

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2006

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning 07-01-2006 and ending 06-30-2007

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: The Family Place A Child Abuse Treatment Agency Inc. Address: 1800 NEVILLE DRIVE, Louisville, KY 40216

D Employer identification number: 31-1027581. E Telephone number: (502) 636-2801. F Accounting method: Accrual

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: familyplacekyorg

J Organization type: 501(c)(3)

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

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number. M Check if the organization is not required to attach Sch B

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 1,363,393

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Special events, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets at beginning and end of year.

Part II 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.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part 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) <input type="checkbox"/>	25a	142,509	109,149	18,725
b Compensation of former officers, directors, key employees etc listed in Part V - B (attach schedule)	25b			
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	726,556	556,506	95,450
27 Pension plan contributions not included on lines 25a, b and c	27			
28 Employee benefits not included on lines 25a - 27	28	142,396	110,443	19,673
29 Payroll taxes	29	64,637	49,244	8,731
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33	36,558	33,279	1,914
34 Telephone	34	6,445	4,937	847
35 Postage and shipping	35	5,223	4,001	686
36 Occupancy	36	23,706	19,676	3,556
37 Equipment rental and maintenance	37	8,212	6,351	1,044
38 Printing and publications	38	10,444	2,572	441
39 Travel	39	5,613	2,965	1,558
40 Conferences, conventions, and meetings	40			
41 Interest	41	79,057	60,553	10,386
42 Depreciation, depletion, etc (attach schedule) <input type="checkbox"/>	42	63,002	48,256	8,277
43 Other expenses not covered above (itemize)	43g			
a RECRUITMENT & TRAINING	43a	23,100	19,038	2,784
b PROFESSIONAL FEES	43b	38,614	25,808	11,988
c INSURANCE	43c	22,559	17,279	2,964
d CLIENT EXPENSES	43d	14,507	14,507	
e MISC	43e	1,992	322	1,527
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	1,415,130	1,084,886	190,551

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.

<p>What is the organization's primary exempt purpose? ▶ TO BREAK THE CYCLE OF CHILD ABUSE & HEAL THE WOUNDS CAUSED BY THE ABUSE</p> <p>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.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)</p>
<p>a THE FAMILY TREATMENT PROGRAM - IS DESIGNED FOR FAMILIES IN WHICH CHILD SEXUAL ABUSE HAS OCCURRED. THE TREATMENT PROGRAM IS UNIQUE AND INNOVATIVE IN ITS FAMILY SYSTEMS ORIENTATION TO INCEST AND ITS INCLUSIVE APPROACH TO TREATMENT THAT, IN MOST CASES, INTEGRATES INTO FAMILY THERAPY THE ADULT RESPONSIBLE FOR THE ABUSE. FAMILY MEMBERS ARE ALSO PROVIDED INDIVIDUAL THERAPY (AS NEEDED), PEER GROUP THERAPY AND EDUCATIONAL AND SPECIALTY EXPERIENCES. TREATMENT IS LONG-TERM AND INTENSIVE AND USUALLY LASTS APPROXIMATELY 18 MONTHS TO 2 YEARS. THIS PIONEERING PROGRAM USES FAMILY TREATMENT AS THE PRIMARY MODALITY TO INCLUDE THE INTERACTION OF ALL FAMILY MEMBERS IN THE TREATMENT, TO ALLOW THE PERSON RESPONSIBLE FOR THE ABUSE TO CONTRIBUTE TO THE FAMILY'S HEALING AND TO MAINTAIN THERAPEUTIC CONTACT BETWEEN BOTH PARENTS AND THE CHILDREN. IN THE PAST YEAR, 372 CLIENTS RECEIVED OVER 10,000 HOURS OF THERAPY IN THE FAMILY TREATMENT PROGRAM.</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>258,263</p>
<p>b THE JUVENILE TREATMENT PROGRAM - IS FOR YOUTH AGES 10 TO 17 WHO HAVE SEXUALLY ABUSED YOUNGER CHILDREN. IT IS A UNIQUE TREATMENT APPROACH THAT INVOLVES ALL ASPECTS OF THE YOUTH'S LIFE INCLUDING COURT, FAMILY, SCHOOL AND EMPLOYMENT, IF APPLICABLE. THE PARENTS OF THE YOUTH RESPONSIBLE FOR THE ABUSE MUST ALSO PARTICIPATE IN TREATMENT. THIS PROGRAM IS LONG-TERM AND INTENSIVE AND LASTS TWO TO THREE YEARS. OVER 154 CLIENTS RECEIVED OVER 2,800 HOURS OF SERVICE IN THE JUVENILE TREATMENT PROGRAM IN THE LAST YEAR.</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>106,711</p>
<p>c THE CHILDREN'S PROGRAM - provides therapeutic CHILD CARE SERVICES FOR CHILDREN AGES BIRTH TO FIVE YEARS WHO HAVE EXPERIENCED OR BEEN EXPOSED TO FAMILY VIOLENCE. ELEMENTS OF THE PROGRAM ARE DESIGNED TO PROMOTE A POSITIVE SELF-IMAGE, REMEDY DEVELOPMENTAL DELAYS AND TEACH AGE-APPROPRIATE RESPONSIBILITY. CHILDREN ATTEND THIS LICENSED AND NATIONALLY ACCREDITED CHILD CARE CENTER DAILY, USUALLY FOR TWO YEARS. ANOTHER COMPONENT OF THE PROGRAM IS CRISIS/RESPITE CARE, A PREVENTATIVE SERVICE FOR CHILDREN AT RISK OF STRESS-RELATED MALTREATMENT OR NEGLECT CAUSED BY A TEMPORARY FAMILY EMERGENCY. CHILDREN TYPICALLY RECEIVE SERVICES FOR A FEW DAYS TO A WEEK. LAST YEAR CHILDREN IN THE PROGRAM WERE PROVIDED OVER 27,000 HOURS OF CARE AND EDUCATION TO 62 CHILDREN.</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>556,718</p>
<p>d THE VISITATION CENTER AT FAMILY PLACE - is a safe, comfortable setting for children and parents to VISIT UNDER ONE OF TWO LEVELS OF SUPERVISION FOR UP TO TWO HOURS IN THE VISITATION CENTER. CHILDREN AND NON-RESIDENTIAL PARENTS ARE SUPPORTED IN DEVELOPING AND MAINTAINING A HEALTHY RELATIONSHIP. PARENTS MAY ALSO USE THE PROGRAM TO EXCHANGE RESPONSIBILITY FOR THE CARE OF CHILDREN. THE VISITATION CENTER SERVED 320 PARENTS AND CHILDREN, CONDUCTING 1,300 SUPERVISED VISITS AND OVER 7,000 HOURS OF VISITATION SERVICES LAST YEAR.</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>163,194</p>
<p>e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p></p>
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) <input type="checkbox"/></p>	<p>1,084,886</p>

