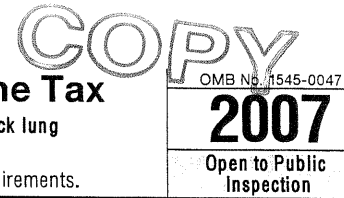


Return of Organization Exempt From Income Tax

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



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 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008**

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: **MORRISON CHILD AND FAMILY SERVICES**
 Number and street (or P.O. box if mail is not delivered to street address): **1500 N.E. IRVING STREET, SUITE 250**
 Room/suite:
 City or town, state or country, and ZIP + 4: **PORTLAND, OR 97232**

D Employer identification number: **93-0354176**

E Telephone number: **(503) 233-4356**

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 **N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

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

I Group Exemption Number **N/A**

G Website: **WWW.MORRISONKIDS.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.

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **21,124,144.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

		1a		1b		1c		1d		1e	
Revenue	1 Contributions, gifts, grants, and similar amounts received:										
	a Contributions to donor advised funds										
	b Direct public support (not included on line 1a)				725,169.						
	c Indirect public support (not included on line 1a)				16,330.						
	d Government contributions (grants) (not included on line 1a)				10,256,904.						
	e Total (add lines 1a through 1d) (cash \$ 10,961,495. noncash \$ 36,908.)										10,998,403.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)										7,483,366.
	3 Membership dues and assessments										
	4 Interest on savings and temporary cash investments										20,966.
	5 Dividends and interest from securities										23,880.
	6 a 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	
8 a Gross amount from sales of assets other than inventory		(A) Securities		(B) Other							
		8a		2,292,790.							
	b Less: cost or other basis and sales expenses		8b		1,807,889.						
	c Gain or (loss) (attach schedule)		8c		484,901.						
d Net gain or (loss). Combine line 8c, columns (A) and (B)				STMT 1						8d	484,901.
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ 191,512. of contributions reported on line 1b)		9a		191,798.						
	b Less: direct expenses other than fundraising expenses		9b		70,485.						
	c Net income or (loss) from special events. Subtract line 9b from line 9a				SEE STATEMENT 2						9c
10 a 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)											112,941.
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11											19,245,770.
Expenses	13 Program services (from line 44, column (B))										16,031,536.
	14 Management and general (from line 44, column (C))										2,582,659.
	15 Fundraising (from line 44, column (D))										268,698.
	16 Payments to affiliates (attach schedule)										
	17 Total expenses. Add lines 16 and 44, column (A)										
18 Excess or (deficit) for the year. Subtract line 17 from line 12											362,877.
19 Net assets or fund balances at beginning of year (from line 73, column (A))											3,742,405.
20 Other changes in net assets or fund balances (attach explanation)											SEE STATEMENT 3
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20											4,041,848.

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.

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 \$ 0, noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 0, noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule) STATEMENT 5	23 69,642.	69,642.		
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a 420,903.	131,531.	279,842.	9,530.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b 0.	0.	0.	0.
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 42,206.		42,206.	
26 Salaries and wages of employees not included on lines 25a, b, and c	26 10,595,793.	9,272,959.	1,164,200.	158,634.
27 Pension plan contributions not included on lines 25a, b, and c	27 153,389.	134,907.	16,152.	2,330.
28 Employee benefits not included on lines 25a - 27	28 997,452.	862,446.	119,892.	15,114.
29 Payroll taxes	29 1,004,199.	858,475.	130,406.	15,318.
30 Professional fundraising fees	30			
31 Accounting fees	31 30,490.		30,490.	
32 Legal fees	32 63,924.		63,924.	
33 Supplies	33 535,097.	519,017.	10,365.	5,715.
34 Telephone	34 207,233.	176,189.	27,309.	3,735.
35 Postage and shipping	35 17,352.	9,240.	6,853.	1,259.
36 Occupancy	36 1,229,312.	1,103,579.	109,066.	16,667.
37 Equipment rental and maintenance	37 136,287.	115,864.	16,207.	4,216.
38 Printing and publications	38 48,026.	36,672.	2,648.	8,706.
39 Travel	39 149,990.	121,566.	24,739.	3,685.
40 Conferences, conventions, and meetings	40 17,299.	13,717.	3,123.	459.
41 Interest	41 123,905.	16,310.	107,595.	
42 Depreciation, depletion, etc. (attach schedule)	42 333,634.	244,440.	87,376.	1,818.
43 Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g SEE STATEMENT 4	43g 2,706,760.	2,344,982.	340,266.	21,512.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 18,882,893.	16,031,536.	2,582,659.	268,698.

