

**Return of Organization Exempt From Income Tax**

**2009**

Department of the Treasury  
Internal Revenue Service

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

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

Open to Public Inspection

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

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

**C Name of organization**  
**FAMILY SERVICE ROCHESTER, INC.**  
 Doing Business As  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1110 SIXTH STREET NW**  
 City or town, state or country, and ZIP + 4  
**ROCHESTER, MN 55901-1839**

**D Employer identification number**  
**41-0883453**

**E Telephone number**  
**(507)287-2010**

**G Gross receipts \$** **3,716,490.**

**H(a) Is this a group return for affiliates?**  Yes  No  
**H(b) Are all affiliates included?**  Yes  No  
 If "No," attach a list (see instructions)

**H(c) Group exemption number** ▶

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

**J Website:** ▶ **WWW.FAMILYSERVICEROCHESTER.ORG**

**K Form of organization:**  Corporation  Trust  Association  Other ▶

**L Year of formation:** **1965** **M State of legal domicile:** **MN**

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities. <b>FAMILY SERVICE ROCHESTER WILL PROVIDE COMMUNITY-BASED SOCIAL SERVICES OF THE HIGHEST QUALITY AND</b>		
	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)	<b>3</b>	<b>15</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>15</b>
	5	Total number of employees (Part V, line 2a)	<b>5</b>	<b>101</b>
	6	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>430</b>
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	b	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year <b>465,395.</b>	Current Year <b>456,825.</b>
	9	Program service revenue (Part VIII, line 2g)	<b>3,228,656.</b>	<b>3,199,394.</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>59,767.</b>	<b>43,045.</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>3,753,818.</b>	<b>3,699,264.</b>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	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)	<b>2,645,082.</b>	<b>2,704,779.</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	17	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>40,604.</b>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>802,139.</b>	<b>700,001.</b>
	18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>3,447,221.</b>	<b>3,404,780.</b>
	19	Revenue less expenses. Subtract line 18 from line 12	<b>306,597.</b>	<b>294,484.</b>
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year <b>3,426,700.</b>	End of Year <b>3,368,307.</b>
	21	Total liabilities (Part X, line 26)	<b>571,679.</b>	<b>254,543.</b>
	22	Net assets or fund balances. Subtract line 21 from line 20	<b>2,855,021.</b>	<b>3,113,764.</b>

**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 **JUN 7 2010**  
 Signature of officer: **Brad T. Lohrbach**  
 Date: **May 14, 2010**  
 Type or print name and title: **Brad T. Lohrbach, Executive Director**

Paid Preparer's Use Only  
 Preparer's signature: **Marl M. [Signature]**  
 Date: **5/14/10**  
 Check if self-employed:   
 Preparer's identifying number (see instructions):  
 Firm's name (or yours if self-employed), address, and ZIP + 4: **SMITH, SCHAFFER AND ASSOC., LTD. 220 SOUTH BROADWAY, SUITE 102 ROCHESTER, MN 55904**  
 EIN:   
 Phone no.: **(507)288-3277**

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

g110

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

FAMILY SERVICE ROCHESTER HAS SHARPENED ITS FOCUS TO WORKING WITH FAMILIES WITH SERIOUS CHILD WELFARE AND/OR FAMILY VIOLENCE CONCERNS.

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

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code ) (Expenses \$ 2,233,585. including grants of \$ ) (Revenue \$ 2,718,835.)

COUNSELING SERVICES: OUTPATIENT COUNSELING PROVIDED SERVICES TO 765 HOUSEHOLDS WITH 3,585 HOURS OF SERVICE. IN-HOME COUNSELING SERVED 128 HOUSEHOLDS, AND PROVIDED 1,080 HOURS OF SERVICE.

CASE MANAGEMENT SERVICES & DOMESTIC VIOLENCE SERVICES: TREATMENT PROGRAMS SERVED 820 HOUSEHOLDS WITH 18,557 TOTAL HOURS OF SERVICE PROVIDED IN THE FOLLOWING PROGRAMS:

CHILDREN'S MENTAL HEALTH RESOURCE CENTER - 91 HOUSEHOLDS, 4,483 HOURS OF SERVICE

PROJECT HOPE - 65 HOUSEHOLDS, 2,123 HOURS OF SERVICE

ABLE - 49 HOUSEHOLDS, 706 HOURS OF SERVICE (CONTINUED ON SCHEDULE O)

4b (Code ) (Expenses \$ 634,125. including grants of \$ ) (Revenue \$ 460,059.)

HOME SERVICES: HOMEMAKER SERVICES WERE PROVIDED TO 140 HOUSEHOLDS WITH 10,078 HOURS OF SERVICE. MEALS ON WHEELS SERVED 315 HOUSEHOLDS AND DELIVERED 38,435 MEALS. HANDYWORKER/CHORE SERVICES PROVIDED 1,237 HOURS OF SERVICE TO 110 HOUSEHOLDS. TIME TRADER SERVED 170 HOUSEHOLDS WITH 1,067 HOURS OF SERVICE.

4c (Code. ) (Expenses \$ 153,233. including grants of \$ ) (Revenue \$ 20,500.)

FAMILY ACCESS CENTER: SUPERVISED ACTIVITIES FOR 220 FAMILIES FOR A TOTAL OF 2,313 HOURS OF SERVICE. THERE WERE 1,280 OCCURRENCES OF PARENTING TIMES AND 367 CHILD EXCHANGES.

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses \$ 3,020,943.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>		
		Yes	No
12A			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

**Part IV Checklist of Required Schedules** (continued)

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable		
	1a	15	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	1c		
<b>2a</b>	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	101	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	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>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders		
	11a		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
	11b		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body		
<b>1b</b>	Enter the number of voting members that are independent		
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b>	Does the organization have members or stockholders?		X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>8a</b>	a The governing body?	X	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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
<b>10a</b>	Does the organization have local chapters, branches, or affiliates?		X
<b>10b</b>	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>11</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11A</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>13</b>	Does the organization have a written whistleblower policy?		X
<b>14</b>	Does the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>15a</b>	a The organization's CEO, Executive Director, or top management official	X	
<b>15b</b>	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)	X	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</b>	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ MN**
- 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 **▶**  
**BRAD LOHRBACH - (507)287-2010**  
**1110 SIXTH STREET NW, ROCHESTER, MN 55901**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees. See instructions for definition of "key 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 the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(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			
KIM ARCHER DIRECTOR	2.00	X					0.	0.	0.	
GAIL BAKER DIRECTOR	2.00	X					0.	0.	0.	
JEFF BOLTON TREASURER	2.00	X		X			0.	0.	0.	
PAM EVANS DIRECTOR	2.00	X					0.	0.	0.	
BARBARA HIGHT-RANDALL DIRECTOR	2.00	X					0.	0.	0.	
DIANE HOLLAND DIRECTOR	2.00	X					0.	0.	0.	
ARLEN CAREY DIRECTOR	2.00	X					0.	0.	0.	
STEVE JOHNSTON DIRECTOR	2.00	X					0.	0.	0.	
NEETA KAMATH VICE PRESIDENT	2.00	X		X			0.	0.	0.	
ROY KRIESEL SECRETARY	2.00	X		X			0.	0.	0.	
AL MANNINO PRESIDENT	2.00	X		X			0.	0.	0.	
ADERONKE MORDI DIRECTOR	2.00	X					0.	0.	0.	
LINDA SPEE DIRECTOR	2.00	X					0.	0.	0.	
JUDY VOSS DIRECTOR	2.00	X					0.	0.	0.	
CHRISTINE ZANG DIRECTOR	2.00	X					0.	0.	0.	
BRAD LOHRBACH EXECUTIVE DIRECTOR	40.00			X			103,095.	0.	6,086.	
CRYSTAL SMITH DIRECTOR OF FINANCE	40.00			X			54,995.	0.	9,576.	



**Part VII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a	268,212.				
	b Membership dues	1b					
	c Fundraising events	1c	47,826.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	95,186.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	45,601.				
	g Noncash contributions included in lines 1a-1f \$						
	<b>h Total. Add lines 1a-1f</b>			456,825.			
	Program Service Revenue	2 a <b>PROGRAM SERVICE FEES</b>	Business Code	624100	3199394.	3199394.	
b							
c							
d							
e							
f All other program service revenue							
<b>g Total. Add lines 2a-2f</b>				3199394.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			43,045.		43,045.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 47,826. of contributions reported on line 1c) See Part IV, line 18	a		17,226.			
		b Less direct expenses	b	17,226.			
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a	a						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
<b>12 Total revenue. See instructions.</b>			3699264.	3199394.	0.	43,045.	

