

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2007
Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 07-01-2007 and ending 06-30-2008

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization
 CHILDRENS HOME SOCIETY OF CALIFORNIA

Number and street (or P O box if mail is not delivered to street address) Room/suite
 1300 WEST FOURTH STREET

City or town, state or country, and ZIP + 4
 LOS ANGELES, CA 90017

D Employer identification number
 95-1690976

E Telephone number
 (213) 240-5925

F Accounting method Cash Accrual
 Other (specify) _____

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Web site: WWW.CHS-CA.ORG

J Organization type (check only one) 501(c)(3) (insert no) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 124,304,000

- H and I** are not applicable to section 527 organizations
- H(a)** Is this a group return for affiliates? Yes No
- H(b)** If "Yes" enter number of affiliates _____
- H(c)** Are all affiliates included? Yes No
 (If "No," attach a list. See instructions.)
- H(d)** Is this a separate return filed by an organization covered by a group ruling? Yes No
- I** Group Exemption Number _____
- M** Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	1,468,200	
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d		
	e	Total (add lines 1a through 1d) (cash \$ 1,468,200 noncash \$ _____)	1e		1,468,200
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		95,975,600
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4		932,508
	5	Dividends and interest from securities	5		1,782,514
	6a	Gross rents	6a		
	b	Less rental expenses	6b		
c	Net rental income or (loss) subtract line 6b from line 6a	6c			
7	Other investment income (describe _____)	7		22,178	
REVENUE	8a	Gross amount from sales of assets other than inventory	(A) Securities	24,123,000	8a
	b	Less cost or other basis and sales expenses		23,536,500	8b
	c	Gain or (loss) (attach schedule)		586,500	8c
	d	Net gain or (loss) Combine line 8c, columns (A) and (B)			8d
REVENUE	9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>			
	a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a		
	b	Less direct expenses other than fundraising expenses	9b		
c	Net income or (loss) from special events Subtract line 9b from line 9a	9c			
REVENUE	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c		
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		100,767,500	
EXPENSES	13	Program services (from line 44, column (B))	13		91,787,400
	14	Management and general (from line 44, column (C))	14		4,998,500
	15	Fundraising (from line 44, column (D))	15		1,583,000
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses Add lines 16 and 44, column (A)	17		98,368,900
NET ASSETS	18	Excess or (deficit) for the year Subtract line 17 from line 12	18		2,398,600
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		56,034,300
	20	Other changes in net assets or fund balances (attach explanation)	20		-889,100
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20	21		57,543,800

Part III Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22a	Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	718,527	586,054	132,473	
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b	120,000	120,000		
c	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b and c	26	12,031,481	9,455,500	1,958,458	
27	Pension plan contributions not included on lines 25a, b and c	27				
28	Employee benefits not included on lines 25a - 27	28	3,962,992	2,762,400	964,888	
29	Payroll taxes	29	992,100	823,400	105,200	
30	Professional fundraising fees	30				
31	Accounting fees	31	159,900	42,600	93,200	
32	Legal fees	32	382,600	101,900	222,900	
33	Supplies	33	490,400	353,600	81,800	
34	Telephone	34	358,200	258,300	59,700	
35	Postage and shipping	35	446,800	322,200	74,500	
36	Occupancy	36	1,789,700	1,514,400	202,000	
37	Equipment rental and maintenance	37	262,100	241,300	20,800	
38	Printing and publications	38	606,000	436,900	101,100	
39	Travel	39	392,800	141,000	194,600	
40	Conferences, conventions, and meetings	40	12,100	4,300	6,000	
41	Interest	41	171,600	145,200	19,400	
42	Depreciation, depletion, etc (attach schedule)	42	45,200	42,700	2,100	
43	Other expenses not covered above (itemize)					
a	See Additional Data Table	43a				
b		43b				
c		43c				
d		43d				
e		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	98,368,900	91,787,400	4,998,500	1,583,000