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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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? ► SEE STATEMENT 8	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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.)	
a SEE STATEMENT 6	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	5,511,557.
b HAND-IN-HAND: A COMPREHENSIVE CONTINUUM OF SERVICES FOR YOUNG CHILDREN INCLUDING PARENT EDUCATION AND SUPPORT, ASSESSMENT AND EVALUATION, OUTPATIENT AND INTENSIVE OUTPATIENT CARE, DAY TREATMENT/PROCTOR CARE, AND THERAPEUTIC FOSTER CARE.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	2,667,750.
c SEE STATEMENT 7	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,987,868.
d BREAKTHROUGH: DAY TREATMENT/PROCTOR CARE SERVICES FOR ADJUDICATED ADOLESCENTS WHO HAVE A HISTORY OF DRUG AND ALCOHOL ABUSE THAT HAS RESULTED IN SERIOUS EMOTIONAL, SOCIAL OR VOCATIONAL PROBLEMS AND THEIR FAMILIES.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,337,218.
e Other program services (attach schedule) SEE STATEMENT 9	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	4,527,143.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	16,031,536.

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	12,450.	45 11,671.
	46 Savings and temporary cash investments	503,212.	46 514,220.
	47 a Accounts receivable	47a 1,027,557.	
	b Less: allowance for doubtful accounts	47b 202,107.	47c 825,450.
	48 a Pledges receivable	48a 213,006.	
	b Less: allowance for doubtful accounts	48b	48c 213,006.
	49 Grants receivable	1,426,705.	49 886,608.
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	51 a Other notes and loans receivable	51a	51c
	b Less: allowance for doubtful accounts	51b	
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	72,891.	53 76,724.
	54 a Investments - publicly-traded securities STMT 12 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	710,322.	54a 1,173,467.
	b Investments - other securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b
	55 a Investments - land, buildings, and equipment: basis	55a	
	b Less: accumulated depreciation	55b	55c
	56 Investments - other		56
57 a Land, buildings, and equipment: basis	57a 5,708,059.		
b Less: accumulated depreciation STMT 10	57b 2,589,541.	57c 3,118,518.	
58 Other assets, including program-related investments (describe ►		58	
59 Total assets (must equal line 74). Add lines 45 through 58	9,380,504.	59 6,819,664.	
Liabilities	60 Accounts payable and accrued expenses	1,400,229.	60 1,020,710.
	61 Grants payable		61
	62 Deferred revenue	246,974.	62 231,677.
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable STMT 11	3,990,896.	64b 1,525,429.
	65 Other liabilities (describe ►		65
66 Total liabilities. Add lines 60 through 65	5,638,099.	66 2,777,816.	
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	2,848,399.	67 3,213,667.
	68 Temporarily restricted	833,892.	68 768,067.
	69 Permanently restricted	60,114.	69 60,114.
	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)	3,742,405.	73 4,041,848.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	9,380,504.	74 6,819,664.

Part VI Other Information (continued)		Yes	No
82 a	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?	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.)		
	82b 54,471.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.		
	N/A		
c	Dues, assessments, and similar amounts from members		
	85c N/A		
d	Section 162(e) lobbying and political expenditures		
	85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
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		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
	86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
	87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b N/A		
88 a	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		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		X
89 a	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) organizations. 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		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?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		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?		X
90 a	List the states with which a copy of this return is filed		
	OR		
b	Number of employees employed in the pay period that includes March 12, 2007		415
91 a	The books are in care of THOMAS SLICK Telephone no. (503) 233-4356 Located at 1500 NE IRVING STREET, SUITE 250, PORTLAND, OR ZIP + 4 97232		
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)? If "Yes," enter the name of the foreign country		X
	N/A		
	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? 91c
 If "Yes," enter the name of the foreign country N/A

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 N/A

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) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a CLIENT & 3RD PARTY FEES					922,647.
b					
c					
d					
e					
f Medicare/Medicaid payments					6,560,719.
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	20,966.	
96 Dividends and interest from securities			14	23,880.	
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			01	484,901.	
101 Net income or (loss) from special events			01	121,313.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a OTHER INCOME			01	112,941.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		764,001.	7,483,366.
105 Total (add line 104, columns (B), (D), and (E))					8,247,367.

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 15

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). **N/A**

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

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

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

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.

COPIY

Please Sign Here
 Signature of officer: THOMAS B. SLICK, CHIEF FINANCIAL OFFICER
 Date: _____

Paid Preparer's Use Only
 Preparer's signature: [Signature]
 Date: 4/1/09
 Check if self-employed:
 Preparer's SSN or PTIN (See Gen. Inst. X): _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: GARY MCSEE & CO. 522 S.W. FIFTH AVENUE, SUITE 1300 PORTLAND, OREGON 97204-2130
 EIN: _____
 Phone no.: (503) 222-2515

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

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

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

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

Name of the organization **MORRISON CHILD AND FAMILY SERVICES** Employer identification number **93 0354176**

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>TERESA LONDOS</u> 1500 NE IRVING ST., STE 250, PORTLAND	PSYCHIATRIC NURSE 34.00	97,240.	6,246.	
<u>ANDREW MCWILLIAMS</u> 1500 NE IRVING ST., STE 250, PORTLAND	DIVISION DIRECTOR 40.00	74,976.	5,707.	
<u>MONICA FORD</u> 1500 NE IRVING ST., STE 250, PORTLAND	DIVISION DIRECTOR 40.00	68,012.	5,539.	
<u>MARGARET MACLEOD</u> 1500 NE IRVING ST., STE 250, PORTLAND	DIVISION DIRECTOR 40.00	71,016.	1,699.	
<u>VALERIE TOBIN</u> 1500 NE IRVING ST., STE 250, PORTLAND	PSYCHIATRIC NURSE 12.00	68,957.	2,891.	
Total number of other employees paid over \$50,000	18			

