

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2010

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07/01/10, and ending 06/30/11

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

C Name of organization
FAMILY SUPPORT CENTER

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1760 W. 4805 S.

City or town, state or country, and ZIP + 4
TAYLORSVILLE UT 84118-1177

D Employer identification number
87-0359719

E Telephone number
801-955-9110

G Gross receipts\$ **1,827,357**

F Name and address of principal officer:
BONNIE PETERS
1760 W. 4805 S.
TAYLORSVILLE UT 84118-1177

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)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **HTTP://WWW.FAMILYSUPPORTCENTER.ORG/**

H(c) Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **M State of legal domicile:** **UT**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE ORGANIZATION IS TO PROTECT CHILDREN, STRENGTHEN FAMILIES, AND PREVENT CHILD ABUSE.		
	2 Check this box <input type="checkbox"/> 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	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	142
	6 Total number of volunteers (estimate if necessary)	6	320
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b 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)	1,521,344	1,601,899
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	283,143	153,761
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	972	2,665
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	66,450	47,373
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,871,909	1,805,698
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,107,614	1,210,878
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 66,200		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	578,341	556,719
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,685,955	1,767,597
19 Revenue less expenses. Subtract line 18 from line 12	185,954	38,101	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	3,782,878	3,814,934
	22 Net assets or fund balances. Subtract line 21 from line 20	794,103	784,785
		2,988,775	3,030,149

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: **BONNIE PETERS** Date: **EXECUTIVE DIRECTOR**

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **JUSTIN R. SHAW, CPA CFE** Preparer's signature: **JUSTIN R. SHAW, CPA CFE** Date: **11/14/11** Check if self-employed PTIN: **P00081558**

Firm's name ▶ **SHAW MUMFORD & CO., P.C.** Firm's EIN ▶ **84-1420542**

Firm's address ▶ **1564 SOUTH 500 WEST SUITE 201 BOUNTIFUL, UT 84010-7400** Phone no. **801-294-3155**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE MISSION OF THE ORGANIZATION IS TO PROTECT CHILDREN, STRENGTHEN FAMILIES, AND PREVENT CHILD ABUSE.

2 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 \$ **1,565,702** including grants of\$) (Revenue \$ **153,761**)
PROGRAM SERVICE ACCOMPLISHMENTS FOR THE YEAR ENDING 6/30/11 INCLUDED THE FOLLOWING:

- **THE AUTISM RESPITE PROGRAM WAS DEVELOPED.**
- **A LIFESTART VILLAGE EXPANSION PROGRAM WAS EXPLORED AND BEGAN IMPLEMENTATION. FUNDING WAS SECURED FOR A FEASIBILITY STUDY TO SEE IF WE WERE ABLE TO MOVE FORWARD WITH EXPANSION. SCOTT MIETCHEN OF FRCI COMPLETED THE FIRST PHASE OF THE STUDY. IT WAS DETERMINED BY THE BOARD THAT WE WOULD POSTPONE THE EXPANSION AT THIS TIME, BUT WOULD PURSUE IT AT A LATER DATE.**
- **THE ENTIRE IN-KIND DONATION BASE WAS ORGANIZED, INVENTORIED, AND PUT ON-LINE FOR USE BY OUR AGENCY DIRECTORS FOR THEIR CLIENTS.**

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 ▶ **1,565,702**

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)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
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		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? If "Yes," complete Schedule C, Part II		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? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		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 (see instructions)		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	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		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? If "Yes," complete Schedule I, Parts I and II		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? If "Yes," complete Schedule I, Parts I and III		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? If "Yes," complete Schedule J		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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		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? If "Yes," complete Schedule L, Part I		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? If "Yes," complete Schedule L, Part II		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? If "Yes," complete Schedule L, Part III		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? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		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? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		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)? If "Yes," complete Schedule R, Part V, line 2	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check 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		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1a	5		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	142		
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		
7d			
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?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
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 members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
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.	13a	
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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
7b	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:		
8a	The governing body?	X	
8b	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
10b	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	
11b	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	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	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
16b	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 **▶ UT**
- 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: **▶ KATHY CUE 1760 W. 4805 S. TAYLORSVILLE UT 84118-1177 801-955-9110**

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

Check 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 organizations 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			
(1) MICHAEL PLAIZIER BOARD MEMBER	1.00	X					0	0	0	
(2) LISA GERNER BOARD MEMBER	1.00	X					0	0	0	
(3) STACEY CRAWFORD BOARD MEMBER	1.00	X					0	0	0	
(4) DJ DEJARNATT BOARD MEMBER	1.00	X					0	0	0	
(5) TARA HANSEN PRESIDENT	1.00	X					0	0	0	
(6) GARY HARDING BOARD MEMBER	1.00	X					0	0	0	
(7) SCOTT JENSON TREASURER	1.00	X					0	0	0	
(8) PAULA MARSH BOARD MEMBER	1.00	X					0	0	0	
(9) ROBERT MCCONNELL BOARD MEMBER	1.00	X					0	0	0	
(10) BEN NOBLE BOARD MEMBER	1.00	X					0	0	0	
(11) SHELLEY OSTERLOH BOARD MEMBER	1.00	X					0	0	0	
(12) MYRA RENWICK BOARD MEMBER	1.00	X					0	0	0	
(13) LORETTA SAWYER BOARD MEMBER	1.00	X					0	0	0	
(14) MARIA GAMVROULAS BOARD MEMBER	1.00	X					0	0	0	
(15) BONNIE PETERS EX. DIRECTOR	40.00			X			54,677	0	400	
(16)										

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			
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total							54,677		400	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							54,677		400	

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 **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such person		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.