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ THE MISSION OF CHILDREN'S HOME SOCIETY OF CALIFORNIA IS TO REACH OUT TO CHILDREN AND FAMILIES AT RISK WITH A RANGE OF SERVICES THAT ENSURES EVERY CHILD THE OPPORTUNITY TO DEVELOP WITHIN A SAFE, HEALTHY AND SECURE ENVIRONMENT All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
a POST ADOPTION SERVICES OFFERS POST ADOPTION INFORMATION AND SERVICES TO CHS ADULT ADOPTEES, BIRTH PARENTS AND ADOPTIVE PARENTS (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	473,000
b FAMILY EDUCATION SERVICES PROVIDES EDUCATIONAL BROCHURES, VIDEOS AND OTHER RESOURCES TO PARENTS, CAREGIVERS AND AGENCIES (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	152,000
c CHILD CARE AND DEVELOPMENT SERVICES PROVIDES ASSISTANCE TO PARENTS NEEDING HELP TO PAY FOR CHILD CARE WHILE THEY WORK, SEEK WORK OR ATTEND SCHOOL OR JOB TRAINING PROGRAMS. ALSO OFFERS RESOURCES AND REFERRALS TO PARENTS SEEKING QUALITY CHILD CARE (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	91,162,400
d _____ _____ _____ _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	91,787,400

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)		
		Beginning of year		End of year		
Assets	45 Cash—non-interest-bearing		137,800	45	123,200	
	46 Savings and temporary cash investments			46		
	47a Accounts receivable	47a	991,200			
	b Less allowance for doubtful accounts	47b	50,000	3,371,100	47c	941,200
	48a Pledges receivable	48a				
	b Less allowance for doubtful accounts	48b			48c	
	49 Grants receivable				49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)				50b	
	51a Other notes and loans receivable (attach schedule)	51a				
	b Less allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges		401,000		53	446,800
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV				54a	
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		66,960,000		54b	70,947,500
55a Investments—land, buildings, and equipment basis	55a					
b Less accumulated depreciation (attach schedule)	55b			55c		
56 Investments—other (attach schedule)		176,500		56	185,900	
57a Land, buildings, and equipment basis	57a	4,287,100				
b Less accumulated depreciation (attach schedule)	57b	3,450,000	755,900	57c	837,100	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)				58		
59 Total assets (must equal line 74) Add lines 45 through 58		71,802,300		59	73,481,700	
Liabilities	60 Accounts payable and accrued expenses		12,486,000	60	12,544,000	
	61 Grants payable			61		
	62 Deferred revenue		282,000	62	393,900	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a Tax-exempt bond liabilities (attach schedule)				64a	
	b Mortgages and other notes payable (attach schedule)				64b	
	65 Other liabilities (describe <input type="checkbox"/> _____)		3,000,000		65	3,000,000
66 Total liabilities Add lines 60 through 65		15,768,000		66	15,937,900	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted		51,442,800	67	52,970,000	
	68 Temporarily restricted			68		
	69 Permanently restricted		4,591,500	69	4,573,800	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70 Capital stock, trust principal, or current funds			70		
	71 Paid-in or capital surplus, or land, building, and equipment fund			71		
	72 Retained earnings, endowment, accumulated income, or other funds			72		
	73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		56,034,300		73	57,543,800
	74 Total liabilities and net assets / fund balances Add lines 66 and 73		71,802,300		74	73,481,700

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	100,767,500
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	100,767,500
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12) Add lines c and d	e	100,767,500

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	99,258,000
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	889,100
4	Other (specify) _____	b4	
	Add lines b1 through b4	b	889,100
c	Subtract line b from line a	c	98,368,900
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17) Add lines c and d	e	98,368,900

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings	13		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .	75b		No
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions	75c		No
d Does the organization have a written conflict of interest policy?	75d	Yes	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
AMELIA NUNEZ-WELLS 1300 W 4TH STREET LOS ANGELES, CA 900171475	0	120,000		

Part VI Other Information (See the instructions.)

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		No
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		No
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		No
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b		No
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		No
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		No
b If "Yes," enter the name of the organization ► _____ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a Enter direct or indirect political expenditures (See line 81 instructions) 81a _____			
b Did the organization file Form 1120-POL for this year?	81b		No

Part VI Other Information (continued)

Form with multiple sections (82a-91b) containing questions and answers regarding organizational activities, dues, lobbying, and financial accounts. Includes sub-sections like 82a, 83a, 84a, 85a-f, 86a-b, 87a-b, 88a-b, 89a-f, 90a-b, and 91a-b.

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or (loss) from real estate, 98 Net rental income or (loss) from personal property, 99 Other investment income, 100 Gain or (loss) from sales of assets other than inventory, 101 Net income or (loss) from special events, 102 Gross profit or (loss) from sales of inventory, 103 Other revenue, 104 Subtotal, 105 Total.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). Rows include 93G PAYMENTS BY STATE AND LOCAL GOVERNMENTS FOR THE CARE OF CHILDREN IN NEED OF PROTECTION AND CARE, 93A FEES CHARGED TO OFFSET COST OF POST ADOPTION PROGRAM.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity, (B) Percentage of ownership interest, (C) Nature of activities, (D) Total income, (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

NOTE: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities Complete only if the organization is a controlling organization as defined in section 512(b)(13)

				Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					No
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

				Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					No
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

				Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?					No

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	***** Signature of officer		2009-05-11 Date
	DENNIS KOGA CONTROLLER Type or print name and title		

Paid Preparer's Use Only	Preparer's signature	MICA MIYAMOTO	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4	HUTCHINSON AND BLOODGOOD LLP 101 N BRAND BLVD STE 1600 GLENDALE, CA 91203		EIN	Phone no (818) 637-5000

**SCHEDULE A
(Form 990 or
990EZ)**

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2007

Department of the
Treasury
Internal Revenue
Service

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization
CHILDRENS HOME SOCIETY OF CALIFORNIA

Employer identification number

95-1690976

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DONNA EARL JACOBSON 1300 W 4TH STREET LOS ANGELES, CA 900171475	ADMINISTRATOR 38 00	95,883	9,438	0
LISA C VELARDE 1300 W 4TH STREET LOS ANGELES, CA 900171475	ADMINISTRATOR 38 00	122,508	12,000	0
MICHELLE D BELL 1300 W 4TH STREET LOS ANGELES, CA 900171475	ASST CEO 38 00	124,990	12,250	0
DENNIS KO GA 1300 W 4TH STREET LOS ANGELES, CA 900171475	CONTROLLER 38 00	131,375	13,001	0
SHERYL JONES DAVIS 1300 W 4TH STREET LOS ANGELES, CA 900171475	ASSOCIATE CEO 38 00	142,002	13,000	0
Total number of other employees paid over \$50,000	28			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
DAVID GRANT INC 18757 BURBANK BLVD TARZANA, CA 91356	COMPUTER CONSULTING	71,159
MICHAEL KANNE 1602 EAST FOURTH ST SANTA ANA, CA 92701	LEGAL	90,125
ROGERS CLEM & COMPANY 1067 PARK VIEW DR COVINA, CA 91724	ACCOUNTING	140,572
SHEPPARD MULLIN RICHTER & HAMPTON LLP 333 SOUTH HOPE ST LOS ANGELES, CA 90071	LEGAL	258,831
AON RISK SERVICES INC 707 WILSHIRE BLVD LOS ANGELES, CA 90017	INSURANCE	283,167
Total number of others receiving over \$50,000 for professional services	7	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SUNLAND EDUCATIONAL SCHOOL 1834 W VALENCIA DR FULLERTON, CA 92833	CHILD CARE PROVIDER	204,382
KINDERCARE LEARNING CENTER 2560 E LA PALMA ANAHEIM, CA 92806	CHILD CARE PROVIDER	231,237
FUTURE CARE CHILD LEARNING 6504 EAST SOUTH STREET LAKEWOOD, CA 90713	CHILD CARE PROVIDER	234,415
MONTESSORI ON ELM INC 930 ELM AVE LONG BEACH, CA 90813	CHILD CARE PROVIDER	262,734
TOTAL LITHOGRAPHY 2416 JAMES M WOOD BLVD LOS ANGELES, CA 90006	PRINTING & ART WORK	894,451
Total number of other contractors receiving over \$50,000 for other services	185	

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

<p>1 During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ►\$ _____(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>	1		No
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)</p> <p>a Sale, exchange, or leasing property?</p>	2a		No
<p>b Lending of money or other extension of credit?</p>	2b		No
<p>c Furnishing of goods, services, or facilities?</p>	2c		No
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	Yes	
<p>e Transfer of any part of its income or assets?</p>	2e		No
<p>3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)</p>	3a		No
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b	Yes	
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p>	3c		No
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		No
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	4a		No
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		No
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		No
<p>d Enter the total number of donor advised funds owned at the end of the tax year</p>			
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year</p>			
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts</p>			
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year</p>			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5** A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7** A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8** A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** _____
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b** A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12** 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 charitable, etc , 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) (Also complete the **Support Schedule** in Part IV-A)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
- Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					<input type="checkbox"/>