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
<u>KIRK WOLFE</u> 1500 NE IRVING ST., SUITE 250, PORTLAND, OR 97232	PSYCHIATRIST COUNSELING	191,158.
<u>EDWARD STANFORD</u> 1500 NE IRVING ST., SUITE 250, PORTLAND, OR 97232	PSYCHIATRIST COUNSELING	159,695.
<u>BARBARA BAKER</u> 1500 NE IRVING ST., SUITE 250, PORTLAND, OR 97232	PSYCHIATRIST COUNSELING	125,844.
<u>GAYLE ELY</u> 1500 NE IRVING ST., SUITE 250, PORTLAND, OR 97232	PSYCHIATRIST COUNSELING	107,254.
<u>KAREN SOLWAY</u> 1500 NE IRVING ST., SUITE 250, PORTLAND, OR 97232	PSYCHIATRIST COUNSELING	83,271.
Total number of others receiving over \$50,000 for professional services	1	

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
<u>DESAROLLO INTEGRAL DE LA FAMILIA</u> 2710 NE 14TH AVENUE, PORTLAND, OR 97212	PROGRAM SUPPORT	100,924.
<u>ADP PAYROLL SERVICES</u> 10155 SE SUNNYSIDE RD., CLACKAMAS, OR 97015	PAYROLL SERVICES FEES	63,113.
Total number of other contractors receiving over \$50,000 for other services	0	

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.) 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.		X
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
3	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
4	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	N/A
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A
d	Enter the total number of donor advised funds owned at the end of the tax year	N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	N/A	
f	Enter the total number of separate funds or accounts owned at the end of the 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 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?		(e) Amount of support
			Yes	No	
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.)	12161380.	16475454.	12754336.	14013700.	55,404,870.
16 Membership fees received					
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	6,900,190.	3,873,101.	8,479,485.	7,056,314.	26,309,090.
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	67,002.	37,965.	34,946.	72,828.	212,741.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	33,520.	24,175.	SEE STATEMENT 17 2,568.	3,390.	63,653.
23 Total of lines 15 through 22	19162092.	20410695.	21271335.	21146232.	81,990,354.
24 Line 23 minus line 17	12261902.	16537594.	12791850.	14089918.	55,681,264.
25 Enter 1% of line 23	191,621.	204,107.	212,713.	211,462.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 1,113,625.
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 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 55,681,264.
d Add: Amounts from column (e) for lines: 18 212,741. 19 _____ 22 63,653. 26b _____					26d 276,394.
e Public support (line 26c minus line 26d total)					26e 55,404,870.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.5036%
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 N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

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.)

N/A

(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 a 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.) _____ _____		
34 a	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 11 of the instructions.)

N/A

(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
		N/A	
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 -		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is -		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

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.)			0.

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

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization MORRISON CHILD AND FAMILY SERVICES	Employer identification number 93-0354176
	Number, street, and room or suite no. If a P.O. box, see instructions. 1500 N.E. IRVING STREET, SUITE 250	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PORTLAND, OR 97232	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **THOMAS SLICK**
Telephone No. ▶ **(503) 233-4356** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or

▶ tax year beginning **JUL 1, 2007**, and ending **JUN 30, 2008**.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.		
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization MORRISON CHILD AND FAMILY SERVICES	Employer identification number 93-0354176
	Number, street, and room or suite no. If a P.O. box, see instructions. 1500 N.E. IRVING STREET, SUITE 250	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PORTLAND, OR 97232	

Check type of return to be filed (File a separate application for each return):

- Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **THOMAS SLICK**
Telephone No. **(503) 233-4356** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2009**.

5 For calendar year _____, or other tax year beginning **JUL 1, 2007**, and ending **JUN 30, 2008**.

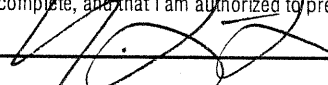
6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension
THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE TAX RETURN IS NOT YET AVAILABLE.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **CFA** Date **2/5/09**

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2007, or fiscal year beginning JUL 1, 2007, and ending JUN 30, 2008

2007

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Return ID (20-digit number) ▶

N/A

Name of exempt organization

MORRISON CHILD AND FAMILY SERVICES

Employer identification number

93-0354176

Name and title of officer

**THOMAS B. SLICK
CHIEF FINANCIAL OFFICER**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	19245770
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax Based on Investment Income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2007 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize GARY MCGEE & CO. to enter my PIN 54176 as my signature on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Thomas B. Slick Date ▶ 4-2-09

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 93140602515
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2007 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers.

ERO's signature ