Form **990** | **Return of Organization Exempt From Income Tax** | OMB No. 1545-0047

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.

2007
Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 7/01/07 **, and ending** 6/30/08

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

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

C Name of organization: WESLEY HOUSE FAMILY SERVICES, INC.

Number and street (or P.O. box if mail is not delivered to street address): 1304 TRUMAN AVE | Room/suite:

City or town, state or country, and ZIP + 4: KEY WEST FL 33040

D Employer identification number 59-0624461

E Telephone number 305-292-7150

F Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ▶

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

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

M Check ▶ ☐ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: ▶ WWW.WESLEYHOUSE.ORG

J Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 11,240,563

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	432,171		
	c	Indirect public support (not included on line 1a)	1c	11,299		
	d	Government contributions (grants) (not included on line 1a)	1d	10,072,332		
	e	**Total** (add lines 1a through 1d) (cash $ 10,515,802 noncash $)			1e	10,515,802
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	461,479
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	95,609
	5	Dividends and interest from securities			5	
	6a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Net rental income or (loss). Subtract line 6b from line 6a			6c	
	7	Other investment income (describe ▶)			7	
	8a	Gross amount from sales of assets other than inventory — (A) Securities: ; (B) Other:	8a			
	b	Less: cost or other basis and sales expenses — (A): ; (B): 10,808	8b	10,808		
	c	Gain or (loss) (attach schedule) — (A): ; (B): -10,808	8c	-10,808		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B) SEE STMT 1			8d	-10,808
	9	Special events and activities (attach schedule). If any amount is from **gaming**, check here ▶ ☐				
	a	Gross revenue (not including $ of contributions reported on line 1b)	9a	98,436		
	b	Less: direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events. Subtract line 9b from line 9a			9c	98,436
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c	
	11	Other revenue (from Part VII, line 103)			11	69,237
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	11,229,755
Expenses	13	Program services (from line 44, column (B))			13	10,404,730
	14	Management and general (from line 44, column (C))			14	853,444
	15	Fundraising (from line 44, column (D))			15	164,269
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses.** Add lines 16 and 44, column (A)			17	11,422,443
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18	-192,688
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	6,969,574
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2			20	-38,588
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21	6,738,298

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

DAA

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 $ ___ non-cash $ ___) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ ___ non-cash $ ___) If this amount includes foreign grants, check here ▶ ☐	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 SEE STATEMENT 3	25a	470,325	365,912	100,986	3,427
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	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)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	3,364,504	2,842,135	445,133	77,236
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a – 27	28	366,626	300,155	56,022	10,449
29 Payroll taxes	29	305,475	245,416	54,789	5,270
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	76,759	57,040	16,702	3,017
34 Telephone	34	70,630	58,821	11,520	289
35 Postage and shipping	35	20,346	15,192	3,103	2,051
36 Occupancy	36	883,106	730,785	132,044	20,277
37 Equipment rental and maintenance	37	40,159	116,052	-84,805	8,912
38 Printing and publications	38	14,097	3,630	6,553	3,914
39 Travel	39	140,047	132,797	6,649	601
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	35,817	24,177	11,640	
43 Other expenses not covered above (itemize):					
a SEE STATEMENT 4	43a	5,634,552	5,512,618	93,108	28,826
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	11,422,443	10,404,730	853,444	164,269

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ▶ ☐ Yes ☒ No

If "Yes," enter **(i)** the aggregate amount of these joint costs $ ___ ; **(ii)** the amount allocated to Program services $ ___ ;
(iii) the amount allocated to Management and general $ ___ ; and **(iv)** the amount allocated to Fundraising $ ___

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

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

What is the organization's primary exempt purpose?
▶ TO DEVELOP AND ENCOURAGE A MORE CHILD CARING COMMUNITY.

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a	SEE STATEMENT 5 (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	4,886,931
b	SEE STATEMENT 6 (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	4,692,145
c	CHILD CARE SITES - OPERATES TWO ACCREDITED CHILD DEVELOPMENT CENTERS IN KEY WEST INCLUDING A FREE CHILD CARE FOOD PROGRAM FOR ALL ATTENDEES. (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	825,654
d	(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e	Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f	**Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	10,404,730