(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 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	42,000				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,150,889				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	409,010				
	g Noncash contributions included in lines 1a-1f: \$		88,647				
	h Total. Add lines 1a-1f		1,601,899				
Program Service Revenue	2a CLIENT FEES	Busn. Code	153,761	153,761			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		153,761				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,665			2,665	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross Rents	(i) Real	55,071				
		(ii) Personal					
	b Less: rental exps.		14,573				
	c Rental inc. or (loss)		40,498				
	d Net rental income or (loss)		40,498	40,498			
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
	b Less: cost or other basis & sales exps.						
	c Gain or (loss)						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ 42,000 of contributions reported on line 1c). See Part IV, line 18	a	13,961				
		b Less: direct expenses	b	7,086			
c Net income or (loss) from fundraising events			6,875			6,875	
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
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		Busn. Code					
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			1,805,698	194,259	0	9,540	

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	55,076	48,174	4,639	2,263
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	1,047,762	916,454	88,259	43,049
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	25,361	22,184	2,135	1,042
10 Payroll taxes	82,679	72,319	6,962	3,398
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	8,600	7,523	724	353
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other	18,141	15,868	1,527	746
12 Advertising and promotion	2,133	1,865	180	88
13 Office expenses	49,772	43,536	4,191	2,045
14 Information technology				
15 Royalties				
16 Occupancy	86,800	75,924	7,309	3,567
17 Travel	37,866	33,122	3,188	1,556
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,511	7,444	717	350
20 Interest	31,582	27,625	2,659	1,298
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	64,180	56,138	5,404	2,638
23 Insurance	19,816	17,333	1,669	814
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 IN-KIND CLOTHING/HOUSEHOLD	88,660	88,660		
b LINK LINE EXPENSES	34,190	34,190		
c VILLAGE SUPPORT EXPENSES	31,692	31,692		
d FOOD	14,823	12,966	1,248	609
e CLIENT REWARDS	12,741	11,144	1,073	524
f All other expenses	47,212	41,541	3,811	1,860
25 Total functional expenses. Add lines 1 through 24f	1,767,597	1,565,702	135,695	66,200
26 Joint costs. Check here <input type="checkbox"/> 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)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest bearing	51,741	1	35,144
	2 Savings and temporary cash investments	219,141	2	309,111
	3 Pledges and grants receivable, net	63,025	3	25,000
	4 Accounts receivable, net	140,297	4	171,175
	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	499,241	7	499,241
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	17,360	9	29,337
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,829,497		
	b Less: accumulated depreciation	10b 705,705	2,173,212	10c 2,123,792
	11 Investments—publicly traded securities	5,120	11	8,393
	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	613,741	15	613,741
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,782,878	16	3,814,934	
Liabilities	17 Accounts payable and accrued expenses	81,453	17	95,135
	18 Grants payable		18	
	19 Deferred revenue	47,200	19	47,200
	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	665,450	23	642,450
	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	794,103	26	784,785
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,925,750	27	3,005,149
	28 Temporarily restricted net assets	63,025	28	25,000
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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	2,988,775	33	3,030,149
34 Total liabilities and net assets/fund balances	3,782,878	34	3,814,934	

Part XI Reconciliation of Net Assets

Check 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	1,805,698
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,767,597
3	Revenue less expenses. Subtract line 2 from line 1	3	38,101
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,988,775
5	Other changes in net assets or fund balances (explain in Schedule O)	5	3,273
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	3,030,149

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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.	X	
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		X
3b	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.		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization: FAMILY SUPPORT CENTER Employer identification number: 87-0359719

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 X 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).

Table with 2 columns: Yes, No and 3 rows: 11g(i), 11g(ii), 11g(iii)

Table with 7 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (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. Rows (A) through (E) and Total.

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.")	1,143,893	1,510,741	2,215,986	1,521,344	1,601,899	7,993,863
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	1,143,893	1,510,741	2,215,986	1,521,344	1,601,899	7,993,863
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)						279,699
6 Public support. Subtract line 5 from line 4						7,714,164

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	1,143,893	1,510,741	2,215,986	1,521,344	1,601,899	7,993,863
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,941	45,200	58,547	53,565	57,736	221,989
9 Net income from unrelated business activities, whether or not the business is regularly carried on		52,442	61,551	28,308	6,875	149,176
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						8,365,028

12 Gross receipts from related activities, etc. (see instructions) 12 514,410

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	92.22%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	94.09%

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 B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

▶ Attach to Form 990, 990-EZ, or 990-PF.

2010

Name of the organization	Employer identification number
FAMILY SUPPORT CENTER	87-0359719

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization FAMILY SUPPORT CENTER	Employer identification number 87-0359719
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	UNITED WAY 175 S WEST TEMPLE, STE 30 SALT LAKE CITY UT 84101	\$ 39,850	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	UTAH DEPARTMENT OF HUMAN SERVICES DIVISION OF CHILD AND FAMILY SERVICE 195 N 1950 W, 4TH FLOOR SALT LAKE CITY UT 84116	\$ 691,217	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	UTAH STATE UNIVERSITY BRIAN HIGGINBOTHAM, PH.D. LMFT 2705 OLD MAIN HILL UTAH STATE UNIVERSITY LOGAN UT 84322	\$ 40,347	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	STATE OF UTAH OFFICE OF THE ATTORNEY GENERAL 350 NORTH STATE STREET STE 230 SALT LAKE CITY UT 84114-2320	\$ 161,924	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	AMERICAN EXPRESS 4315 S 2700 W SALT LAKE CITY UT 84184	\$ 47,669	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT 125 SOUTH STATE STREET STE 3001 SALT LAKE CITY UT 84138	\$ 127,729	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization FAMILY SUPPORT CENTER	Employer identification number 87-0359719
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	STATE FOOD REIMBURSEMENT CHILD NUTRITION PROGRAM 250 EAST 500 SOUTH P.O. BOX 144200 SALT LAKE CITY UT 84141	\$ 38,609	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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: FAMILY SUPPORT CENTER; Employer identification number: 87-0359719

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two yes/no questions about donor advisement.

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

Form for conservation easements including checkboxes for land preservation, a table for easement statistics (2a-2d), and questions about monitoring and expenses.

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.

Form for art collections including questions about reporting and amounts for revenues and assets.

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
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other
- 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 |
|---------------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
 - b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if 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:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	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		543,934		543,934
b Buildings		1,588,267	337,096	1,251,171
c Leasehold improvements		549,024	250,381	298,643
d Equipment		148,272	118,228	30,044
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ **2,123,792**

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. (Column (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. (Column (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) INVESTMENT IN VILLAGE PROJECT	566,541
(2) DEVELOPMENT FEES RECEIVABLE	47,200
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ **613,741**

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	1,805,698
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,767,597
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	38,101
4	Net unrealized gains (losses) on investments	4	3,273
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	3,273
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	41,374

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	1,834,718
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	3,273
b	Donated services and use of facilities	2b	4,088
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	21,659
e	Add lines 2a through 2d	2e	29,020
3	Subtract line 2e from line 1	3	1,805,698
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	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,805,698

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

1	Total expenses and losses per audited financial statements	1	1,793,344
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	4,088
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	21,659
e	Add lines 2a through 2d	2e	25,747
3	Subtract line 2e from line 1	3	1,767,597
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	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,767,597

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.

PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER

SPECIAL EVENTS EXPENSES	\$	7,086
RENTAL EXPENSES	\$	14,573
SPECIAL EVENTS EXPENSES	\$	-7,086
RENTAL EXPENSES	\$	-14,573

PART XII, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

Part XIV Supplemental Information (continued)

SPECIAL EVENTS EXPENSES \$ **7,086**

RENTAL EXPENSES \$ **14,573**

PART XIII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

SPECIAL EVENTS EXPENSES \$ **7,086**

RENTAL EXPENSES \$ **14,573**

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2010

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization

FAMILY SUPPORT CENTER

Employer identification number

87-0359719

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

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

.....
.....
.....
.....
.....

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		ANNUAL FUNDRAIS (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	55,961		55,961
	2	Less: Charitable contributions	42,000		42,000
	3	Gross income (line 1 minus line 2)	13,961		13,961
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	7,086		7,086
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Combine line 3, column (d), and line 10				6,875

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
		(add col. (a) through col. (c))	(add col. (a) through col. (c))	(add col. (a) through col. (c))	(add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities:
a Is the organization licensed to operate gaming activities in each of these states? 9a Yes No
b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a Yes No
b If "Yes," explain:

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

**Open To Public
Inspection**

▶ **Complete if the organizations answered "Yes" on Form
990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

Department of the Treasury
Internal Revenue Service

Name of the organization

FAMILY SUPPORT CENTER

Employer identification number
87-0359719

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		88,647	ESTIMATED VALUES
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶()				
26 Other ▶()				
27 Other ▶()				
28 Other ▶()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

FAMILY SUPPORT CENTER

Employer identification number

87-0359719

FORM 990, PART III, LINE 4A - FIRST ACHIEVEMENT

- THE SAFETY NET PROGRAM WAS DIVIDED INTO TWO TRACKS; CLINICAL AND ADMINISTRATIVE. TWO COORDINATORS ARE GUIDING IT NOW AND IT IS GROWING AT A PHENOMENAL RATE. WE HAVE BEEN INVITED TO PRESENT AT THE PRESTIGIOUS "CRITICAL ISSUES FACING CHILDREN AND ADOLESCENTS" CONVERENCE IN OCTOBER.
- A LEGACY GIVING PLAN WAS INSTITUTED FOR ENDOWMENTS AND OTHER DONATIONS TO THE AGENCY.
- WE WERE ABLE TO STOP PAYING MONTHLY CONCESSIONS TO UNPH FOR RENTAL UNDERPAYMENTS AT LIFESTART VILLAGE.
- THOUGH THERE HAVE BEEN CUTS IN OUR FUNDING OF OVER \$300,000 THIS YEAR, WE HAVE BEEN ABLE TO CONTINUE OUR PROGRAMS THAT ARE SO VITALLY NEEDED BY THE CHILDREN AND FAMILIES IN OUR COMMUNITY. THERE HAVE BEEN ADJUSTMENTS MADE IN TERMS OF HOURS AND STAFF NUMBERS, BUT WE ARE STILL FUNCTIONING IN EACH PROGRAM.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
A DRAFT COPY OF THE FORM 990 IS PRESENTED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW PRIOR TO FILING. BOARD MEMBERS MAY ASK QUESTIONS OR MAKE ANY CHANGES PRIOR TO FILING THE RETURN.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
ANNUALLY, ALL BOARD MEMBERS ARE SENT A CONFLICT OF INTEREST FORM TO BE RETURNED TO THE AGENCY WHERE IT IS THEN FILED AT THE FAMILY SUPPORT CENTER IN THE BOARD MINUTES. IT REQUIRES ANY CONFLICTS OF INTEREST TO BE DISCLOSED AND RECUSAL FROM DECISIONS RELATED TO ANY CONFLICT OF INTEREST.

Name of the organization

FAMILY SUPPORT CENTER

Employer identification number

87-0359719

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
 PRIOR TO THE BEGINNING OF A FISCAL YEAR, THE BOARD IS PRESENTED WITH A
 DETAILED PROPOSED BUDGET FOR THEIR APPROVAL. THE BUDGET INCLUDES ALL
 COMPENSATION FOR ALL EMPLOYEES FOR THE UPCOMING FISCAL YEAR. THE BOARD
 EVALUATES COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS WHEN
 EVALUATING COMPENSATION LEVELS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
 PRIOR TO THE BEGINNING OF A FISCAL YEAR, THE BOARD IS PRESENTED WITH A
 DETAILED PROPOSED BUDGET FOR THEIR APPROVAL. THE BUDGET INCLUDES ALL
 COMPENSATION FOR ALL EMPLOYEES FOR THE UPCOMING FISCAL YEAR. THE BOARD
 EVALUATES COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS WHEN
 EVALUATING COMPENSATION LEVELS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
 ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND OTHER POLICIES
 AND PROCEDURES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST TO THE
 PUBLIC AT THE ADMINISTRATIVE OFFICES OF THE AGENCY AT 1760 WEST 4805 SOUTH
 TAYLORSVILLE, UTAH 84118.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2010

Open to Public Inspection

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization

FAMILY SUPPORT CENTER

**Employer identification number
87-0359719**

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) FSC, INC. 1760 W. 4805 S. 47-0887068 TAYLORSVILLE UT 84118-1177	REAL ESTAT	UT			N/A
(2)					
(3)					
(4)					
(5)					

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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							

Part III 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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) FAMILY SUPPORT CENTER VILLAGE, LLC 1760 W. 4805 S. TAYLORSVILLE UT841118-1177 87-0359719	HOUSING	UT	FSC, INC.	RELATED	-107,206	3,492,149		X			X	0.01
(2) FAMILY SUPPORT CENTER CROWN, LLC 1760 W. 4805 S. TAYLORSVILLE UT841118-1177 87-0684670	HOUSING	UT	FSC, INC.	RELATED	-32,251	935,127		X			X	0.01
(3)												
(4)												

Part IV 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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1)							
(2)							
(3)							
(4)							

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.

	Yes	No
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?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to other organization(s)	1b	X
c Gift, grant, or capital contribution from other organization(s)	1c	X
d Loans or loan guarantees to or for other organization(s)	1d	X
e Loans or loan guarantees by other organization(s)	1e	X
f Sale of assets to other organization(s)	1f	X
g Purchase of assets from other organization(s)	1g	X
h Exchange of assets	1h	X
i Lease of facilities, equipment, or other assets to other organization(s)	1i	X
j Lease of facilities, equipment, or other assets from other organization(s)	1j	X
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	X
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	X
m Sharing of facilities, equipment, mailing lists, or other assets	1m	X
n Sharing of paid employees	1n	X
o Reimbursement paid to other organization for expenses	1o	X
p Reimbursement paid by other organization for expenses	1p	X
q Other transfer of cash or property to other organization(s)	1q	X
r Other transfer of cash or property from other organization(s)	1r	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)				
(2)				
(3)				
(4)				
(5)				
(6)				

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 assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										

Forms 990 / 990-PF	Other Notes and Loans Receivable	2010
For calendar year 2010, or tax year beginning 07/01/10 , and ending 06/30/11		

Name FAMILY SUPPORT CENTER	Employer Identification Number 87-0359719
--------------------------------------	---

FORM 990, PART X, LINE 7 - ADDITIONAL INFORMATION

Name of borrower	Relationship to disqualified person
(1) FAMILY SUPPORT CENTER VILLAGE	N/A
(2) FAMILY SUPPORT CENTER CROWN, LLC	N/A
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 55,991	06/30/03	06/30/33	SUBJECT TO AVAILABLE CASH	8.500
(2) 443,250	12/18/03	06/30/18	DUE AT MATURITY	3.000
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) REAL PROPERTY	CONSTRUCTION OF LOW-INCOME HOUSING
(2) REAL PROPERTY	CONSTRUCTION OF LOW-INCOME HOUSING
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1) CASH TO PURCHASE REAL PROPERTY	55,991	55,991	
(2) CASH TO PURCHASE REAL PROPERTY	443,250	443,250	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals	499,241	499,241	

Forms 990 / 990-PF	Mortgages and Other Notes Payable	2010
For calendar year 2010, or tax year beginning 07/01/10 , and ending 06/30/11		

Name FAMILY SUPPORT CENTER	Employer Identification Number 87-0359719
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FORM 990, PART X, LINE 23 - ADDITIONAL INFORMATION

Name of lender	Relationship to disqualified person
(1) UTAH COMMUNITY REINVESTMENT CORP	N/A
(2) OLENE WALKER HOUSING LOAN FUND	N/A
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 390,000	06/01/07	06/01/37	PRINCIPAL & INTEREST PMTS	6.490
(2) 293,450	06/01/07	06/01/37	NO PAYMENTS FOR 16 YEARS	3.000
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) REAL PROPERTY	CONSTRUCTION OF LOW-INCOME HOUSING
(2) REAL PROPERTY	CONSTRUCTION OF LOW-INCOME HOUSING
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1) CASH TO PURCHASE REAL PROPERTY	367,000	344,000
(2) CASH TO PURCHASE REAL PROPERTY	298,450	298,450
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	665,450	642,450

Depreciation and Amortization
(Including Information on Listed Property)

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

Name(s) shown on return **FAMILY SUPPORT CENTER** Identifying number **87-0359719**

Business or activity to which this form relates
INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12	▶ 13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	64,180

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶	

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	64,180
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:								
1	Building - Lake Street	11/01/79	83,316		83,316	30 MO S/L	83,316	0
2	Building - MV	1/01/84	74,000		74,000	20 MO S/L	74,000	0
3	Building #4 - MV	6/01/87	140,511		140,511	40 MO S/L	80,797	3,513
4	Building - TT 580	9/21/07	290,314		290,314	40 MO S/L	19,960	7,258
5	Building - TT 576	9/21/07	259,630		259,630	40 MO S/L	17,850	6,491
6	Building - WVC	3/31/08	121,479		121,479	40 MO S/L	6,833	3,037
7	Building - Taylorsville	1/31/09	467,485		467,485	40 MO S/L	16,599	11,687
8	Furnace Repairs	12/01/89	601		601	20 MO S/L	601	0
9	Wall Admin	4/01/92	557		557	20 MO S/L	517	28
10	Exhaust Fan	5/01/92	750		750	20 MO S/L	699	38
11	Bldg Imp	6/01/92	1,212		1,212	20 MO S/L	1,125	61
12	Exhaust Fan	6/01/92	275		275	20 MO S/L	257	14
13	Louvered Doors	10/01/92	844		844	20 MO S/L	736	42
14	Carpeting	5/01/95	6,400		6,400	20 MO S/L	4,960	320
15	Painting	6/01/99	8,753		8,753	20 MO S/L	6,131	438
16	Carpeting	5/01/95	2,660		2,660	20 MO S/L	2,062	133
17	Improvements	1/01/82	31,205		31,205	27 MO S/L	31,205	0
18	Carpet	4/01/83	10,518		10,518	10 MO S/L	10,518	0
19	Basement Renovation	12/01/90	18,000		18,000	10 MO S/L	18,000	0
20	Basement Renovation	1/01/91	109		109	10 MO S/L	109	0
21	Cabinets	6/01/91	1,400		1,400	10 MO S/L	1,400	0
22	Wall Replace	1/01/92	912		912	10 MO S/L	912	0
23	Wall & Door Repair	4/01/92	930		930	10 MO S/L	930	0
24	Doors & Locks	4/01/92	371		371	10 MO S/L	371	0
25	Carpet	6/01/92	2,063		2,063	10 MO S/L	2,063	0
26	Building Imp	6/01/92	922		922	10 MO S/L	922	0
27	Paint - SHCN	9/01/92	4,822		4,822	10 MO S/L	4,822	0
28	Carpet Install	11/01/92	505		505	10 MO S/L	505	0
29	Labor - Wallcovering	3/01/93	118		118	10 MO S/L	118	0
30	Remodeling	5/01/93	1,140		1,140	10 MO S/L	1,140	0
31	Levelor Blinds	6/01/93	1,580		1,580	10 MO S/L	1,580	0
32	Improvements	7/01/93	79		79	10 MO S/L	79	0
33	Blinds	8/01/93	60		60	10 MO S/L	60	0
34	Improvements	12/01/97	12,790		12,790	10 MO S/L	12,790	0
35	Remodeling	11/01/84	7,443		7,443	20 MO S/L	7,443	0
36	Remodeling	12/01/84	19,166		19,166	20 MO S/L	19,166	0
37	Remodeling	1/01/85	859		859	20 MO S/L	859	0
38	Remodeling	2/01/85	4,769		4,769	20 MO S/L	4,769	0
39	Remodeling	3/01/85	3,832		3,832	20 MO S/L	3,832	0
40	Remodeling	11/01/85	1,000		1,000	20 MO S/L	1,000	0
41	Remodeling	12/01/85	677		677	20 MO S/L	677	0
42	Cottage Remodel	5/01/87	1,449		1,449	20 MO S/L	1,449	0
43	Cottage Painting	5/01/87	1,245		1,245	20 MO S/L	1,245	0
44	Cottage Wiring	5/01/87	278		278	20 MO S/L	278	0
45	Cottage sound	12/01/87	365		365	20 MO S/L	365	0
46	Painting - CN	8/01/88	2,541		2,541	20 MO S/L	2,541	0
47	Painting - downstairs	11/01/88	300		300	20 MO S/L	300	0
48	Painting - upstairs	12/01/88	775		775	20 MO S/L	775	0
49	Carpet	2/01/89	526		526	20 MO S/L	526	0
50	Carpet	2/01/89	526		526	20 MO S/L	526	0
51	Wallpaper	3/01/89	51		51	20 MO S/L	51	0
52	Wallpaper	3/01/89	139		139	20 MO S/L	139	0
53	Paint	4/01/89	140		140	20 MO S/L	140	0
54	Carpet	11/01/89	1,277		1,277	20 MO S/L	1,277	0
55	Canopy	2/07/90	1,712		1,712	20 MO S/L	1,712	0
56	Fence	9/01/90	400		400	20 MO S/L	396	4
57	Kitchen Bath/Flooring	3/01/91	686		686	20 MO S/L	659	27
58	Flooring	4/01/92	439		439	20 MO S/L	406	22
59	Roof	5/01/94	9,070		9,070	20 MO S/L	7,488	454
60	Capeting	6/01/85	1,950		1,950	20 MO S/L	1,950	0
61	Heating Carpet Remodel	7/01/85	1,369		1,369	20 MO S/L	1,369	0
62	Remodeling	9/01/85	1,300		1,300	20 MO S/L	1,300	0
63	Remodeling	10/01/85	1,846		1,846	20 MO S/L	1,846	0
64	Wallpaper	11/01/86	217		217	19 MO S/L	217	0
65	Capentry	12/01/86	150		150	19 MO S/L	150	0
66	Water Heater	2/01/87	271		271	20 MO S/L	271	0
67	Water Heater	7/01/88	363		363	20 MO S/L	363	0
68	Concrete Steps	6/01/92	752		752	20 MO S/L	699	38

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
69	Furnace	8/01/93	1,540			1,540	20 MO S/L	1,270	77
70	Paint & Remodel	4/01/94	1,500			1,500	20 MO S/L	1,236	75
71	Improvements	12/01/97	4,300			4,300	20 MO S/L	2,687	215
72	Sewer Improvements - SH	4/23/01	5,000			5,000	10 MO S/L	4,583	417
73	Storage Shed	9/05/01	1,047			1,047	10 MO S/L	927	105
74	Sewer Improvements - SH	3/04/02	2,616			2,616	10 MO S/L	2,183	262
75	Tile Improvement	9/18/03	6,074			6,074	10 MO S/L	4,098	607
76	Painting Improvement	11/05/03	3,410			3,410	10 MO S/L	2,273	341
77	Fence	6/30/05	13,487			13,487	10 MO S/L	6,745	1,349
78	Addition - SH	3/31/06	76,591			76,591	20 MO S/L	19,150	3,830
79	Painting - SH	2/28/06	460			460	7 MO S/L	330	66
80	Kitchen Bath Flooring	2/28/06	907			907	7 MO S/L	650	130
81	Shower - SH	3/31/06	3,484			3,484	10 MO S/L	1,740	348
82	Fence	6/30/07	1,309			1,309	10 MO S/L	404	131
83	West Valley Improvements	6/30/08	13,663			13,663	10 MO S/L	2,732	1,366
84	West Valley Improvements	10/31/08	192,309			192,309	40 MO S/L	8,013	4,808
85	Improvements - TT 576	8/31/08	4,524			4,524	10 MO S/L	829	452
86	Improvements - TT 580	7/31/08	693			693	10 MO S/L	132	70
87	New Furnaces & AC	4/13/09	14,892			14,892	20 MO S/L	931	745
88	Land - SH	11/01/79	23,734			23,734	0 -- Land	0	0
89	Land - MV	1/01/84	26,000			26,000	0 -- Land	0	0
90	Land - TT 580	9/21/07	120,700			120,700	0 -- Land	0	0
91	Land - TT 576	9/21/07	137,200			137,200	0 -- Land	0	0
92	Land - WVC	3/31/08	108,900			108,900	0 -- Land	0	0
93	Land- Taylorsville	7/31/08	127,400			127,400	0 -- Land	0	0
94	Computer Equip (Summary)	6/01/88	52,838			52,838	5 MO S/L	52,838	0
95	Laser Jet II	11/01/95	475			475	5 MO S/L	475	0
96	CYMA Software	12/01/95	1,250			1,250	5 MO S/L	1,250	0
97	CYMA Software	12/01/95	487			487	5 MO S/L	487	0
98	HP Laser 5p	12/01/95	1,244			1,244	5 MO S/L	1,244	0
99	Computer Equipment	11/01/00	725			725	5 MO S/L	725	0
100	Network/Printer	6/09/03	1,375			1,375	5 MO S/L	1,375	0
101	3 Computers	6/09/03	2,280			2,280	5 MO S/L	2,280	0
102	Computer - Gateway	12/03/02	1,878			1,878	5 MO S/L	1,878	0
103	Computers - Medex	1/29/03	1,455			1,455	5 MO S/L	1,455	0
104	Toshiba laptop computer	6/28/04	1,099			1,099	5 MO S/L	1,099	0
105	Toshiba laptop computer	6/28/04	1,099			1,099	5 MO S/L	1,099	0
106	Toshiba laptop computer	6/28/04	1,099			1,099	5 MO S/L	1,099	0
107	Toshiba laptop computer	6/28/04	1,099			1,099	5 MO S/L	1,099	0
108	Toshiba laptop computer	6/28/04	1,099			1,099	5 MO S/L	1,099	0
109	Terminal Server	4/29/04	1,198			1,198	5 MO S/L	1,198	0
110	Software	6/30/05	9,160			9,160	5 MO S/L	9,160	0
111	Software	7/31/06	3,418			3,418	5 MO S/L	3,418	0
112	CYMA Software	2/28/06	5,156			5,156	5 MO S/L	5,156	0
113	Peak Alarm Camera	6/30/06	2,950			2,950	5 MO S/L	2,950	0
114	Furniture - In-kind donation	6/30/07	13,400			13,400	5 MO S/L	8,040	2,680
115	Furniture - Walmart	4/22/08	1,500			1,500	5 MO S/L	650	300
116	Software & More Computers	1/29/09	23,864			23,864	5 MO S/L	6,762	4,773
117	Building #4 MV	1/01/10	151,532			151,532	40 MO S/L	1,968	3,788
118	Roof - Taylorsville	11/01/09	16,000			16,000	20 MO S/L	534	800
119	Security Camera - Village	2/28/10	5,206			5,206	5 MO S/L	434	1,041
120	Stove - Midvale	11/30/09	5,918			5,918	5 MO S/L	689	1,184
121	Front Desk Area TV	2/18/11	7,760			7,760	10 MO S/L	0	328
122	Boiler Heating Kid Start Bldg	2/01/11	7,000			7,000	10 MO S/L	0	292
Total Other Depreciation			<u>2,829,498</u>			<u>2,829,498</u>		<u>641,525</u>	<u>64,185</u>
Total ACRS and Other Depreciation			<u>2,829,498</u>			<u>2,829,498</u>		<u>641,525</u>	<u>64,185</u>
Grand Totals			2,829,498			2,829,498		641,525	64,185
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>2,829,498</u>			<u>2,829,498</u>		<u>641,525</u>	<u>64,185</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:								
1	Building - Lake Street	11/01/79	0		0 0 HY		0	0
2	Building - MV	1/01/84	0		0 0 HY		0	0
3	Building #4 - MV	6/01/87	0		0 0 HY		0	0
4	Building - TT 580	9/21/07	0		0 0 HY		0	0
5	Building - TT 576	9/21/07	0		0 0 HY		0	0
6	Building - WVC	3/31/08	0		0 0 HY		0	0
7	Building - Taylorsville	1/31/09	0		0 0 HY		0	0
8	Furnace Repairs	12/01/89	0		0 0 HY		0	0
9	Wall Admin	4/01/92	0		0 0 HY		0	0
10	Exhaust Fan	5/01/92	0		0 0 HY		0	0
11	Bldg Imp	6/01/92	0		0 0 HY		0	0
12	Exhaust Fan	6/01/92	0		0 0 HY		0	0
13	Louvered Doors	10/01/92	0		0 0 HY		0	0
14	Carpeting	5/01/95	0		0 0 HY		0	0
15	Painting	6/01/99	0		0 0 HY		0	0
16	Carpeting	5/01/95	0		0 0 HY		0	0
17	Improvements	1/01/82	0		0 0 HY		0	0
18	Carpet	4/01/83	0		0 0 HY		0	0
19	Basement Renovation	12/01/90	0		0 0 HY		0	0
20	Basement Renovation	1/01/91	0		0 0 HY		0	0
21	Cabinets	6/01/91	0		0 0 HY		0	0
22	Wall Replace	1/01/92	0		0 0 HY		0	0
23	Wall & Door Repair	4/01/92	0		0 0 HY		0	0
24	Doors & Locks	4/01/92	0		0 0 HY		0	0
25	Carpet	6/01/92	0		0 0 HY		0	0
26	Building Imp	6/01/92	0		0 0 HY		0	0
27	Paint - SHCN	9/01/92	0		0 0 HY		0	0
28	Carpet Install	11/01/92	0		0 0 HY		0	0
29	Labor - Wallcovering	3/01/93	0		0 0 HY		0	0
30	Remodeling	5/01/93	0		0 0 HY		0	0
31	Levelor Blinds	6/01/93	0		0 0 HY		0	0
32	Improvements	7/01/93	0		0 0 HY		0	0
33	Blinds	8/01/93	0		0 0 HY		0	0
34	Improvements	12/01/97	0		0 0 HY		0	0
35	Remodeling	11/01/84	0		0 0 HY		0	0
36	Remodeling	12/01/84	0		0 0 HY		0	0
37	Remodeling	1/01/85	0		0 0 HY		0	0
38	Remodeling	2/01/85	0		0 0 HY		0	0
39	Remodeling	3/01/85	0		0 0 HY		0	0
40	Remodeling	11/01/85	0		0 0 HY		0	0
41	Remodeling	12/01/85	0		0 0 HY		0	0
42	Cottage Remodel	5/01/87	0		0 0 HY		0	0
43	Cottage Painting	5/01/87	0		0 0 HY		0	0
44	Cottage Wiring	5/01/87	0		0 0 HY		0	0
45	Cottage sound	12/01/87	0		0 0 HY		0	0
46	Painting - CN	8/01/88	0		0 0 HY		0	0
47	Painting - downstairs	11/01/88	0		0 0 HY		0	0
48	Painting - upstairs	12/01/88	0		0 0 HY		0	0
49	Carpet	2/01/89	0		0 0 HY		0	0
50	Carpet	2/01/89	0		0 0 HY		0	0
51	Wallpaper	3/01/89	0		0 0 HY		0	0
52	Wallpaper	3/01/89	0		0 0 HY		0	0
53	Paint	4/01/89	0		0 0 HY		0	0
54	Carpet	11/01/89	0		0 0 HY		0	0
55	Canopy	2/07/90	0		0 0 HY		0	0
56	Fence	9/01/90	0		0 0 HY		0	0
57	Kitchen Bath/Flooring	3/01/91	0		0 0 HY		0	0
58	Flooring	4/01/92	0		0 0 HY		0	0
59	Roof	5/01/94	0		0 0 HY		0	0
60	Capeting	6/01/85	0		0 0 HY		0	0
61	Heating Carpet Remodel	7/01/85	0		0 0 HY		0	0
62	Remodeling	9/01/85	0		0 0 HY		0	0
63	Remodeling	10/01/85	0		0 0 HY		0	0
64	Wallpaper	11/01/86	0		0 0 HY		0	0
65	Capentry	12/01/86	0		0 0 HY		0	0
66	Water Heater	2/01/87	0		0 0 HY		0	0
67	Water Heater	7/01/88	0		0 0 HY		0	0
68	Concrete Steps	6/01/92	0		0 0 HY		0	0

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
69	Furnace	8/01/93	0		0	0 HY	0	0
70	Paint & Remodel	4/01/94	0		0	0 HY	0	0
71	Improvements	12/01/97	0		0	0 HY	0	0
72	Sewer Improvements - SH	4/23/01	0		0	0 HY	0	0
73	Storage Shed	9/05/01	0		0	0 HY	0	0
74	Sewer Improvements - SH	3/04/02	0		0	0 HY	0	0
75	Tile Improvement	9/18/03	0		0	0 HY	0	0
76	Painting Improvement	11/05/03	0		0	0 HY	0	0
77	Fence	6/30/05	0		0	0 HY	0	0
78	Addition - SH	3/31/06	0		0	0 HY	0	0
79	Painting - SH	2/28/06	0		0	0 HY	0	0
80	Kitchen Bath Flooring	2/28/06	0		0	0 HY	0	0
81	Shower - SH	3/31/06	0		0	0 HY	0	0
82	Fence	6/30/07	0		0	0 HY	0	0
83	West Valley Improvements	6/30/08	0		0	0 HY	0	0
84	West Valley Improvements	10/31/08	0		0	0 HY	0	0
85	Improvements - TT 576	8/31/08	0		0	0 HY	0	0
86	Improvements - TT 580	7/31/08	0		0	0 HY	0	0
87	New Furnaces & AC	4/13/09	0		0	0 HY	0	0
88	Land - SH	11/01/79	0		0	0 HY	0	0
89	Land - MV	1/01/84	0		0	0 HY	0	0
90	Land - TT 580	9/21/07	0		0	0 HY	0	0
91	Land - TT 576	9/21/07	0		0	0 HY	0	0
92	Land - WVC	3/31/08	0		0	0 HY	0	0
93	Land- Taylorsville	7/31/08	0		0	0 HY	0	0
94	Computer Equip (Summary)	6/01/88	0		0	0 HY	0	0
95	Laser Jet II	11/01/95	0		0	0 HY	0	0
96	CYMA Software	12/01/95	0		0	0 HY	0	0
97	CYMA Software	12/01/95	0		0	0 HY	0	0
98	HP Laser 5p	12/01/95	0		0	0 HY	0	0
99	Computer Equipment	11/01/00	0		0	0 HY	0	0
100	Network/Printer	6/09/03	0		0	0 HY	0	0
101	3 Computers	6/09/03	0		0	0 HY	0	0
102	Computer - Gateway	12/03/02	0		0	0 HY	0	0
103	Computers - Medex	1/29/03	0		0	0 HY	0	0
104	Toshiba laptop computer	6/28/04	0		0	0 HY	0	0
105	Toshiba laptop computer	6/28/04	0		0	0 HY	0	0
106	Toshiba laptop computer	6/28/04	0		0	0 HY	0	0
107	Toshiba laptop computer	6/28/04	0		0	0 HY	0	0
108	Toshiba laptop computer	6/28/04	0		0	0 HY	0	0
109	Terminal Server	4/29/04	0		0	0 HY	0	0
110	Software	6/30/05	0		0	0 HY	0	0
111	Software	7/31/06	0		0	0 HY	0	0
112	CYMA Software	2/28/06	0		0	0 HY	0	0
113	Peak Alarm Camera	6/30/06	0		0	0 HY	0	0
114	Furniture - In-kind donation	6/30/07	0		0	0 HY	0	0
115	Furniture - Walmart	4/22/08	0		0	0 HY	0	0
116	Software & More Computers	1/29/09	0		0	0 HY	0	0
117	Building #4 MV	1/01/10	0		0	0 HY	0	0
118	Roof - Taylorsville	11/01/09	0		0	0 HY	0	0
119	Security Camera - Village	2/28/10	0		0	0 HY	0	0
120	Stove - Midvale	11/30/09	0		0	0 HY	0	0
121	Front Desk Area TV	2/18/11	0		0	0 HY	0	0
122	Boiler Heating Kid Start Bldg	2/01/11	0		0	0 HY	0	0
Total Other Depreciation			<u>0</u>		<u>0</u>		<u>0</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>0</u>		<u>0</u>		<u>0</u>	<u>0</u>
Grand Totals			0		0		0	0
Less: Dispositions and Transfers			<u>0</u>		<u>0</u>		<u>0</u>	<u>0</u>
Net Grand Totals			<u>0</u>		<u>0</u>		<u>0</u>	<u>0</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	Building - Lake Street	11/01/79	83,316	0	0
2	Building - MV	1/01/84	74,000	0	0
3	Building #4 - MV	6/01/87	140,511	3,513	0
4	Building - TT 580	9/21/07	290,314	7,258	0
5	Building - TT 576	9/21/07	259,630	6,491	0
6	Building - WVC	3/31/08	121,479	3,037	0
7	Building - Taylorsville	1/31/09	467,485	11,687	0
8	Furnace Repairs	12/01/89	601	0	0
9	Wall Admin	4/01/92	557	12	0
10	Exhaust Fan	5/01/92	750	13	0
11	Bldg Imp	6/01/92	1,212	26	0
12	Exhaust Fan	6/01/92	275	4	0
13	Louvered Doors	10/01/92	844	42	0
14	Carpeting	5/01/95	6,400	320	0
15	Painting	6/01/99	8,753	437	0
16	Carpeting	5/01/95	2,660	133	0
17	Improvements	1/01/82	31,205	0	0
18	Carpet	4/01/83	10,518	0	0
19	Basement Renovation	12/01/90	18,000	0	0
20	Basement Renovation	1/01/91	109	0	0
21	Cabinets	6/01/91	1,400	0	0
22	Wall Replace	1/01/92	912	0	0
23	Wall & Door Repair	4/01/92	930	0	0
24	Doors & Locks	4/01/92	371	0	0
25	Carpet	6/01/92	2,063	0	0
26	Building Imp	6/01/92	922	0	0
27	Paint - SHCN	9/01/92	4,822	0	0
28	Carpet Install	11/01/92	505	0	0
29	Labor - Wallcovering	3/01/93	118	0	0
30	Remodeling	5/01/93	1,140	0	0
31	Levelor Blinds	6/01/93	1,580	0	0
32	Improvements	7/01/93	79	0	0
33	Blinds	8/01/93	60	0	0
34	Improvements	12/01/97	12,790	0	0
35	Remodeling	11/01/84	7,443	0	0
36	Remodeling	12/01/84	19,166	0	0
37	Remodeling	1/01/85	859	0	0
38	Remodeling	2/01/85	4,769	0	0
39	Remodeling	3/01/85	3,832	0	0
40	Remodeling	11/01/85	1,000	0	0
41	Remodeling	12/01/85	677	0	0
42	Cottage Remodel	5/01/87	1,449	0	0
43	Cottage Painting	5/01/87	1,245	0	0
44	Cottage Wiring	5/01/87	278	0	0
45	Cottage sound	12/01/87	365	0	0
46	Painting - CN	8/01/88	2,541	0	0
47	Painting - downstairs	11/01/88	300	0	0
48	Painting - upstairs	12/01/88	775	0	0
49	Carpet	2/01/89	526	0	0
50	Carpet	2/01/89	526	0	0
51	Wallpaper	3/01/89	51	0	0
52	Wallpaper	3/01/89	139	0	0
53	Paint	4/01/89	140	0	0
54	Carpet	11/01/89	1,277	0	0
55	Canopy	2/07/90	1,712	0	0
56	Fence	9/01/90	400	0	0
57	Kitchen Bath/Flooring	3/01/91	686	0	0
58	Flooring	4/01/92	439	11	0
59	Roof	5/01/94	9,070	453	0
60	Capeting	6/01/85	1,950	0	0
61	Heating Carpet Remodel	7/01/85	1,369	0	0
62	Remodeling	9/01/85	1,300	0	0
63	Remodeling	10/01/85	1,846	0	0
64	Wallpaper	11/01/86	217	0	0
65	Capentry	12/01/86	150	0	0
66	Water Heater	2/01/87	271	0	0
67	Water Heater	7/01/88	363	0	0

