,000.				
	e Government grants (contributions)	1e	375,617.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	979,400.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			1600017.			
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			283.			283.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less rental expenses	9,300.					
	c Rental income or (loss)	9,300.					
	d Net rental income or (loss)			9,300.			9,300.
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis and sales expenses		500.				
	c Gain or (loss)		864.				
	d Net gain or (loss)		-364.	-364.			-364.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a CONTINUUM OF CARE	624100		217,609.	217,609.			
b REIMBURSEMENTS	624100		92,515.	92,515.			
c MISCELLANEOUS	900099		570.	570.			
d All other revenue							
e Total. Add lines 11a-11d			310,694.				
12 Total revenue. See instructions.			1919930.	310,694.	0.	9,219.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	117,397.	102,135.	15,262.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	854,002.	742,982.	111,020.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	47,057.	38,782.	8,275.	
9 Other employee benefits	212,523.	186,541.	25,982.	
10 Payroll taxes	72,850.	63,380.	9,470.	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	16,537.		16,537.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	62,460.	19,280.	43,180.	
14 Information technology	4,714.		4,714.	
15 Royalties				
16 Occupancy	113,725.	104,431.	9,294.	
17 Travel	40,176.	40,176.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,046.	5,046.		
20 Interest	3,723.		3,723.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	36,591.	31,834.	4,757.	
23 Insurance	50,748.	44,615.	6,133.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <u>DIRECT CHILDCARE</u>	81,748.	81,748.		
b <u>CONTRACT SERVICES</u>	48,750.	48,750.		
c <u>REPAIRS & MAINTENANCE</u>	40,444.	33,675.	6,769.	
d <u>EDUCATION</u>	35,184.	35,184.		
e <u>FOSTER AND FAMILY SUPPO</u>	34,056.	34,056.		
f All other expenses	26,101.	18,052.	8,049.	
25 Total functional expenses Add lines 1 through 24f	1,903,832.	1,630,667.	273,165.	0.
26 Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	42,471.	1	23,613.
	2 Savings and temporary cash investments	5,000.	2	5,000.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	716,790.		
	10b Less: accumulated depreciation	440,631.	10c	276,159.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34).	322,062.	16	304,772.	
Liabilities	17 Accounts payable and accrued expenses	71,997.	17	50,722.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
	23 Secured mortgages and notes payable to unrelated third parties	74,947.	23	62,834.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D.		25	
	26 Total liabilities. Add lines 17 through 25.	146,944.	26	113,556.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	170,118.	27	186,216.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets	5,000.	29	5,000.
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	175,118.	33	191,216.
	34 Total liabilities and net assets/fund balances	322,062.	34	304,772.

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,919,930.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,903,832.
3	Revenue less expenses Subtract line 2 from line 1	3	16,098.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	175,118.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	191,216.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☒1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

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?

If the organization changed either its oversight process or selection process during the tax year, explain in 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 separate basis, consolidated basis, or both

☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

CHILDHAVEN, INC.

Employer identification number

63-0320193

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,502,388.	1,389,585.	1,517,368.	1,429,700.	1,600,017.	7,439,058.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,502,388.	1,389,585.	1,517,368.	1,429,700.	1,600,017.	7,439,058.
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)						16,110.
6 Public support. Subtract line 5 from line 4						7,422,948.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	1,502,388.	1,389,585.	1,517,368.	1,429,700.	1,600,017.	7,439,058.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,622.	5,093.	7,704.	8,211.	9,583.	37,213.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	82,782.	374,008.	513,037.	412,693.	310,694.	1,693,214.
11 Total support. Add lines 7 through 10						9,169,485.
12 Gross receipts from related activities, etc. (see instructions)					12	
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 2010 (line 6, column (f) divided by line 11, column (f))	14	80.95 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	81.73 %
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☒		
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐		
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐		
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

CHILDAHVEN, INC.

Employer identification number

63-0320193

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)-

☐ Preservation of land for public use (e.g., recreation or education)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance ..

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
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					

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

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

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

	Yes	No
3a(i)		
3a(ii)		
3b		

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		288,809.	179,574.	109,235.
e Other		427,981.	261,057.	166,924.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				276,159.