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	2,759,700	2,836,700	2,097,900	1,530,900	9,225,200
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	93,936,300	91,869,500	94,377,400	101,935,500	382,118,700
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	3,580,100	3,053,800	1,954,700	3,623,100	12,211,700
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets				10,800	10,800
23 Total of lines 15 through 22	100,276,100	97,760,000	98,430,000	107,100,300	403,566,400
24 Line 23 minus line 17	6,339,800	5,890,500	4,052,600	5,164,800	21,447,700
25 Enter 1% of line 23	1,002,761	977,600	984,300	1,071,003	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 428,954
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 21,447,700
d Add Amounts from column (e) for lines	18 12,211,700	19 0			26d 12,222,500
	22	26b			26e 9,225,200
e Public support (line 26c minus line 26d total)					26e 9,225,200
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 4301 00 %
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return. Enter the sum of such amounts for each year (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add Amounts from column (e) for lines	15 _____	16 _____			27c 0
	17 _____	20 _____	21 _____		
d Add Line 27a total _____ and line 27b total _____					27d _____
e Public support (line 27c total minus line 27d total)					27e _____
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g _____
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h _____
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	0	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		
38	Total lobbying expenditures (add lines 36 and 37)		
39	Other exempt purpose expenditures		
40	Total exempt purpose expenditures (add lines 38 and 39)		
41	Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)		
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36		
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below)

See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines **c** through **h**.)

Yes	No	Amount
	No	
	No	
	No	
	No	
	No	
	No	
	No	
	No	

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

- (i)** Cash
- (ii)** Other assets

b Other transactions

- (i)** Sales or exchanges of assets with a noncharitable exempt organization
- (ii)** Purchases of assets from a noncharitable exempt organization
- (iii)** Rental of facilities, equipment, or other assets
- (iv)** Reimbursement arrangements
- (v)** Loans or loan guarantees
- (vi)** Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
51a(i)		No
a(ii)		No
b(i)		No
b(ii)		No
b(iii)		No
b(iv)		No
b(v)		No
b(vi)		No
c		No

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Additional Data

Software ID: 07000211

Software Version: 2007v2.10

EIN: 95-1690976

Name: CHILDRENS HOME SOCIETY OF CALIFORNIA

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a VEHICLE EXPENSES	43a	88,200	63,600	14,700	9,900
b TRAINING	43b	40,700	29,300	6,800	4,600
c TEMPORARY LABOR	43c	409,700	295,400	68,300	46,000
d PROVIDER PARENT TRAINING	43d	105,800	76,300	17,600	11,900
e OTHER PROFESSIONAL FEES	43e	202,000	202,000		
f INSURANCE	43f	43,100	31,100	7,200	4,800
g FURNITURE & EQUIPMENT	43g	491,600	452,700	38,900	
h DUES & MEMBERSHIPS	43h	79,300	57,200	13,200	8,900
i CARE OF CHILDREN	43i	73,851,900	73,851,900		
j BOOKS & SUBSCRIPTIONS	43j	7,100	5,100	1,200	800
k ADVERTISING	43k	107,000	77,100	17,900	12,000

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
WILLIAM H SIMON JR 1300 W 4TH STREET LOS ANGELES, CA 900171475	Trustee 0 00	0		
ALMA ROSE 1300 W 4TH STREET LOS ANGELES, CA 900171475	Trustee 0 00	0		
JOYCE FREY 1300 W 4TH STREET LOS ANGELES, CA 900171475	Trustee 0 00	0		
BETTY CLARK 1300 W 4TH STREET LOS ANGELES, CA 900171475	Trustee 0 00	0		
VINCENT J WANG MD 1300 W 4TH STREET LOS ANGELES, CA 900171475	Director 10 00	0		
TODD MCCORMACK 1300 W 4TH STREET LOS ANGELES, CA 900171475	Director 10 00	0		
VICTOR H FANN 1300 W 4TH STREET LOS ANGELES, CA 900171475	Director 10 00	0		
DIANE K ROGERS 1300 W 4TH STREET LOS ANGELES, CA 900171475	Director 10 00	0		
JOAN M THORNE 1300 W 4TH STREET LOS ANGELES, CA 900171475	Director 10 00	0		
ERNEST H SMITH MD 1300 W 4TH STREET LOS ANGELES, CA 900171475	Director 10 00	0		

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
CHARLYNE OSLIN-SMITH 1300 W 4TH STREET LOS ANGELES, CA 900171475	Director 10 00	0		
PATRICIA E MCDONOUGH 1300 W 4TH STREET LOS ANGELES, CA 900171475	Director 10 00	0		
RENEE C MCAMIS 1300 W 4TH STREET LOS ANGELES, CA 900171475	Director 10 00	0		
BARBARA J PARKER 1300 W 4TH STREET LOS ANGELES, CA 900171475	Treasurer 10 00	0		
GLORIA M VAN VALKENBURG 1300 W 4TH STREET LOS ANGELES, CA 900171475	Secretary 10 00	0		
JOHN F BRANTON 1300 W 4TH STREET LOS ANGELES, CA 900171475	VICE-CHAIR 10 00	0		
DIANNE M EASTON 1300 W 4TH STREET LOS ANGELES, CA 900171475	CHAIR 10 00	0		
BEVERLY TIDWILL 1300 W 4TH STREET LOS ANGELES, CA 900171475	CEO 38 00	172,511	16,125	
JAMES T SPRADLEY JR 1300 W 4TH STREET LOS ANGELES, CA 900171475	President 38 00	467,508	62,383	

TY 2007 Gain/Loss from Sale of Public Securities Schedule

Name: CHILDRENS HOME SOCIETY OF CALIFORNIA

EIN: 95-1690976

Software ID: 07000211

Software Version: 2007v2.10

Gross Sales Price: 24,123,000

Basis: 23,536,500

Sales Expenses:

Total (net):

TY 2007 Investments - Other Schedule

Name: CHILDRENS HOME SOCIETY OF CALIFORNIA

EIN: 95-1690976

Software ID: 07000211

Software Version: 2007v2.10

Description	Book Value	Cost/FMV
DEFERRED COMPENSATION INVESTMENT	185,900	C

TY 2007 Investments - Securities Schedule

Name: CHILDRENS HOME SOCIETY OF CALIFORNIA

EIN: 95-1690976

Software ID: 07000211

Software Version: 2007v2.10

Description	Book Value	Cost/FMV
FIXED INCOME SECURITIES AND OTHER	61,762,100	F
EQUITIES	9,185,400	F

TY 2007 Land etc. Schedule

Name: CHILDRENS HOME SOCIETY OF CALIFORNIA

EIN: 95-1690976

Software ID: 07000211

Software Version: 2007v2.10

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Miscellaneous		3,450,000	3,450,000
Land	492,600		492,600
Buildings	1,708,700		1,708,700
Furniture and Fixtures	2,085,800		2,085,800

TY 2007 Other Changes in Net Assets Schedule

Name: CHILDRENS HOME SOCIETY OF CALIFORNIA

EIN: 95-1690976

Software ID: 07000211

Software Version: 2007v2.10

Description	Amount
CHANGE IN UNREALIZED LOSSES	-889,100

TY 2007 Other Investment Income Schedule

Name: CHILDRENS HOME SOCIETY OF CALIFORNIA

EIN: 95-1690976

Software ID: 07000211

Software Version: 2007v2.10

Description	Amount
MINERAL ROYALTIES & OTHER	22,178

TY 2007 Other Liabilities Schedule

Name: CHILDRENS HOME SOCIETY OF CALIFORNIA

EIN: 95-1690976

Software ID: 07000211

Software Version: 2007v2.10

Description	Beginning of Year Amount	End of Year Amount
Line of credit	3,000,000	3,000,000

TY 2007 Contractor Compensation Explanation

Name: CHILDRENS HOME SOCIETY OF CALIFORNIA

EIN: 95-1690976

Software ID: 07000211

Software Version: 2007v2.10

Contractor	Explanation
TOTAL LITHOGRAPHY	
SUNLAND EDUCATIONAL SCHOOL	
MONTESSORI ON ELM INC	
KINDER CARE LEARNING CENTER	
FUTURE CARE CHILD LEARNING	

TY 2007 Contractor Compensation Explanation

Name: CHILDRENS HOME SOCIETY OF CALIFORNIA

EIN: 95-1690976

Software ID: 07000211

Software Version: 2007v2.10

Contractor	Explanation
SHEPPARD MULLIN RICHTER & HAMPTON LLP	
ROGERS CLEM & COMPANY	
MICHAEL KANNE	
DAVID GRANT INC	
AON RISK SERVICES INC	

TY 2007 Employee Compensation Explanation

Name: CHILDRENS HOME SOCIETY OF CALIFORNIA

EIN: 95-1690976

Software ID: 07000211

Software Version: 2007v2.10

Employee	Explanation
DONNA EARL JACOBSON	
LISA C VELARDE	
MICHELLE D BELL	
DENNIS KOGA	
SHERYL JONES DAVIS	

TY 2007 Other Income Schedule

Name: CHILDRENS HOME SOCIETY OF CALIFORNIA

EIN: 95-1690976

Software ID: 07000211

Software Version: 2007v2.10

Description	2006	2005	2004	2003	Total
Other income				10,800	10,800