**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	173,753.	99,055.	73,597.	1,101.
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	2,048,482.	1,868,754.	158,968.	20,760.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	58,828.	48,170.	9,642.	1,016.
9 Other employee benefits	262,495.	231,564.	21,593.	9,338.
10 Payroll taxes	161,221.	143,163.	16,565.	1,493.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	27,907.	93.	27,814.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	39,855.	33,414.	5,641.	800.
13 Office expenses	80,966.	70,345.	7,752.	2,869.
14 Information technology	11,056.	8,124.	2,016.	916.
15 Royalties				
16 Occupancy	50,377.	45,726.	4,118.	533.
17 Travel	52,600.	51,564.	931.	105.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	27,115.	23,653.	3,143.	319.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	24,386.	22,035.	1,993.	358.
23 Insurance	12,007.	9,707.	2,185.	115.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>MEAL PROGRAM PURCHASES</b>	205,021.	205,021.		
b <b>COUNTY OVERHEAD</b>	79,668.	79,668.		
c <b>CONTRACTED SERVICES</b>	45,656.	45,361.	261.	34.
d <b>BAD DEBTS</b>	12,238.	12,238.		
e <b>EQUIPMENT AND REPAIRS</b>	11,954.	9,203.	1,904.	847.
f All other expenses	19,195.	14,085.	5,110.	
25 <b>Total functional expenses.</b> Add lines 1 through 24f	3,404,780.	3,020,943.	343,233.	40,604.
26 <b>Joint costs.</b> Check here <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing		<b>1</b>		
	<b>2</b> Savings and temporary cash investments	1,674,527.	<b>2</b>	1,688,059.	
	<b>3</b> Pledges and grants receivable, net	149,154.	<b>3</b>	127,427.	
	<b>4</b> Accounts receivable, net	131,578.	<b>4</b>	108,770.	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>		
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		<b>6</b>		
	<b>7</b> Notes and loans receivable, net		<b>7</b>		
	<b>8</b> Inventories for sale or use		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges	51,192.	<b>9</b>	46,376.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	<b>10a</b> 1,037,592.			
	<b>b</b> Less accumulated depreciation	<b>10b</b> 229,824.	794,601.	<b>10c</b>	807,768.
	<b>11</b> Investments - publicly traded securities		<b>11</b>		
	<b>12</b> Investments - other securities See Part IV, line 11	625,648.	<b>12</b>	589,907.	
	<b>13</b> Investments - program-related See Part IV, line 11		<b>13</b>		
	<b>14</b> Intangible assets		<b>14</b>		
	<b>15</b> Other assets See Part IV, line 11		<b>15</b>		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	3,426,700.	<b>16</b>	3,368,307.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	158,609.	<b>17</b>	164,571.	
	<b>18</b> Grants payable		<b>18</b>		
	<b>19</b> Deferred revenue	413,070.	<b>19</b>	89,972.	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>		
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>		
	<b>25</b> Other liabilities Complete Part X of Schedule D		<b>25</b>		
	<b>26 Total liabilities.</b> Add lines 17 through 25	571,679.	<b>26</b>	254,543.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets	1,868,019.	<b>27</b>	2,180,169.	
	<b>28</b> Temporarily restricted net assets	361,354.	<b>28</b>	343,688.	
	<b>29</b> Permanently restricted net assets	625,648.	<b>29</b>	589,907.	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>		
	<b>33 Total net assets or fund balances</b>	2,855,021.	<b>33</b>	3,113,764.	
<b>34 Total liabilities and net assets/fund balances</b>	3,426,700.	<b>34</b>	3,368,307.		

**Part XI Financial Statements and Reporting**

- 1** Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		<b>X</b>
<b>2b</b>	<b>X</b>	
<b>2c</b>	<b>X</b>	
<b>3a</b>		<b>X</b>
<b>3b</b>		

Form **990** (2009)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	516,669.	443,555.	535,609.	465,395.	456,825.	2,418,053.
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 <b>Total.</b> Add lines 1 through 3	516,669.	443,555.	535,609.	465,395.	456,825.	2,418,053.
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)						
6 <b>Public support.</b> Subtract line 5 from line 4						2,418,053.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	516,669.	443,555.	535,609.	465,395.	456,825.	2,418,053.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	44,473.	87,151.	85,182.	59,767.	43,045.	319,618.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 <b>Total support.</b> Add lines 7 through 10						2,737,671.
12 Gross receipts from related activities, etc (see instructions)					12 14,575,984.	

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

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	88.33 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	89.33 %
16a <b>33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support</b> (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**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2009.** 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 - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

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

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization **FAMILY SERVICE ROCHESTER, INC.** Employer identification number **41-0883453**

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

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

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

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

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 8/17/06	

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

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

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

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

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

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

(check all that apply):

- a  Public exhibition
- 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 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.

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
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 the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Term endowment  \_\_\_\_\_ %

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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

**Part VI Investments - 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		212,120.		212,120.
b Buildings		487,880.	80,297.	407,583.
c Leasehold improvements		220,256.	59,886.	160,370.
d Equipment		81,416.	69,981.	11,435.
e Other		35,920.	19,660.	16,260.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))				807,768.



**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	3,699,264.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,404,780.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	294,484.
4	Net unrealized gains (losses) on investments	4	-35,741.
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	-35,741.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	258,743.

**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	3,663,523.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-35,741.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-35,741.
3	Subtract line 2e from line 1	3	3,699,264.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,699,264.

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

1	Total expenses and losses per audited financial statements	1	3,404,780.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	3,404,780.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,404,780.

**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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		VARIOUS FUNDRAISERS (event type)	(event type)	(total number)	
Revenue	1	Gross receipts			
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary Add lines 4 through 9 in column (d)			( )
	11	Net income summary Combine line 3, column (d), and line 10			( )

**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))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	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			( )

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____ a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain _____	9a	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain _____	10a	
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

**13** Indicate the percentage of gaming activity operated in:

- a The organization's facility
- b An outside facility

<b>13a</b>		%
<b>13b</b>		%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?

**15a**

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information.

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer     
  Employee     
  Independent contractor

**17** Mandatory distributions

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

**17a**

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

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**FAMILY SERVICE ROCHESTER, INC.**

Employer identification number

**41-0883453**

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

**MAINTAIN A COMMITMENT TO EXCELLENCE IN ALL OPERATIONAL AREAS.**

**FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS**

**DOMESTIC VIOLENCE RESPONSE TEAM - 35 HOUSEHOLDS, 4,414 HOURS OF SERVICE**

**DVRT ASSESSMENTS - 128 HOUSEHOLDS**

**PROJECT RESTORE - 48 HOUSEHOLDS, 677 HOURS OF SERVICE**

**DOMESTIC VIOLENCE EDUCATION - 74 HOUSEHOLDS**

**FAMILY GROUP DECISION-MAKING TEAM CONFERENCES - 161 HOUSEHOLDS, 4,312**

**HOURS OF SERVICE, 678 TOTAL CONFERENCES**

**WOMEN'S DOMESTIC VIOLENCE EDUCATION - 72 HOUSEHOLDS, 369 HOURS OF  
SERVICE**

**CHILDREN'S DOMESTIC VIOLENCE EDUCATION - 69 HOUSEHOLDS, 309 HOURS OF  
SERVICE**

**JOURNEY - 16 HOUSEHOLDS, 233 HOURS OF SERVICE**

**CHILDREN'S PROTECTION-HIGH RISK - 12 HOUSEHOLDS, 931 HOURS OF SERVICE**

**FAMILY EDUCATION SERVICES: INCREDIBLE YEARS PROGRAM PROVIDED SERVICES  
OF 672 HOURS TO 40 HOUSEHOLDS, AND CUSTODY & DISSOLUTION SERIES SERVED  
334 HOUSEHOLDS WITH 2,428 HOURS OF SERVICE.**

**FORM 990, PART VI, SECTION B, LINE 11: THE IRS FORM 990 IS REVIEWED BY THE  
FINANCE COMMITTEE, THEN REVIEWED BY THE BOARD OF DIRECTORS FOR APPROVAL.**

**FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS COMPLETE AN ANNUAL**

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**FAMILY SERVICE ROCHESTER, INC.**

Employer identification number

**41-0883453**

**QUESTIONNAIRE REGARDING POTENTIAL CONFLICTS OF INTEREST.**

**FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS DELEGATES  
THE RESPONSIBILITY TO THE EXECUTIVE COMMITTEE, WHO IN TURN, MAKES A  
RECOMMENDATION TO THE BOARD OF DIRECTORS.**

**FORM 990, PART VI, SECTION C, LINE 18: FORM 990 IS AVAILABLE UPON REQUEST.**

**FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF  
INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.**

**FORM 990, PART XI, LINE 2C:  
THE BOARD OF DIRECTORS DELEGATES THIS RESPONSIBILITY TO A STANDING  
FINANCE COMMITTEE. THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS.**

**Depreciation and Amortization** 990  
 (Including Information on Listed Property)

OMB No 1545-0172

**2009**

Attachment  
 Sequence No 67

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

**FAMILY SERVICE ROCHESTER, INC.** **FORM 990 PAGE 10** **41-0883453**

**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 the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
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 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5	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 2010. 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)**

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

**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 2009	17	24,333.
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		<input type="checkbox"/>

**Section B - Assets Placed in Service During 2009 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		27,696.	5 YRS	MM	S/L	0.
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 2009 Tax Year Using the Alternative Depreciation System**

20a	Class life					S/L	
b	12-year			12 yrs		S/L	
c	40-year	08 / 09	5,100.	40 yrs.	MM	S/L	53.

**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 instr	22	24,386.
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	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with columns (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29 for depreciation calculations.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

Table for Section B with columns (a) through (f) for Vehicle miles driven. Includes rows 30-36 for total miles and availability questions.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

Table for Section C with questions 37-41 regarding vehicle policies and employee use, with Yes/No columns.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

Table for Section VI with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44 for amortization calculations.

**FAMILY SERVICE ROCHESTER, INC. [ 5214 ]**  
**Depreciation Expense**

Financial  
 01/01/2009 - 12/31/2009

Business % Applied to Depreciation

Asset ID	S	Description	Date in Service	Method / Conv.	Life	Cost / Other Basis	Bus. / Inv. %	Sec. 179 / Bonus / Yr. Only	Salvage / Basis Adj.	Beg. Accum. Depreciation / (Sec. 179)	Current Depreciation	Total Depreciation / (Sec. 179)
<b>1220 - Automobiles</b>												
0060		PLYMOUTH CARAVAN	6/15/2000	SL / N/A	5.0000	19,660.26	100.0000	0.00	0.00	19,660.26	0.00	19,660.26
0090		2006 Ford Cube Van	12/31/2009	SL / N/A	5.0000	16,260.25	100.0000	0.00	0.00	0.00	0.00	0.00
		<b>Subtotal: 1220 - Automobiles</b>				<b>35,920.51</b>		<b>0.00</b>	<b>0.00</b>	<b>19,660.26</b>	<b>0.00</b>	<b>19,660.26</b>
		Less dispositions and exchanges:				<u>0.00</u>				<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
		<b>Net for: 1220 - Automobiles</b>				<b>35,920.51</b>		<b>0.00</b>	<b>0.00</b>	<b>19,660.26</b>	<b>0.00</b>	<b>19,660.26</b>
<b>1230 - Furniture &amp; Fixtures</b>												
<b>FURNITURE</b>												
0063		Executone phones	4/15/1986	SL / N/A	5.0000	1,390.41	100.0000	0.00	0.00	1,390.41	0.00	1,390.41
0010		Executone System	8/15/1998	SL / N/A	7.0000	1,500.00	100.0000	0.00	0.00	1,500.00	0.00	1,500.00
0011		EXECUTONE PHONES	8/15/1998	SL / N/A	5.0000	2,280.00	100.0000	0.00	0.00	2,280.00	0.00	2,280.00
0049		EXECUTONE SYSTEM	8/15/1998	SL / N/A	7.0000	8,495.00	100.0000	0.00	0.00	8,495.00	0.00	8,495.00
0050		IBM DESKTOP COMPUTER	8/15/1998	SL / N/A	5.0000	9,114.74	100.0000	0.00	0.00	9,114.74	0.00	9,114.74
0051		PROJECTOR / LAMP	10/15/1998	SL / N/A	5.0000	1,647.00	100.0000	0.00	0.00	1,647.00	0.00	1,647.00
0013		GREAT PLAINS SOFTWARE	4/15/1999	SL / N/A	7.0000	5,035.00	100.0000	0.00	0.00	5,035.00	0.00	5,035.00
0052		HP LASERJET 4050 PRINTER	9/15/1999	SL / N/A	5.0000	8,542.00	100.0000	0.00	0.00	8,542.00	0.00	8,542.00
0054		IBM THINKPAD A21e COMPUTER	4/15/2001	SL / N/A	5.0000	999.99	100.0000	0.00	0.00	999.99	0.00	999.99
0015		IBM THINKPAD A21e COMPUTER	7/15/2001	SL / N/A	5.0000	245.88	100.0000	0.00	0.00	245.88	0.00	245.88
0055		401 66	7/15/2001	SL / N/A	5.0000	1,803.12	100.0000	0.00	0.00	1,803.12	0.00	1,803.12
0016		MATRIX ARMLESS CHAIRS	11/15/2002	SL / N/A	5.0000	401.66	100.0000	0.00	0.00	401.66	0.00	401.66
0056		RESULTSPLUS! SOFTWARE	11/15/2002	SL / N/A	5.0000	4,235.30	100.0000	0.00	0.00	4,235.30	0.00	4,235.30
0077		VENTURE SERVER	3/25/2004	M / HY	5.0000	3,498.98	100.0000	0.00	0.00	3,297.44	201.54	3,498.98
0081		COMPUTER SERVICE LABOR	9/21/2004	M / HY	5.0000	6,284.31	100.0000	0.00	0.00	5,922.33	361.98	6,284.31
0079		COMPUTER SERVICE LABOR	9/29/2004	M / HY	5.0000	1,800.00	100.0000	0.00	0.00	1,696.32	103.68	1,800.00
0078		COMPUTER SERVICE LABOR	9/30/2004	M / HY	5.0000	1,762.50	100.0000	0.00	0.00	1,660.98	101.52	1,762.50