Schedule D (Form 990) 2010

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

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

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

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,919,930.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,903,832.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	16,098.
4	Net unrealized gains (losses) on investments	4	
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 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	16,098.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	1,919,930.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,919,930.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,919,930.

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

1	Total expenses and losses per audited financial statements	1	1,903,832.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,903,832.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,903,832.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

CHILDHAVEN, INC.

Employer identification number
63-0320193

FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO COMMITTEES OF THE
GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11: THE BOARD OF DIRECTORS REVIEWS THE
990 DURING THE BOARD MEETING HELD AFTER RECEIPT OF THE 990 FROM THE TAX
PREPARER, HOWEVER, THE REVIEW DOES NOT ALWAYS OCCUR BEFORE THE 990 IS FILED
BY THE TAXPAYER.

FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD UTILIZES DATA PROVIDED BY
SURVEYS OF THE ALABAMA ASSOCIATION OF CHILD CARE AGENCIES, THE NATIONAL
CHRISTIAN CHILD AND FAMILY SERVICES ASSOCIATION, AND OTHER NATIONAL
ORGANIZATIONS SUCH AS THE CHILD WELFARE LEAGUE OF AMERICA TO DETERMINE THE
PAY OF THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ONLY
BY REQUEST.

FORM 990, PART XII, LINE 2C
THE OVERSIGHT PROCESS AND SELECTION PROCESS HAVE NOT CHANGED DURING THE
CURRENT TAX YEAR.

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990.
▶ See separate instructions.

2010

Open to Public Inspection

Name of the organization

CHILDHAVEN, INC.

Employer identification number
63-0320193 .

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

[illegible]

Part II 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.)

[illegible]

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

Schedule R (Form 990) 2010

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 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?			
		Yes	No
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b	Gift, grant, or capital contribution to other organization(s)		X
c	Gift, grant, or capital contribution from other organization(s)	X	
d	Loans or loan guarantees to or for other organization(s)		X
e	Loans or loan guarantees by other organization(s)		X
f	Sale of assets to other organization(s)		X
g	Purchase of assets from other organization(s)		X
h	Exchange of assets		X
i	Lease of facilities, equipment, or other assets to other organization(s)		X
j	Lease of facilities, equipment, or other assets from other organization(s)		X
k	Performance of services or membership or fundraising solicitations for other organization(s)		X
l	Performance of services or membership or fundraising solicitations by other organization(s)		X
m	Sharing of facilities, equipment, mailing lists, or other assets		X
n	Sharing of paid employees		X
o	Reimbursement paid to other organization for expenses		X
p	Reimbursement paid by other organization for expenses		X
q	Other transfer of cash or property to other organization(s)		X
r	Other transfer of cash or property from other organization(s)		X
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			
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) CHILDHAVEN FOUNDATION, INC.	C	245,000	CASH
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No	Description	Date Acquired	Method	Life	C o n v	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
55	BOOKCASES (FOR ADMIN OFFICE)	03/01/94	SL	10.00		HXL6	950.				950.	950.		0.	950.
56	BLINDS FOR OFFICE	03/01/94	SL	10.00		HXL6	873.				873.	873.		0.	873.
62	PORCH FURNITURE	11/01/94	SL	10.00		HXL6	3,081.				3,081.	3,081.		0.	3,081.
64	FOLDING CHAIRS	01/01/95	SL	7.00		HXL6	238.				238.	238.		0.	238.
66	OFFICE FURNITURE	04/01/95	SL	10.00		HXL6	1,623.				1,623.	1,623.		0.	1,623.
67	DIXON RIDING MOWER	05/01/95	SL	7.00		HXL6	4,810.				4,810.	4,810.		0.	4,810.
68	LIVING ROOM FURNITURE	05/01/95	SL	10.00		HXL6	5,108.				5,108.	5,108.		0.	5,108.
69	4 - OFFICE CHAIRS	05/01/95	SL	10.00		HXL6	472.				472.	472.		0.	472.
71	DECOR (ADMIN BUILDING)	08/31/95	SL	10.00		HXL6	550.				550.	550.		0.	550.
73	LOBBY FURNITURE	08/31/95	SL	10.00		HXL6	4,363.				4,363.	4,363.		0.	4,363.
78	FURN DECOR (MARTHA HICKS)	10/31/95	SL	10.00		HXL6	4,000.				4,000.	4,000.		0.	4,000.
79	FURNITURE FOR LOBBY/RECEPTION	11/30/95	SL	10.00		HXL6	20,714.				20,714.	20,714.		0.	20,714.
80	FURNITURE - CULLOM COTTAGE	01/31/96	SL	10.00		HXL6	500.				500.	500.		0.	500.
85	BEDS	06/04/96	SL	10.00		HXL6	5,137.				5,137.	5,137.		0.	5,137.
87	(D)SERVING STATION, 10 CHAIRS	01/14/97	SL	10.00		HXL6	8,043.				8,043.	8,043.		0.	8,043.
89	CONFERENCE TABLE	03/06/97	SL	10.00		HXL6	500.				500.	500.		0.	500.
92	BLINDS	04/09/97	SL	10.00		HXL6	1,747.				1,747.	1,747.		0.	1,747.