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) Beginning of year		(B) End of year	
Assets	45 Cash—non-interest-bearing		45		
	46 Savings and temporary cash investments	342,310	46	377,821	
	47a Accounts receivable	47a			
	b Less allowance for doubtful accounts	47b		47c	
	48a Pledges receivable	48a			
	b Less allowance for doubtful accounts	48b		48c	
	49 Grants receivable	52,083	49	49,147	
	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	14,834	53	19,488	
	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 type="checkbox"/> FMV		54b		
55a Investments—land, buildings, and equipment basis	55a				
b Less accumulated depreciation (attach schedule)	55b		55c		
56 Investments—other (attach schedule)		56			
57a Land, buildings, and equipment basis	57a 2,414,980				
b Less accumulated depreciation (attach schedule)	57b 267,291	2,210,691	57c 	2,147,689	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)		1,341,067	58 	1,048,417	
59 Total assets (must equal line 74) Add lines 45 through 58		3,960,985	59	3,642,562	
Liabilities	60 Accounts payable and accrued expenses	98,123	60	102,234	
	61 Grants payable		61		
	62 Deferred revenue	10,580	62	13,743	
	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)		1,154,488	64b	926,168
	65 Other liabilities (describe <input type="checkbox"/> _____)			65	
66 Total liabilities Add lines 60 through 65		1,263,191	66	1,042,145	
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	1,345,963	67	1,536,617	
	68 Temporarily restricted	1,347,956	68	1,059,925	
	69 Permanently restricted	3,875	69	3,875	
	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)		2,697,794	73	2,600,417
	74 Total liabilities and net assets / fund balances Add lines 66 and 73		3,960,985	74	3,642,562

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 85c-f, 86a-b, 87a-b, and 89e-f.

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.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a CLIENT FEES					62,704
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	5,877	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property			30	75,800	
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			01	128,241	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a Other income					2,490
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				209,918	65,194
105 Total (add line 104, columns (B), (D), and (E))					275,112

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.)