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			72,053	45	172,078
46	Savings and temporary cash investments			2,389,110	46	1,459,379
47a	Accounts receivable	47a	39,463			
b	Less: allowance for doubtful accounts	47b		7,562	47c	39,463
48a	Pledges receivable	48a	943,297			
b	Less: allowance for doubtful accounts	48b		1,011,933	48c	943,297
49	Grants receivable			1,192,706	49	1,220,879
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(f)(1)) and persons described in section 4958(c)(3)(B) (att. 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			51,633	53	52,142
54a	Investments—publicly-traded securities SEE STATEMENT 7 ▶ ☐ Cost ☐ FMV			482,509	54a	465,243
b	Investments—other securities (attach schedule) ▶ ☐ Cost ☐ 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	5,038,174			
b	Less: accumulated depreciation (attach schedule) SEE STATEMENT 8	57b	897,539	3,025,012	57c	4,140,635
58	Other assets, including program-related investments (describe ▶ SEE STATEMENT 9)			32,527	58	30,296
59	**Total assets** (must equal line 74). Add lines 45 through 58			8,265,045	59	8,523,412
Liabilities						
60	Accounts payable and accrued expenses			638,594	60	907,261
61	Grants payable				61	
62	Deferred revenue SEE STATEMENT 10			4,172	62	247,732
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) SEE WORKSHEET			614,659	64b	582,279
65	Other liabilities (describe ▶ SEE STATEMENT 11)			38,046	65	47,842
66	**Total liabilities.** Add lines 60 through 65			1,295,471	66	1,785,114
Net Assets or Fund Balances						
	Organizations that follow SFAS 117, check here ▶ ☒ and complete lines 67 through 69 and lines 73 and 74.					
67	Unrestricted			5,671,668	67	5,880,465
68	Temporarily restricted			1,297,906	68	857,833
69	Permanently restricted				69	
	Organizations that do not follow SFAS 117, check here ▶ ☐ 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)			6,969,574	73	6,738,298
74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73			8,265,045	74	8,523,412

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

a	Total revenue, gains, and other support per audited financial statements			a	11,226,435
b	Amounts included on line **a** but not on Part I, line 12:				
1	Net unrealized gains on investments	b1	-38,588		
2	Donated services and use of facilities	b2	35,268		
3	Recoveries of prior year grants	b3			
4	Other (specify):	b4			
	Add lines **b1** through **b4**			b	-3,320
c	Subtract line **b** from line **a**			c	11,229,755
d	Amounts included on Part I, line 12, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines **d1** and **d2**			d	
e	**Total revenue** (Part I, line 12). Add lines **c** and **d** ▶			e	11,229,755

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

a	Total expenses and losses per audited financial statements			a	11,457,711
b	Amounts included on line **a** but not Part I, line 17:				
1	Donated services and use of facilities	b1	35,268		
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify):	b4			
	Add lines **b1** through **b4**			b	35,268
c	Subtract line **b** from line **a**			c	11,422,443
d	Amounts included on Part I, line 17, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines **d1** and **d2**			d	
e	**Total expenses** (Part I, line 17). Add lines **c** and **d** ▶			e	11,422,443

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

(List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 12				

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

			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 19			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."	75c		X
	If "Yes," attach a statement that includes the information described in the instructions.			
d	Does the organization have a written conflict of interest policy?	75d		X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
N/A				

Part VI Other Information (See the instructions.)

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ▶ and check whether it is ☐ exempt **or** ☐ nonexempt			
81a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0			
b	Did the organization file **Form 1120-POL** for this year?	81b		X

Part VI Other Information (continued)

				Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) SEE STMT 13	82b 35,268			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	83b		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	84b		
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	N/A	85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.				
c	Dues, assessments, and similar amounts from members	85c			
d	Section 162(e) lobbying and political expenditures	85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	85h		
86	501(c)(7) orgs. Enter: **a** Initiation fees and capital contributions included on line 12	86a			
b	Gross receipts, included on line 12, for public use of club facilities	86b			
87	501(c)(12) orgs. Enter: **a** Gross income from members or shareholders	87a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶		88b		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0				
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶	0			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶	0			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		89e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		89g		X

90a List the states with which a copy of this return is filed ▶ NONE

b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) 90b 109

91a The books are in care of ▶ DOUGLAS BLOMBERG Telephone no. ▶ 305-292-7150

Located at ▶ 1304 TRUMAN AVE KEY WEST, FL ZIP + 4 ▶ 33040

				Yes	No
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)?		91b		X
	If " Yes," enter the name of the foreign country ▶				
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts.				