(D) - Asset disposed

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

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No	Description	Date Acquired	Method	Life	C o n v	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
93	SIDE CHAIRS (6), BOOKCASE	04/09/97	SL	10.00		HXL6	1,450.				1,450.	1,450.		0.	1,450.
95	CHINA CABINET	04/25/97	SL	10.00		HXL6	11,000.				11,000.	11,000.		0.	11,000.
98	BEDS	05/09/97	SL	10.00		HXL6	2,362.				2,362.	2,362.		0.	2,362.
99	SCOREBOARD	02/14/97	SL	10.00		HXL6	1,000.				1,000.	1,000.		0.	1,000.
100	OAK SIDE BOARD	04/29/97	SL	10.00		HXL6	2,848.				2,848.	2,848.		0.	2,848.
110	ICE MACHINE	08/07/97	SL	10.00		HXL6	2,200.				2,200.	2,200.		0.	2,200.
114	P.A. SYSTEM	12/16/97	SL	10.00		HXL6	489.				489.	489.		0.	489.
117	OFFICE FURNITURE	02/23/98	SL	10.00		HXL6	600.				600.	600.		0.	600.
120	WATER HEATER (SMITH MCGLAUN COTTAGE)	06/24/98	SL	10.00		HXL6	950.				950.	950.		0.	950.
121	RANGE AND MICROWAVE	06/30/98	SL	10.00		HXL6	485.				485.	485.		0.	485.
123	CONFERENCE ROOM TABLE W/ GLASS	01/01/98	SL	10.00		HXL6	34,572.				34,572.	34,572.		0.	34,572.
156	DRYER & REFRIGERATOR	08/06/98	SL	7.00		HXL6	1,325.				1,325.	1,325.		0.	1,325.
157	DISHWASHER	11/03/98	SL	7.00		HXL6	199.				199.	199.		0.	199.
159	BLINDS	06/04/99	SL	7.00		HXL6	269.				269.	269.		0.	269.
168	FIRE EXTINGUISHER (SMITH COTTAGE)	08/30/99	SL	7.00		HXL6	248.				248.	248.		0.	248.
169	REFRIGERATOR, WASHER & DRYER (SMITH COTTAGE)	09/07/99	SL	7.00		HXL6	1,081.				1,081.	1,081.		0.	1,081.
170	BEDROOM FURNITURE (SMITH COTTAGE)	09/27/99	SL	7.00		HXL6	3,688.				3,688.	3,688.		0.	3,688.
175	FENCING (SMITH COTTAGE)	02/09/00	SL	10.00		HXL6	561.				561.	561.		0.	561.

028111
05-01-10

(D) - Asset disposed

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

2010 DEPRECIATION AND AMORTIZATION REPORT

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Asset No	Description	Date Acquired	Method	Life	Convention	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
176	AC UNIT	12/08/99	SL	10.00	HY16	2,113.				2,113.	2,113.		0.	2,113.
179	VCR	08/18/99	SL	7.00	HY16	140.				140.	140.		0.	140.
180	FREEZER	09/14/99	SL	7.00	HY16	377.				377.	377.		0.	377.
181	TV	03/13/00	SL	7.00	HY16	305.				305.	305.		0.	305.
182	DRYER (NICHOLS)	11/09/99	SL	7.00	HY16	289.				289.	289.		0.	289.
183	MICROWAVE	03/07/00	SL	7.00	HY16	129.				129.	129.		0.	129.
184	DRYER	03/07/00	SL	7.00	HY16	213.				213.	213.		0.	213.
185	VACUUM CLEANER	03/13/00	SL	7.00	HY16	269.				269.	269.		0.	269.
186	TV/VCR	03/28/00	SL	7.00	HY16	345.				345.	345.		0.	345.
188	(D)OFFICE CHAIR - DOT	04/24/00	SL	7.00	HY16	529.				529.	529.		0.	
189	DESK - DOT	04/24/00	SL	7.00	HY16	969.				969.	969.		0.	969.
191	VARIOUS F & F FOR THE PARKER/ANDERSON COTTAGE	11/03/99	SL	10.00	HY16	2,000.				2,000.	2,000.		0.	2,000.
196	WASHER - NICHOLS COTTAGE	09/25/00	SL	5.00	HY16	257.				257.	257.		0.	257.
197	DISHWASHER - PROSSER COTTAGE	10/25/00	SL	5.00	HY16	223.				223.	223.		0.	223.
198	OAK TABLE, CHAIRS - BENNETT COTTAGE	03/14/01	SL	7.00	HY16	550.				550.	550.		0.	550.
199	GAS WATER HEATER	06/19/01	SL	7.00	HY16	789.				789.	789.		0.	789.
203	CARPET & TILE (SMITH MCGLAUN)	05/10/02	SL	7.00	HY16	5,101.				5,101.	5,101.		0.	5,101.
204	CONFERENCE TABLE AND CHAIRS	05/31/02	SL	7.00	HY16	1,916.				1,916.	1,916.		0.	1,916.

028111
05-01-10

(D) - Asset disposed

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

2010 DEPRECIATION AND AMORTIZATION REPORT

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Asset No	Description	Date Acquired	Method	Life	Convention	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
205	DESK	12/03/01	SL	7.00	HY16	1,249.				1,249.	1,249.		0.	1,249.
206	CREDENZA	12/03/01	SL	7.00	HY16	1,129.				1,129.	1,129.		0.	1,129.
207	CONFERENCE TABLE	12/03/01	SL	7.00	HY16	849.				849.	849.		0.	849.
208	CHESTS (MCGLAUN COTTAGE)	02/08/02	SL	7.00	HY16	1,152.				1,152.	1,152.		0.	1,152.
209	NIGHTSTANDS (MCGLAUN COTTAGE)	02/08/02	SL	7.00	HY16	572.				572.	572.		0.	572.
210	MATTRESSES (WILLINGHAM COTTAGE)	02/08/02	SL	7.00	HY16	297.				297.	297.		0.	297.
211	BEDS (WILLINGHAM COTTAGE)	03/08/02	SL	7.00	HY16	1,410.				1,410.	1,410.		0.	1,410.
212	CONFERENCE TABLE	04/19/02	SL	7.00	HY16	915.				915.	915.		0.	915.
213	GAS FURNACE	02/26/02	SL	10.00	HY16	942.				942.	785.		94.	879.
216	WASHER, DRYER AND DISHWASHER (WILLINGHAM)	09/07/01	SL	7.00	HY16	1,780.				1,780.	1,780.		0.	1,780.
217	BEDS, TABLES, CHAIRS CHESTS ETC (WILLINGHAM)	10/05/01	SL	7.00	HY16	5,760.				5,760.	5,760.		0.	5,760.
220	SOFA, CHAIR, OTTOMAN, TABLE, LAMP - NC	02/14/03	SL	10.00	HY16	1,600.				1,600.	1,187.		160.	1,347.
221	(D) LAPTOP COMPUTER - JIM	12/05/02	SL	5.00	HY16	1,418.				1,418.	1,418.		0.	
223	DESKTOP COMPUTER - DIANE	02/14/03	SL	5.00	HY16	1,055.				1,055.	1,055.		0.	1,055.
224	COMPUTER & PRINTER EQUIPMENT	06/25/03	SL	5.00	HY16	2,446.				2,446.	2,446.		0.	2,446.
225	(D) COPIER EQUIPMENT	06/25/03	SL	5.00	HY16	212.				212.	212.		0.	
226	FAMILY FINDERS COMPUTER	07/01/02	SL	5.00	HY16	1,300.				1,300.	1,300.		0.	1,300.
234	SMITH COTTAGE DEN FURNITURE	02/19/04	SL	10.00	HY16	6,922.				6,922.	4,384.		692.	5,076.