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)
93A	FEES PAID BY CLIENTS OR THEIR INSURANCE FOR COUNSELING SESSIONS AND DAY CARE

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

(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)*

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	Yes	No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

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	Yes	No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

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?	Yes	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	2007-10-29 Date
Pam Helms EXECUTIVE DIRECTOR Type or print name and title	

Paid Preparer's Use Only	Preparer's signature Barbara A Lasky	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 Anderson Bryant Lasky & Winslow PSC 943 S First St Louisville, KY 40203			EIN Phone no (502) 584-9793

**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

2006

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

Department of the
Treasury
Internal Revenue
Service

Name of the organization
The Family Place A Child Abuse
Treatment Agency Inc

Employer identification number

31-1027581

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 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
None				
Total number of other employees paid over \$50,000				

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals 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
None		
Total number of others receiving over \$50,000 for professional services		

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 individuals 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
None		
Total number of other contractors receiving over \$50,000 for other services		

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 ▶ \$ <u>682</u> (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	Yes	
<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		
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		
<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 ▶ <u>0</u></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 ▶ <u>0</u></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					

- 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	1,895,736	1,909,405	1,448,835	1,424,443	6,678,419
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	49,829	22,413	60,374	77,509	210,125
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	15,814	7,855	2,134	3,047	28,850
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	14,415		235	77	14,727
23 Total of lines 15 through 22	1,975,794	1,939,673	1,511,578	1,505,076	6,932,121
24 Line 23 minus line 17	1,925,965	1,917,260	1,451,204	1,427,567	6,721,996
25 Enter 1% of line 23	19,758	19,397	15,116	15,051	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 134,440
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 0
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 6,721,996
d Add Amounts from column (e) for lines	18 28,850	19 0			
	22	26b 0			26d 43,577
e Public support (line 26c minus line 26d total)					26e 6,678,419
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.35 17 %
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 (2005) _____ (2004) _____ (2003) _____ (2002) _____					
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 (2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add Amounts from column (e) for lines	15 _____	16 _____			
	17 _____	20 _____	21 _____		
d Add Line 27a total _____ and line 27b total _____					27c _____
e Public support (line 27c total minus line 27d total)					27d _____
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27e _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27f _____
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27g _____
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					27h _____

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 10 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)		682
38	Total lobbying expenditures (add lines 36 and 37)		682
39	Other exempt purpose expenditures		1,414,448
40	Total exempt purpose expenditures (add lines 38 and 39)		1,415,130
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		216,513
42	Grassroots nontaxable amount (enter 25% of line 41)		54,128
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36		0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38		0

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 13 of the instructions)

Calendar year (or fiscal year beginning in) a	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount	216,513	213,689	0	0	430,202
46 Lobbying ceiling amount (150% of line 45(e))					645,303
47 Total lobbying expenditures	682	250	0	0	932
48 Grassroots nontaxable amount	54,128	53,422	0	0	107,550
49 Grassroots ceiling amount (150% of line 48(e))					161,325
50 Grassroots lobbying expenditures	0	0	0	0	0

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 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

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

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
robert edwards 1800 NEVILLE DRIVE LOUISVILLE,KY 40216	BOARD MEMBER 1 00	0	0	0
MARY EAVES 1800 NEVILLE DRIVE LOUISVILLE,KY 40216	BOARD MEMBER 1 00	0	0	0
shaRILL HALSTEAD 1800 NEVILLE DRIVE LOUISVILLE,KY 40216	BOARD MEMBER 1 00	0	0	0
SANDI FRIEDSON 1800 NEVILLE DRIVE LOUISVILLE,KY 40216	BOARD MEMBER 1 00	0	0	0
TRICIA HAFELE 1800 NEVILLE DRIVE LOUISVILLE,KY 40216	BOARD MEMBER 1 00	0	0	0
jennifer hughes 1800 NEVILLE DRIVE LOUISVILLE,KY 40216	BOARD MEMBER 1 00	0	0	0
biLL MCVEIGH 1800 NEVILLE DRIVE LOUISVILLE,KY 40216	BOARD MEMBER 1 00	0	0	0
MICHAEL KAPFHAMMER 1800 NEVILLE DRIVE LOUISVILLE,KY 40216	BOARD MEMBER 1 00	0	0	0
PAUL KLEIN 1800 NEVILLE DRIVE LOUISVILLE,KY 40216	BOARD MEMBER 1 00	0	0	0
HARRIET LAIR 1800 NEVILLE DRIVE LOUISVILLE,KY 40216	BOARD MEMBER 1 00	0	0	0

Additional Data**Software ID:****Software Version:****EIN:** 31-1027581**Name:** The Family Place A Child Abuse
Treatment Agency Inc**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
PAM HELMS 1800 NEVILLE DRIVE LOUISVILLE, KY 40216	EXEC DIRECTOR 40 00	79,955	1,599	0
CHARLES THOMAS 1800 NEVILLE DRIVE LOUISVILLE, KY 40216	CLINCIAL DIR 40 00	59,760	1,195	0
GarY THOMPSON 1800 NEVILLE DRIVE LOUISVILLE, KY 40216	Vice chair 1 00	0	0	0
LYNN WILKINSON 1800 NEVILLE DRIVE LOUISVILLE, KY 40216	chair 1 00	0	0	0
edith Martel 1800 NEVILLE DRIVE LOUISVILLE, KY 40216	secretarytreasurer 1 00	0	0	0
CHARLES ARVIN 1800 NEVILLE DRIVE LOUISVILLE, KY 40216	BOARD MEMBER 1 00	0	0	0
keVIN EAGAN 1800 NEVILLE DRIVE LOUISVILLE, KY 40216	BOARD MEMBER 1 00	0	0	0
SHELLIE BENOVTZ 1800 NEVILLE DRIVE LOUISVILLE, KY 40216	BOARD MEMBER 1 00	0	0	0
DAVE BOHANNON 1800 NEVILLE DRIVE LOUISVILLE, KY 40216	BOARD MEMBER 1 00	0	0	0
MARY BETH DOHENY 1800 NEVILLE DRIVE LOUISVILLE, KY 40216	BOARD MEMBER 1 00	0	0	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
J Terry Strange 1800 NEVILLE DRIVE LOUISVILLE, KY 40216	BOARD MEMBER 1 00	0	0	0
Derwin Webb 1800 NEVILLE DRIVE LOUISVILLE, KY 40216	BOARD MEMBER 1 00	0	0	0

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2006

Department of the Treasury Internal Revenue Service

See separate instructions. Attach to your tax return.

Attachment Sequence No 67

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number.

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.

Table with 5 rows for Part I calculations: 1 Maximum amount, 2 Total cost, 3 Threshold cost, 4 Reduction in limitation, 5 Dollar limitation.

Table with 13 rows for Part II calculations: (a) Description of property, (b) Cost, (c) Elected cost, 7 Listed property, 8 Total elected cost, 9 Tentative deduction, 10 Carryover, 11 Business income limitation, 12 Section 179 expense deduction, 13 Carryover.

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

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

Table with 4 rows for Part II: 14 Special allowance, 15 Property subject to section 168(f)(1) election, 16 Other depreciation.

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

Section A

Table with 2 rows for Section A: 17 MACRS deductions, 18 Grouping assets.

Table with 7 columns: (a) Classification, (b) Month and year, (c) Basis, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 19a-f (3-25 year property) and h-i (Residential/Nonresidential real property).

Section C—Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

Table with 3 rows for Section C: 20a Class life, b 12-year, c 40-year.

Part IV Summary (see instructions)

Table with 3 rows for Part IV: 21 Listed property, 22 Total, 23 Portion of the basis.

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 9 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 special allowances and business use percentages.

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 with 6 main columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows 30-36 cover total miles driven and personal use availability.

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 (see instructions).

Table with 2 columns: Yes, No. Rows 37-41 cover policy statements and requirements for vehicle use by employees.

Part VI Amortization

Table with 6 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.

TY 2006 Land etc. Schedule**Name:** The Family Place A Child Abuse

Treatment Agency Inc

EIN: 31-1027581

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Land	154,000		154,000
Building	1,389,377	37,534	1,351,843
Furniture & equipment	217,645	177,172	40,473
Building improvements	653,958	52,585	601,373

TY 2006 Officer Compensation Schedule

Name: The Family Place A Child Abuse

Treatment Agency Inc

EIN: 31-1027581

PAM HELMS

	Compensation	EE Benefit Plans	Expense Acct
Program Services	61,238	1,225	
Mgmt & General	10,506	210	
Fundraising	8,211	164	

CHARLES THOMAS

	Compensation	EE Benefit Plans	Expense Acct
Program Services	45,771	915	
Mgmt & General	7,852	157	
Fundraising	6,137	123	

TY 2006 Other Assets Schedule

Name: The Family Place A Child Abuse
Treatment Agency Inc

EIN: 31-1027581

Description	Beginning of Year Amount	End of Year Amount
PROMISES TO GIVE	1,035,755	782,697
Cash restricted	305,312	265,720

TY 2006 Other Revenues Included Schedule

Name: The Family Place A Child Abuse
Treatment Agency Inc

EIN: 31-1027581

Description	Amount
ASSETS RELEASED FROM RESTRICTIONS	549,974

**TY 2006 Other Revenues
Not Included Schedule**

Name: The Family Place A Child Abuse
Treatment Agency Inc

EIN: 31-1027581

Description	Amount
TEMPORARILY RESTRICTED CONTRIBUTIONS	261,943

TY 2006 Special Events Schedule

Name: The Family Place A Child Abuse
Treatment Agency Inc

EIN: 31-1027581

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
AUCTION	132,644	0	132,644	26,457	106,187
Golf Scramble	40,610	0	40,610	11,621	28,989
Other	627	0	627	7,562	-6,935

TY 2006 Other Income Schedule

Name: The Family Place A Child Abuse
Treatment Agency Inc

EIN: 31-1027581

Description	2003	2002	2001	2000	Total
MISC	14,415		235	77	14,727

TY 2006 Self Dealing Statement

Name: The Family Place A Child Abuse
Treatment Agency Inc

EIN: 31-1027581

Line Number	Explanation
2d	Compensation for executive director