Part VI Other Information (continued)

			Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶	91c		X
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 (A) Business code	(B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a PROGRAM SERVICE REVENUE					461,479
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	95,609	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-10,808	
101 Net income or (loss) from special events			1	98,436	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b MISCELLANEOUS INCOME					69,237
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		183,237	530,716

105 **Total** (add line 104, columns (B), (D), and (E)) ▶ 713,953

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).
	SEE STATEMENT 14

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
N/A	%			
	%			
	%			
	%			

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

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

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

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

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

	Yes	No
106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

	Yes	No
107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

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

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 Date

Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ☐	Preparer's SSN or PTIN (See Gen. Instr. X) P00274557
Firm's name (or yours if self-employed), address, and ZIP + 4	THE NCT GROUP CPA'S, L.L.P. P.O. BOX 1076 LAKELAND, FL 33802-1076	EIN	59-1500378
		Phone no.	863-683-6783

L005303

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.)

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

OMB No. 1545-0047

2007

Name of the organization: WESLEY HOUSE FAMILY SERVICES, INC.

Employer identification number 59-0624461

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000		(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl. benefit plans & deferred comp.	(e) Expense account and other allowances
NICOLE CANALEJO 2906 VENETIANDR	KEY WEST FL 33040	IPP MANAGER 40	58,575	6,928	0
WENDY O. SILAGHI 3114 FLAGLER AVE	KEY WEST FL 33040	CBC MANAGER 40	63,466	1,847	0
CYNTHIA FLEMING 175 WRENN ST	TAVERNIER FL 33070	CBC MANAGER 40	56,816	7,023	0
SCOTT SHORES 1304 TRUMAN AVE	KEY WEST FL 33040	IT MANAGER 40	55,797	6,813	0
LYNNE WINTERMYER 1623 C-3 SPALDING COURT	KEY WEST FL 33040	HFP MANAGER 40	55,340	6,945	0
Total number of other employees paid over $50,000 ▶		0			

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 of the instructions.)

(a) Name and address of each independent contractor paid more than $50,000		(b) Type of service	(c) Compensation
D.L. PORTER CONSTRUCTORS, INC. 6574 PALMER PARK CIRCLE	SARASOTA FL 34238	RENOVATION	973,915
MONROE COUNTY DISTRICT SCHOOL BOARD 241 TRUMBO PLACE	KEY WEST FL 33040	CHILD CARE CENT	647,589
FLORIDA KEYS CHILDREN SHELTER 73 HIGHPOINT RD	TAVERNIER FL 33070	SHELTER	565,695
COMMUNITY COOPERATIVE PRESCHOOL P.O. BOX 500697	MARATHON FL 33050	CHILD CARE CENT	246,653
GRACE JONES COMMUNITY CENTER 230 41ST STREET	MARATHON FL 33050	CHILD CARE CENT	189,542
Total number of other contractors receiving over $50,000 for other services ▶	17		

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

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ ________ (Must equal amounts on line 38, Part VI-A, or line **i** of Part VI-B.)	1		X
	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.			
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.)			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? SEE PART V-A, FORM 990	2d	X	
e	Transfer of any part of its income or assets?	2e		X
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.)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966?	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		

d	Enter the total number of donor advised funds owned at the end of the tax year ▶	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶	
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 ▶	0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶	0

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 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 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(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? Yes	(d) No	(e) Amount of support
Total ▶					

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	9,626,328	9,547,695	5,803,524	5,567,578	30,545,125
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	497,897	499,698	461,869	476,657	1,936,121
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	203,357	74,379	17,819	8,163	303,718
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 STMT 15	85,417	48,608	18,292	46,898	199,215
23 Total of lines 15 through 22	10,412,999	10,170,380	6,301,504	6,099,296	32,984,179
24 Line 23 minus line 17	9,915,102	9,670,682	5,839,635	5,622,639	31,048,058
25 Enter 1% of line 23	104,130	101,704	63,015	60,993	

26 **Organizations described on lines 10 or 11: a** Enter 2% of amount in column (e), line 24 ▶ 26a 620,961

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 2003 through 2006 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ 26b

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c 31,048,058

d Add: Amounts from column (e) for lines: 18 303,718 19 ______ 22 199,215 26b ______ ▶ 26d 502,933

e Public support (line 26c minus line 26d total) ▶ 26e 30,545,125

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 98.3801 %

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: N/A

(2006) ______ (2005) ______ (2004) ______ (2003) ______

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2),** enter the sum of these differences (the excess amounts) for each year: N/A