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05-01-10

(D) - Asset disposed

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

2010 DEPRECIATION AND AMORTIZATION REPORT

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Asset No	Description	Date Acquired	Method	Life	Convention	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
235	DELL COMPUTER	10/09/03	SL	5.00		HXL6	1,422.				1,422.	1,422.		0.	1,422.
236	DELL COMPUTER	12/19/03	SL	5.00		HXL6	1,395.				1,395.	1,395.		0.	1,395.
237	2 EA DELL COMPUTERS	03/09/04	SL	5.00		HXL6	2,285.				2,285.	2,285.		0.	2,285.
238	DINING HALL FURNITURE	04/21/04	SL	10.00		HXL6	33,684.				33,684.	20,771.		3,368.	24,139.
241	NEW PHONE SYSTEM	06/01/05	SL	10.00		HXL6	8,170.				8,170.	4,153.		817.	4,970.
242	CURTAINS	07/29/04	SL	10.00		HXL6	2,707.				2,707.	1,602.		271.	1,873.
243	RUG IN DEVOTIONAL ROOM	09/01/04	SL	10.00		HXL6	1,551.				1,551.	905.		155.	1,060.
244	LAMPS, ETC	08/30/04	SL	10.00		HXL6	1,416.				1,416.	827.		142.	969.
245	SOPA AND LOVESEAT	09/10/04	SL	10.00		HXL6	1,679.				1,679.	979.		168.	1,147.
246	MIRROR	09/10/04	SL	10.00		HXL6	75.				75.	43.		7.	50.
247	SOPA, 85 SEATS, 8 CHAIRS, FAINTING SEAT IN DR	09/15/04	SL	10.00		HXL6	3,368.				3,368.	1,965.		337.	2,302.
248	NEW LIGHT FIXTURES	09/20/04	SL	10.00		HXL6	2,639.				2,639.	1,518.		264.	1,782.
249	MIRROR	09/20/04	SL	10.00		HXL6	75.				75.	44.		7.	51.
250	CURTAINS	10/14/04	SL	10.00		HXL6	1,181.				1,181.	679.		118.	797.
251	CHINA CABINET IN DINING ROOM	10/25/04	SL	10.00		HXL6	4,529.				4,529.	2,567.		453.	3,020.
252	MIRROR	12/03/04	SL	10.00		HXL6	75.				75.	42.		7.	49.
253	QUEEN CHAIRS	12/03/04	SL	10.00		HXL6	2,575.				2,575.	1,438.		257.	1,695.
254	CARPET	07/15/04	SL	10.00		HXL6	1,128.				1,128.	677.		113.	790.

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255	CARPET	07/07/04	SL	10.00		HXL6	536.				536.	322.		54.	376.
257	REFRIGERATOR FOR SMITH COTTAGE	07/14/04	SL	10.00		HXL6	515.				515.	308.		51.	359.
258	REFRIGERATOR FOR NICHOLS COLLEGE	08/16/04	SL	10.00		HXL6	515.				515.	300.		51.	351.
259	WASHING MACHINE FOR SMITH/MCGLAWN COTTAGE	09/01/04	SL	10.00		HXL6	370.				370.	216.		37.	253.
260	DESK FOR RHONDA'S OFFICE	10/04/04	SL	10.00		HXL6	322.				322.	185.		32.	217.
261	3 BABY CRIBS & 1 MATTRESS	12/06/04	SL	10.00		HXL6	646.				646.	361.		65.	426.
262	3 MICROWAVES-NICHOLS AND SMITH COTTAGES	03/07/05	SL	10.00		HXL6	179.				179.	96.		18.	114.
263	MICROWAVE-SMITH COTTAGE	04/04/05	SL	10.00		HXL6	78.				78.	41.		8.	49.
265	TORO MASTER 60" 27 HP MOWER	08/24/05	SL	7.00		HXL6	8,449.				8,449.	5,834.		1,207.	7,041.
266	BABY CRIBS	12/05/05	SL	10.00		HXL6	330.				330.	151.		33.	184.
267	REFRIGERATOR	03/08/06	SL	10.00		HXL6	892.				892.	386.		89.	475.
269	FRONT PORCH RENOVATION	12/31/06	SL	40.00		HXL6	79,173.				79,173.	6,927.		1,979.	8,906.
270	CARPET - NICHOLS COTTAGE	12/06/06	SL	10.00		HXL6	1,608.				1,608.	576.		161.	737.
271	CARPET - THRASHER HOUSE	01/04/07	SL	10.00		HXL6	4,546.				4,546.	1,591.		455.	2,046.
272	DISHWASHER	07/10/06	SL	10.00		HXL6	378.				378.	151.		38.	189.
273	STOVE - CULLOM COTTAGE	02/27/07	SL	10.00		HXL6	400.				400.	133.		40.	173.
274	WRITING DESK (DR. WRIGHT'S OFFICE)	03/02/07	SL	10.00		HXL6	440.				440.	147.		44.	191.
275	COMPUTER, ROUTER, MOUSE & KEYBOARD	10/15/06	SL	10.00		HXL6	855.				855.	320.		85.	405.

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276	6 COMPUTERS	10/25/06	SL	10.00		HXL6	2,672.				2,672.	979.		267.	1,246.
277	DIGITAL PROJECTOR	07/11/06	SL	10.00		HXL6	658.				658.	263.		66.	329.
278	BLACK DESTOP COMPUTER S/N 411164	02/12/08	SL	10.00		HXL6	989.				989.	239.		99.	338.
279	BLACK DESTOP COMPUTER S/N 411163	02/12/08	SL	10.00		HXL6	773.				773.	186.		77.	263.
280	19" SAMSUN LCD MONITOR S/N 10756	02/12/08	SL	10.00		HXL6	230.				230.	56.		23.	79.
281	19" SAMSUN LCD MONITOR S/N 10786	02/12/08	SL	10.00		HXL6	230.				230.	56.		23.	79.
284	TILE FLOORING (PROSSER COTTAGE)	08/21/07	SL	10.00		HXL6	5,000.				5,000.	1,417.		500.	1,917.
285	SHOE MOLDING (PROSSER)	10/08/07	SL	10.00		HXL6	600.				600.	165.		60.	225.
286	8 METAL DOORS & 4 PRIVACY SETS (PROSSER)	02/22/08	SL	10.00		HXL6	3,900.				3,900.	910.		390.	1,300.
287	IRON GATE IN LOBBY	06/09/08	SL	10.00		HXL6	1,150.				1,150.	240.		115.	355.
288	CARPET-UPSTAIRS RENOVATION	06/24/08	SL	10.00		HXL6	551.				551.	110.		55.	165.
289	FLEXSTEEL SOFA, LOVESEAT, CHAIR & OTTOMAN	10/04/07	SL	10.00		HXL6	2,600.				2,600.	715.		260.	975.
290	COCHRANE SOFA, CHAIR & OTTOMAN	10/04/07	SL	10.00		HXL6	1,775.				1,775.	489.		177.	666.
291	2 7 PIECE DINETTES (LT. AOK)	10/15/07	SL	10.00		HXL6	1,427.				1,427.	393.		143.	536.
292	SEVILLE SOFA (BURGANDY)	10/15/07	SL	10.00		HXL6	596.				596.	164.		60.	224.
293	8 TWO DRAWER NIGHT STANDS	11/06/07	SL	10.00		HXL6	834.				834.	222.		83.	305.
294	8 5 DRAWER CHESTS	11/06/07	SL	10.00		HXL6	1,882.				1,882.	502.		188.	690.
295	27 " WASHER (SMITH)	01/07/08	SL	10.00		HXL6	385.				385.	96.		39.	135.

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296	27 " WASHER (PROSSER)	01/07/08	SL	10.00	HXL6	385.				385.	96.		39.	135.
297	27 " WASHER (PROSSER)	01/07/08	SL	10.00	HXL6	385.				385.	96.		39.	135.
298	29" DRYER (SMITH)	01/07/08	SL	10.00	HXL6	330.				330.	82.		33.	115.
299	29" DRYER (PROSSER)	01/07/08	SL	10.00	HXL6	330.				330.	82.		33.	115.
300	29" DRYER (PROSSER)	01/07/08	SL	10.00	HXL6	330.				330.	82.		33.	115.
301	8 TWIN CHARLESTON	01/11/08	SL	10.00	HXL6	1,280.				1,280.	320.		128.	448.
302	3 AREA RUGS (PROSSER)	02/05/08	SL	10.00	HXL6	649.				649.	157.		65.	222.
303	8 RUGS & PADS (PROSSER & SMITH)	02/23/08	SL	10.00	HXL6	1,114.				1,114.	260.		111.	371.
304	REFRIDGERATOR FOR PROSSER	02/23/08	SL	10.00	HXL6	800.				800.	187.		80.	267.
305	WRITING DESK (VICKI RHODES)	05/22/08	SL	10.00	HXL6	964.				964.	200.		96.	296.
306	CREDENZA (VICKI RHODES)	05/22/08	SL	10.00	HXL6	964.				964.	200.		96.	296.
307	HUTCH (VICKI RHODES)	05/22/08	SL	10.00	HXL6	707.				707.	148.		71.	219.
308	MARBLE TOP FILE (VICKI RHODES)	05/22/08	SL	10.00	HXL6	565.				565.	118.		57.	175.
309	BELMONT DESK (DR. WRIGHT)	05/28/08	SL	10.00	HXL6	1,849.				1,849.	385.		185.	570.
310	RAYPACK OUTDOOR HOT WATER BOILER	02/05/08	SL	10.00	HXL6	8,170.				8,170.	1,974.		817.	2,791.
311	(D)LENOVO LAPTOP (DR. WRIGHT)	02/02/08	SL	10.00	HXL6	1,262.				1,262.	305.		95.	
312	LENOVO LAPTOP (VICKI RHODES)	02/21/08	SL	10.00	HXL6	1,455.				1,455.	339.		146.	485.
314	BLINDS FOR ADMIN OFFICES	08/20/08	SL	10.00	HXL6	670.				670.	123.		67.	190.

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315	GREEN TAUPE CARPET IN MAIN BLDG	09/25/08	SL	10.00		HY16	2,084.				2,084.	364.		208.	572.
316	TREADS WHITE BEIGE MAIN BLDG	09/25/08	SL	10.00		HY16	1,408.				1,408.	247.		141.	388.
317	CUT LOOP CARPET-NEW OFFICE MAIN BLDG	09/25/08	SL	10.00		HY16	907.				907.	159.		91.	250.
318	TILE IN FILE ROOM	09/25/08	SL	10.00		HY16	285.				285.	49.		29.	78.
319	5 TON TRANE CONDENSING UNIT (MCKENNA COTTAGE)	07/14/08	SL	10.00		HY16	2,600.				2,600.	520.		260.	780.
320	5 TON TRANE FURNACE (CULLOM COTTAGE)	01/12/09	SL	10.00		HY16	1,972.				1,972.	296.		197.	493.
321	2 CRIBS WITH MATTRESSES (PARKER/ANDERSON)	04/02/09	SL	10.00		HY16	340.				340.	42.		34.	76.
322	DELL COMPUTER (SMITH COTTAGE)	02/15/09	SL	10.00		HY16	829.				829.	118.		83.	201.
324	BOILER INSTALLATION	08/11/08	SL	10.00		HY16	10,500.				10,500.	2,013.		1,050.	3,063.
325	GE STOVE (SMITH COTTAGE)	11/26/08	SL	10.00		HY16	398.				398.	63.		40.	103.
326	2 CRIBS WITH MATTRESSES (CULLOM)	06/17/09	SL	10.00		HY16	360.				360.	36.		36.	72.
327	SOFA/LOVESEAT/OTTOMAN (BENNETT COTTAGE)	07/15/09	SL	10.00		HY16	745.				745.	75.		74.	149.
328	5 PIECE COUNTER TABLE & 4 CHAIRS (NICHOLS COT)	03/18/10	SL	10.00		HY16	727.				727.	18.		73.	91.
329	FREEZER (PROSSER)	05/19/10	SL	10.00		HY16	722.				722.	6.		72.	78.
330	FREEZER (CULLOM)	05/19/10	SL	10.00		HY16	722.				722.	6.		72.	78.
331	NEW TILE FLOOR FOR ANDERSON COTTAGE	01/25/10	SL	40.00		HY16	3,200.				3,200.	33.		80.	113.
333	COMPRESSOR FOR CHILLER (BROCK CENTER)	07/15/09	SL	10.00		HY16	6,600.				6,600.	660.		660.	1,320.
334	SWING SET/PLAYGROUND AT SMITH COTTAGE	12/07/09	SL	10.00		HY16	528.				528.	31.		53.	84.

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335	TILE FLOORING UPSTAIRS MAIN BUILDING	12/09/09	SL	10.00	HY16	528.				528.	31.		53.	84.
336	FRIDGE FOR NICHOLS COTTAGE	12/09/09	SL	10.00	HY16	837.				837.	49.		84.	133.
337	GAS FURNANCE (MCKENNA)	04/26/10	SL	10.00	HY16	1,500.				1,500.	25.		150.	175.
338	SECURITY SYSTEM FOR SMITH COTTAGE	05/17/10	SL	10.00	HY16	1,780.				1,780.	15.		178.	193.
339	LENOVA LAPTOP FOR TIM THRASHER	04/20/10	SL	10.00	HY16	631.				631.	11.		63.	74.
340	DISHWASHER (NICHOLS COTTAGE)	06/30/10	SL	10.00	HY16	249.				249.			25.	25.
342	3 DESKTOP COMPUTER	01/26/11	SL	10.00	HY16	1,194.				1,194.			50.	50.
343	DELL NETBOOK (DR. WRIGHT)	03/23/11	SL	10.00	HY16	562.				562.			14.	14.
344	2 DELL NETBOOKS	03/23/11	SL	10.00	HY16	862.				862.			21.	21.
345	2 AC UNITS FOR BUNK AREA	03/31/11	SL	10.00	HY16	1,098.				1,098.			27.	27.
346	2 AC UNITS FOR 2ND FLOOR BROCK CENTER	04/30/11	SL	10.00	HY16	1,072.				1,072.			18.	18.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES					439,445.				439,445.	251,030.		20,629.	261,057.
162	TRANSPORTATION EQUIPMENT 1999 FORD ECONOLINE VAN SN A04906	10/09/98	SL	5.00	HY16	24,288.				24,288.	24,288.		0.	24,288.
166	2000 FORD ECONOLINE VAN S/N A24609 (WHITE)	10/25/99	SL	5.00	HY16	25,695.				25,695.	25,695.		0.	25,695.
214	FORD ECONOLINE XL VAN (WHITE)	08/09/01	SL	5.00	HY16	25,614.				25,614.	25,614.		0.	25,614.
215	2002 FORD EXPEDITION (SILVER)	02/12/02	SL	5.00	HY16	22,887.				22,887.	22,887.		0.	22,887.
227	TRAILER	03/26/03	SL	5.00	HY16	1,858.				1,858.	1,858.		0.	1,858.

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233	2003 FORD ECONOLINE VAN	07/09/03	SL	5.00		HY16	23,142.				23,142.	23,142.		0.	23,142.
240	2005 MERCURY MONTEGO	06/22/05	SL	10.00		HY16	25,469.				25,469.	12,735.		2,547.	15,282.
268	2006 MERCURY MILAN 6R634395	09/20/06	SL	10.00		HY16	18,552.				18,552.	6,957.		1,855.	8,812.
282	2008 FORD ECONO(WILLINGHAM)	11/19/07	SL	10.00		HY16	30,227.				30,227.	7,809.		3,023.	10,832.
283	08 FORD E350 (SMITH MCGLAUN)	01/17/08	SL	10.00		HY16	30,229.				30,229.	7,305.		3,023.	10,328.
313	2008 FORD EXPEDITION 8LA26676 (WHITE)	07/15/08	SL	10.00		HY16	26,614.				26,614.	5,322.		2,661.	7,983.
323	(D)1978 TOYOTA SR5 (DONATED)	06/25/09	L			HY	1.				1.			0.	
341	2011 FORD ECONOLINE A00804	08/17/10	SL	10.00		HY16	34,234.				34,234.			2,853.	2,853.
	* 990 PAGE 10 TOTAL						288,810.				288,810.	163,612.		15,962.	179,574.
	TRANSPORTATION EQUIPMENT														
	* GRAND TOTAL 990 PAGE 10						728,255.				728,255.	414,642.		36,591.	440,631.
	DEPR														