**FAMILY SERVICE ROCHESTER, INC. [ 5214 ]**  
**Depreciation Expense**

Financial

01/01/2009 - 12/31/2009

Business % Applied to Depreciation

Asset ID	S	Description	Date in Service	Method / Conv.	Life	Cost / Other Basis	Bus. / Inv. %	Sec. 179 / Bonus / (Cur. Yr. Only)	Salvage / Basis Adj.	Beg. Accum. Depreciation / (Sec. 179)	Current Depreciation	Total Depreciation / (Sec. 179)
<b>1230 - Furniture &amp; Fixtures</b>												
0080		Therapist Helper SOFTWARE	1/15/2006	M / HY	5.0000	5,929.00	100.0000	0.00	0.00	4,506.04	1,422.96	5,929.00
0082		Therascibe SOFTWARE	2/15/2006	M / HY	5.0000	2,665.00	100.0000	0.00	0.00	2,025.40	639.60	2,665.00
0083		Therascibe -- Providers SOFTWARE	4/15/2006	M / HY	5.0000	2,351.25	100.0000	0.00	0.00	1,786.95	564.30	2,351.25
0089		New Computer Server and Labor	12/31/2009	SL / N/A	5.0000	11,435.50	100.0000	0.00	0.00	0.00	0.00	0.00
		Subtotal: 1230 - Furniture & Fixtures				81,416.64		0.00	0.00	66,585.56	3,395.58	69,981.14
		Less dispositions and exchanges:				0.00		0.00	0.00	0.00	0.00	0.00
		Net for: 1230 - Furniture & Fixtures				81,416.64		0.00	0.00	66,585.56	3,395.58	69,981.14
<b>1270 - Land</b>												
0038		LAND	6/1/2003	No Calc / N/A	0.0000	190,908.00	100.0000	0.00	0.00	0.00	0.00	0.00
0039		LAND	6/1/2003	No Calc / N/A	0.0000	21,212.00	100.0000	0.00	0.00	0.00	0.00	0.00
		Subtotal: 1270 - Land				212,120.00		0.00	0.00	0.00	0.00	0.00
		Less dispositions and exchanges:				0.00		0.00	0.00	0.00	0.00	0.00
		Net for: 1270 - Land				212,120.00		0.00	0.00	0.00	0.00	0.00
<b>1275 - Building</b>												
0075		BUILDING	6/1/2003	SL / N/A	40.0000	439,092.00	100.0000	0.00	0.00	61,773.00	10,494.00	72,267.00
0076		BUILDING	6/1/2003	SL / N/A	40.0000	48,788.00	100.0000	0.00	0.00	6,809.99	1,219.70	8,029.69
		Subtotal: 1275 - Building				487,880.00		0.00	0.00	68,582.99	11,713.70	80,296.69
		Less dispositions and exchanges:				0.00		0.00	0.00	0.00	0.00	0.00
		Net for: 1275 - Building				487,880.00		0.00	0.00	68,582.99	11,713.70	80,296.69
<b>1285 - Building Improvements</b>												
0001		Precision sign - LED	6/1/2003	SL / N/A	15.0000	27,695.58	100.0000	0.00	0.00	10,308.90	1,846.37	12,155.27
0002		AB Systems -remodeling	6/1/2003	SL / N/A	40.0000	16,317.20	100.0000	0.00	0.00	2,277.61	407.93	2,685.54
0003		Home Systems-instal	6/1/2003	SL / N/A	10.0000	1,950.00	100.0000	0.00	0.00	1,088.75	195.00	1,283.75
0004		Ab Systems - 2nd	6/1/2003	SL / N/A	40.0000	49,215.70	100.0000	0.00	0.00	6,869.68	1,230.39	8,100.07
0005		Ab Systems - 2nd	6/1/2003	SL / N/A	40.0000	47,462.10	100.0000	0.00	0.00	6,624.90	1,186.55	7,811.45
		Precision Signs - Logo										

**FAMILY SERVICE ROCHESTER, INC. [ 5214 ]**  
**Depreciation Expense**

Financial

01/01/2009 - 12/31/2009

Business % Applied to Depreciation

Asset ID	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus. / Inv. %	Sec. 179 / Bonus / (Cur. Yr. Only)	Salvage / Basis Adj.	Beg. Accum. Depreciation / (Sec. 179)	Current Depreciation	Total Depreciation / (Sec. 179)
1285 - Building Improvements												
0006		Metro System	6/1/2003	SL / N/A	15.0000	2,580.00	100.0000	0.00	0.00	960.33	172.00	1,132.33
0007		PROFSVC - YAGGY COLBY	6/1/2003	SL / N/A	10.0000	7,627.42	100.0000	0.00	0.00	4,258.63	762.74	5,021.37
0019		PROF AIDE - YAGGY COLBY	6/1/2003	SL / N/A	40.0000	267.62	100.0000	0.00	0.00	37.35	6.69	44.04
0020		GAS BILL - AQUILLA	6/1/2003	SL / N/A	40.0000	1,326.24	100.0000	0.00	0.00	185.14	33.16	218.30
0021		ELECTRIC/WATER - RPU	6/1/2003	SL / N/A	40.0000	774.07	100.0000	0.00	0.00	108.04	19.35	127.39
0022		GAS BILL - AQUILLA	6/1/2003	SL / N/A	40.0000	277.50	100.0000	0.00	0.00	38.75	6.94	45.69
0023		PANEL SYSTEMS - METRO SYSTEMS	6/1/2003	SL / N/A	40.0000	823.03	100.0000	0.00	0.00	114.90	20.58	135.48
0024		ELEC/SEWER/WATER - RPU	6/1/2003	SL / N/A	10.0000	8,524.27	100.0000	0.00	0.00	4,759.40	852.43	5,611.83
0025		GAS BILL - AQUILLA	6/1/2003	SL / N/A	40.0000	248.04	100.0000	0.00	0.00	34.62	6.20	40.82
0026		PROD AIDE - YAGGY COLBY	6/1/2003	SL / N/A	40.0000	640.88	100.0000	0.00	0.00	89.44	16.02	105.46
0027		GAS BILL - RPU	6/1/2003	SL / N/A	40.0000	328.00	100.0000	0.00	0.00	45.78	8.20	53.98
0028		MOVE BLDG LIAB INS TO CONST PROC	6/1/2003	SL / N/A	40.0000	289.71	100.0000	0.00	0.00	40.42	7.24	47.66
0029		PAINTING @ 1110 6TH	6/1/2003	SL / N/A	40.0000	918.00	100.0000	0.00	0.00	128.14	22.95	151.09
0030		CABLING - VENTURE	6/1/2003	SL / N/A	40.0000	845.00	100.0000	0.00	0.00	117.98	21.13	139.11
0031		DATA LINES - VENTURE	6/1/2003	SL / N/A	10.0000	241.71	100.0000	0.00	0.00	134.95	24.17	159.12
0032		LABOR FOR BOILER - HIMEC	6/1/2003	SL / N/A	10.0000	300.46	100.0000	0.00	0.00	167.78	30.05	197.83
0033		BALANCE ON WORK STATIONS	6/1/2003	SL / N/A	40.0000	93.00	100.0000	0.00	0.00	13.01	2.33	15.34
0034		MATERIALS/CABLING - VENTURE	6/1/2003	SL / N/A	10.0000	8,783.37	100.0000	0.00	0.00	4,904.06	878.34	5,782.40
0035		MOVED PHONE SYSTEM	6/1/2003	SL / N/A	10.0000	5,700.00	100.0000	0.00	0.00	3,182.50	570.00	3,752.50
0036		CENTREX CHGS - OLMST. CO TREAS	6/1/2003	SL / N/A	10.0000	1,955.00	100.0000	0.00	0.00	1,091.54	195.50	1,287.04
0037		GAS BILL - AQUILLA	6/1/2003	SL / N/A	10.0000	407.00	100.0000	0.00	0.00	227.24	40.70	267.94
0064		BUILDING REMODELING	6/1/2003	SL / N/A	40.0000	253.55	100.0000	0.00	0.00	35.40	6.34	41.74

FAMILY SERVICE ROCHESTER, INC. [ 5214]  
**Depreciation Expense**

Financial  
 01/01/2009 - 12/31/2009

Asset ID	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus. / Inv. %	Sec. 179 / Bonus / (Cur. Yr. Only)	Salvage / Basis Adj.	Beg. Accum. Depreciation / (Sec. 179)	Current Depreciation	Total Depreciation / (Sec. 179)
1285 - Building Improvements												
0065		INSPECTION OF BUILDING	6/1/2003	SL / N/A	40.0000	197.00	100.0000	0.00	0.00	27.53	4.93	32.46
0066		HVAC EQUIP INSPECTION	6/1/2003	SL / N/A	40.0000	400.00	100.0000	0.00	0.00	55.83	10.00	65.83
0067		WALK THRU - HIMEC	6/1/2003	SL / N/A	40.0000	385.00	100.0000	0.00	0.00	53.77	9.63	63.40
0068		HOME FED REMOD - YAGGY COLBY	6/1/2003	SL / N/A	40.0000	129.50	100.0000	0.00	0.00	18.09	3.24	21.33
0069		ARCHITECT/AIDE - YAGGY COLBY	6/1/2003	SL / N/A	40.0000	544.00	100.0000	0.00	0.00	75.93	13.60	89.53
0070		CLOSING COSTS	6/1/2003	SL / N/A	40.0000	691.18	100.0000	0.00	0.00	96.48	17.28	113.76
0071		HVAC REPAIRS	6/1/2003	SL / N/A	40.0000	4,069.75	100.0000	0.00	0.00	568.05	101.74	669.79
0072		LOCKS, KEYS, PADLOCK	6/1/2003	SL / N/A	40.0000	1,764.00	100.0000	0.00	0.00	246.22	44.10	290.32
0073		PROF SVS ARCHIT, AIDES - YAGGY COLBY	6/1/2003	SL / N/A	40.0000	276.35	100.0000	0.00	0.00	38.58	6.91	45.49
0074		Compressor on Air Conditioner	6/1/2003	SL / N/A	40.0000	9,151.00	100.0000	0.00	0.00	1,277.35	228.78	1,506.13
0084		Mold removal and Remodel	6/1/2007	SL / N/A	40.0000	2,595.00	100.0000	0.00	0.00	129.76	64.88	194.64
0085		Automatic Door Opener-Bowman Lock	9/1/2007	SL / N/A	40.0000	4,348.48	100.0000	0.00	0.00	217.42	108.71	326.13
0091		Wood Laminate Floor-Conf Room-Nu-Line Builders	8/1/2009	SL / N/A	40.0000	5,099.81	100.0000	0.00	0.00	0.00	53.13	53.13
0088		Subtotal: 1285 - Building Improvements	12/30/2009	SL / N/A	40.0000	4,760.00	100.0000	0.00	0.00	0.00	0.00	0.00
		Less dispositions and exchanges:				220,255.52		0.00	0.00	50,650.25	9,236.23	59,886.48
		Net for: 1285 - Building Improvements				0.00		0.00	0.00	0.00	0.00	0.00
		Subtotal:				220,255.52		0.00	0.00	50,650.25	9,236.23	59,886.48
		Less dispositions and exchanges:				1,037,592.67		0.00	0.00	205,479.06	24,345.51	229,824.57
		Grand Totals:				0.00		0.00	0.00	0.00	0.00	0.00
						1,037,592.67		0.00	0.00	205,479.06	24,345.51	229,824.57