(2006) ______ (2005) ______ (2004) ______ (2003) ______

c Add: Amounts from column (e) for lines: 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ ▶ 27c

d Add: Line 27a total ______ and line 27b total ______ ▶ 27d

e Public support (line 27c total minus line 27d total) ▶ 27e

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ 27f

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Part V **Private School Questionnaire** (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

			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?	29		
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?	30		
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?	31		
	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?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	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?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	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?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	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	35		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768) N/A

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)	**36**		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	**37**		
38 Total lobbying expenditures (add lines 36 and 37)	**38**		
39 Other exempt purpose expenditures	**39**		
40 Total exempt purpose expenditures (add lines 38 and 39)	**40**		
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 ▶	**41**		
Over $1,500,000 but not over $17,000,000 / $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 / $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	**42**		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	**43**		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	**44**		

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.)

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

Part VI-B **Lobbying Activity by Nonelecting Public Charities**
(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.) N/A

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:	**Yes**	**No**	**Amount**
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.**)			

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

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

		Line	Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of:			
(i)	Cash	51a(i)		X
(ii)	Other assets	a(ii)		X
b	Other transactions:			
(i)	Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii)	Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii)	Rental of facilities, equipment, or other assets	b(iii)		X
(iv)	Reimbursement arrangements	b(iv)		X
(v)	Loans or loan guarantees	b(v)		X
(vi)	Performance of services or membership or fundraising solicitations	b(vi)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

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

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

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

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

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

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization	Employer identification number
WESLEY HOUSE FAMILY SERVICES, INC.	59-0624461

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule. (Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule—see instructions.)

General Rule—

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

Special Rules—

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

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

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

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization WESLEY HOUSE FAMILY SERVICES, INC.

Employer identification number 59-0624461

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	OUR KIDS OF MIAMI-DADE/MONROE, INC. 401 NW 2ND AVENUE, SUITE 212 MIAMI FL 33128	$ 4,802,213	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2	EARLY LEARNING COALITION 2555 PONCE DE LEON BLVD, 5TH FLOOR CORAL GABLES FL 33134	$ 4,667,234	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3	OUNCE OF PREVENTION FUND OF FLORIDA 111 NORTH GADSDEN ST, STE 200 TALLAHASSEE FL 32301	$ 288,292	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Special Events Schedule

Form **990** — For calendar year 2007, or tax year beginning 7/01/07 , and ending 6/30/08 — **2007**

Name: WESLEY HOUSE FAMILY SERVICES, INC.

Employer Identification Number: 59-0624461

	(A)	(B)	(C)	Others	Total
Gross receipts	73,626	10,211	5,000	9,599	98,436
Less contributions	0	0	0	0	0
Gross revenue	73,626	10,211	5,000	9,599	98,436
Less direct expenses	0	0	0	0	0
Net income (loss)	73,626	10,211	5,000	9,599	98,436

Description:

(A) VALENTINE'S DAY PARTY

(B) WONDER WALK

(C) SPRING CONFERENCE

Others
KIDS DAY CELEBRATION
FISHING TOURNAMENT
MISC. EVENTS

L005303

Forms **990 / 990-PF**

Mortgages and Other Notes Payable

2007

For calendar year 2007, or tax year beginning 7/01/07 , and ending 6/30/08

Name	Employer Identification Number
WESLEY HOUSE FAMILY SERVICES, INC.	59-0624461

FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION

	Name of lender	Relationship to disqualified person
(1)	WACHOVIA BANK	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)	775,000	7/13/01	7/13/11	120 PRINC. PMTS @ $1,900	6.930
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

	Security provided by borrower	Purpose of loan
(1)	REAL ESTATE	MORTGAGE
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)		614,659	582,279
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals		614,659	582,279

Federal Statements

Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depr	Gain/ -Loss
DISPOSAL OF FIXED ASSET	PURCHASE		VARIOUS	VARIOUS	$	$ 10,808	$	$ -10,808
TOTAL					$ 0	$ 10,808	$ 0	$ -10,808

Federal Statements

Statement 2 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
NET UNREALIZED GAINS ON INVESTMENTS	$ -38,588
TOTAL	$ -38,588

Federal Statements

Statement 3 - Form 990, Part II, Line 25a - Compensation of Current Officers

Name	Program Services	Management & General	Fundraising
EXPENSES	$	$	$
CHRISTINE PATTERSON			
COMPENSATION	56,638		
DOUGLAS BLOMBERG			
COMPENSATION	53,904	57,663	2,215
KATHY E. SNYDER			
COMPENSATION	77,226		
KEVIN COLLINS			
COMPENSATION	44,255	32,565	
MEGAN WALDRON			
COMPENSATION	83,319		
NICHOLAS HOGEN			
COMPENSATION	50,570	10,758	1,212
TOTAL	$ 365,912	$ 100,986	$ 3,427

Federal Statements

Statement 4 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
	$	$	$	$
VALENTINE'S DAY PARTY				
FUNDRAISING EVENTS	14,948			14,948
ADVERTISING	3,814			3,814
FISHING TOURNAMENT				
FUNDRAISING EVENTS	402			402
WONDER WALK				
FUNDRAISING EVENTS	5,785			5,785
ADVERTISING	1,112			1,112
MISC. EVENTS				
FUND RAISING	90			90
ADVERTISING	42			42
EXPENSES				
ADVERTISING	10,130	5,777	3,431	922
DUES & SUBSCRIPTIONS	6,017	1,710	3,650	657
EDUCATIONAL MATERIALS	109,618	109,420	198	
EXPENDABLE EQUIPMENT	122,687	115,922	6,499	266
FLEX FUND EXPENDITURES	158,906	138,649	20,257	
FOOD & PERSONAL CARE	63,324	63,324		
INSURANCE	55,422	29,675	25,747	
LICENSES & HIRING EXPENSES	26,566	23,421	2,605	540
FUNDRAISING EVENTS	2,223	357	1,866	
MISCELLANEOUS EXPENSES	27	27		
PROFESSIONAL FEES	70,820	62,710	8,110	
PROPERTY TAX	2,515		2,515	
PURCHASE OF SERVICES	57,533	47,813	9,720	
STAFF TRAINING	142,919	134,161	8,510	248
SUB CONTRACTED CARE EXPENSE	4,779,652	4,779,652		
TOTAL	$ 5,634,552	$ 5,512,618	$ 93,108	$ 28,826

Federal Statements

Statement 5 - Form 990, Part III, Line a - Statement of Program Service Accomplishments

Description

COMMUNITY BASED CARE - PROVIDES SERVICES THAT HELP AT-RISK CHILDREN IN THE DEPENDENCY CARE SYSTEM BY PROVIDING FULL CASE MANAGEMENT, COURT-ORDERED SUPERVISED VISITATIONS, CRISIS INTERVENTION AND PREVENTION AND INTERVENTION SERVICES, PARENTING EDUCATION, FOSTER PARENT RECRUITMENT AND TRAINING, PUBLIC ADOPTION SERVICES AND A PROGRAM FOR EXPECTANT AND NEW PARENTS THAT PROMOTES NEWBORN HEALTH AND DEVELOPMENT WHICH IS PROVEN TO PREVENT CHILD ABUSE AND NEGLECT.

Statement 6 - Form 990, Part III, Line b - Statement of Program Service Accomplishments

Description

CHILD CARE AND PROVIDER SERVICES - OFFERS FREE, UNBIASED REFERRALS TO THE PUBLIC FOR CHILDCARE, SOCIAL AND COMMUNITY SERVICES; FINANCIAL ASSISTANCE FOR ELIGIBLE FAMILIES; AND SUPPORT, EDUCATION, TECHNICAL ASSISTANCE, MONITORING AND CONSUMABLE MATERIALS FOR REGISTERED AND LICENSED CHILDCARE PROVIDERS. ADMINISTERS VOLUNTARY PRE-KINDERGARTEN ENROLLMENT FOR 4-YEAR-OLDS AND A TEEN PARENT PROGRAM ALLOWING ADOLESCENT PARENTS TO COMPLETE THEIR HIGH SCHOOL DIPLOMA. COORDINATES AN ANNUAL EARLY CHILDHOOD CONFERENCE AND OFFERS CONTINUING EDUCATION COURSES AND WORKSHOPS ALLOWING CHILD CARE PROVIDERS TO EARN REQUIRED IN-SERVICE EDUCATION HOURS.