Asset	Description	Date In Service	Cost	Tax	AMT
68	Concrete Steps	6/01/92	752	15	0
69	Furnace	8/01/93	1,540	77	0
70	Paint & Remodel	4/01/94	1,500	75	0
71	Improvements	12/01/97	4,300	215	0
72	Sewer Improvements - SH	4/23/01	5,000	0	0
73	Storage Shed	9/05/01	1,047	15	0
74	Sewer Improvements - SH	3/04/02	2,616	171	0
75	Tile Improvement	9/18/03	6,074	608	0
76	Painting Improvement	11/05/03	3,410	341	0
77	Fence	6/30/05	13,487	1,348	0
78	Addition - SH	3/31/06	76,591	3,829	0
79	Painting - SH	2/28/06	460	64	0
80	Kitchen Bath Flooring	2/28/06	907	127	0
81	Shower - SH	3/31/06	3,484	349	0
82	Fence	6/30/07	1,309	131	0
83	West Valley Improvements	6/30/08	13,663	1,367	0
84	West Valley Improvements	10/31/08	192,309	4,808	0
85	Improvements - TT 576	8/31/08	4,524	453	0
86	Improvements - TT 580	7/31/08	693	69	0
87	New Furnaces & AC	4/13/09	14,892	744	0
88	Land - SH	11/01/79	23,734	0	0
89	Land - MV	1/01/84	26,000	0	0
90	Land - TT 580	9/21/07	120,700	0	0
91	Land - TT 576	9/21/07	137,200	0	0
92	Land - WVC	3/31/08	108,900	0	0
93	Land- Taylorsville	7/31/08	127,400	0	0
94	Computer Equip (Summary)	6/01/88	52,838	0	0
95	Laser Jet II	11/01/95	475	0	0
96	CYMA Software	12/01/95	1,250	0	0
97	CYMA Software	12/01/95	487	0	0
98	HP Laser 5p	12/01/95	1,244	0	0
99	Computer Equipment	11/01/00	725	0	0
100	Network/Printer	6/09/03	1,375	0	0
101	3 Computers	6/09/03	2,280	0	0
102	Computer - Gateway	12/03/02	1,878	0	0
103	Computers - Medex	1/29/03	1,455	0	0
104	Toshiba laptop computer	6/28/04	1,099	0	0
105	Toshiba laptop computer	6/28/04	1,099	0	0
106	Toshiba laptop computer	6/28/04	1,099	0	0
107	Toshiba laptop computer	6/28/04	1,099	0	0
108	Toshiba laptop computer	6/28/04	1,099	0	0
109	Terminal Server	4/29/04	1,198	0	0
110	Software	6/30/05	9,160	0	0
111	Software	7/31/06	3,418	0	0
112	CYMA Software	2/28/06	5,156	0	0
113	Peak Alarm Camera	6/30/06	2,950	0	0
114	Furniture - In-kind donation	6/30/07	13,400	2,680	0
115	Furniture - Walmart	4/22/08	1,500	300	0
116	Software & More Computers	1/29/09	23,864	4,773	0
117	Building #4 MV	1/01/10	151,532	3,789	0
118	Roof - Taylorsville	11/01/09	16,000	800	0
119	Security Camera - Village	2/28/10	5,206	1,041	0
120	Stove - Midvale	11/30/09	5,918	1,183	0
121	Front Desk Area TV	2/18/11	7,760	776	0
122	Boiler Heating Kid Start Bldg	2/01/11	7,000	700	0
	Total Other Depreciation		<u>2,829,498</u>	<u>64,285</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>2,829,498</u>	<u>64,285</u>	<u>0</u>
	Grand Totals		<u>2,829,498</u>	<u>64,285</u>	<u>0</u>

Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 2,665		14			
TOTAL	<u>\$ 2,665</u>					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER PROFESSIONAL SERVICES	\$ 18,141	\$ 15,868	\$ 1,527	\$ 746
TOTAL	<u>\$ 18,141</u>	<u>\$ 15,868</u>	<u>\$ 1,527</u>	<u>\$ 746</u>

Form 990, Part IX, Line 24f - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
PROGRAM SUPPLIES	\$ 12,577	\$ 11,001	\$ 1,059	\$ 517
HOUSEHOLD ITEMS	9,051	7,917	762	372
MISCELLANEOUS	6,795	5,944	572	279
EQUIPMENT RENT	6,754	5,907	569	278
LICENSES	6,350	5,554	535	261
BANK CHARGES	3,718	3,252	313	153
UNITED WAY EMERGENCY	1,967	1,967		
ROUNDING		-1	1	
TOTAL	<u>\$ 47,212</u>	<u>\$ 41,541</u>	<u>\$ 3,811</u>	<u>\$ 1,860</u>