Federal Statements

Statement 7 - Form 990, Part IV, Line 54a - Publicly Traded Securities

Description	Beginning of Year	End of Year	Basis of Valuation
CORPORATE STOCK	$	$	
ENDOWMENT FUND	477,095	460,280	
RAYMOND JAMES	5,414	4,963	
TOTAL	$ 482,509	$ 465,243	

Statement 8 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Depr	End of Year	Accum Depr
BUILDINGS & EQUIPMENT	$ 3,548,527	$ 841,708	$ 4,719,981	$ 897,539
LAND	318,193		318,193	
TOTAL	$ 3,866,720	$ 841,708	$ 5,038,174	$ 897,539

Statement 9 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
FINANCING COST - BUILDING	$ 20,338	$ 15,255
REFUNDABLE DEPOSITS	12,189	15,041
TOTAL	$ 32,527	$ 30,296

Statement 10 - Form 990, Part IV, Line 62 - Deferred Revenue

Description	Beginning of Year	End of Year
DEFERRED REVENUE	$ 4,172	$ 247,732
TOTAL	$ 4,172	$ 247,732

Statement 11 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
UNREALIZED LOSS ON DERIVATIVE	$ 38,046	$ 47,842
TOTAL	$ 38,046	$ 47,842

Federal Statements

Statement 12 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
JOE CLARK 701 WHITEHEAD STREET KEY WEST FL 33040	CHAIR	1	0	0	0
ROSEMARY ENRIGHT 916 THOMAS STREET KEY WEST FL 33040	VICE CHAIR	1	0	0	0
CLAUDE GARDNER 11068 BUTTONWOOD E. SUGARLOAF FL 33042	TREASURER	1	0	0	0
JULIO BARROSO 1527 FOURTH STREET KEY WEST FL 33040	SECRETARY	1	0	0	0
ALICE CALLEJA 1404 PETRONIA ST KEY WEST FL 33040	DIRECTOR	1	0	0	0
MARIA PIERCE 4113 EAGLE AVE KEY WEST FL 33040	DIRECTOR	1	0	0	0
ANDY STRUNK 1428 WHALTON ST KEY WEST FL 33040	DIRECTOR	1	0	0	0
LIBBY CURTIS 3446 RIVIERA DRIVE KEY WEST FL 33040	DIRECTOR	1	0	0	0
LUANNE DOUGHTRY 1609 DUNCAN STREET KEY WEST FL 33040	DIRECTOR	1	0	0	0

Federal Statements

Statement 12 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
VICKI GORDON 615 UNITED STREET KEY WEST FL 33040	DIRECTOR	1	0	0	0
GEORGIA PARKS 7 ALLAMANDA TERRACE KEY WEST FL 33040	DIRECTOR	1	0	0	0
JO PINE 1600 BAHAMA DRIVE KEY WEST FL 33040	DIRECTOR	1	0	0	0
REV. RUBEN VELASCO 600 EATON ST. KEY WEST FL 33040	DIRECTOR	1	0	0	0
DOUGLAS BLOMBERG 1304 TRUMAN AVE KEY WEST FL 33040	CEO	50	113,782	10,243	0
KEVIN COLLINS 1304 TRUMAN AVE KEY WEST FL 33040	COMP DIR	40	76,820	8,178	0
NICHOLAS E. HOGEN 1304 TRUMAN AVE KEY WEST FL 33040	DIR. OF FIN	40	62,540	2,572	0
CHRISTINE M. PATTERSON 1304 TRUMAN AVE KEY WEST FL 33040	CC SITE DIR	40	56,638	4,753	0
KATHY E. SNYDER 1304 TRUMAN AVE KEY WEST FL 33040	CC SERV DIR	40	77,226	8,220	0

Federal Statements

Statement 12 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
MEGAN WALDRON 1304 TRUMAN AVE KEY WEST FL 33040	CBC DIRECTOR	40	83,319	2,993	0

Federal Statements

Statement 13 - Form 990, Part VI, Line 82b - Donated Services

Description	Amount
IN-KIND RENT	$ 35,268
TOTAL	$ 35,268

Federal Statements

Statement 14 - Form 990, Part VIII - Relationship of Activities

Line No.	Description
93A	IMPLEMENT A COMPREHENSIVE PROGRAM REGARDING DAY CARE SERVICES WITHIN MONROE COUNTY TO ACHIEVE THE PERFORMANCE STANDARDS AND OUTCOME MEASURES SPECIFIED BY THE ORGANIZATION.
103B	MISCELLANEOUS INCOME IS UTILIZED TO ASSIST WITH THE PROVISION OF DAY CARE SERVICES IN MONROE COUNTY.

Federal Statements

Statement 15 - Schedule A, Part IV-A, Line 22 - Other Income

Description	2006	2005	2004	2003
OTHER INCOME	$ 85,417	$ 48,608	$ 18,292	$ 46,898
TOTAL	$ 85,417	$ 48,608	$ 18,292	$ 46,898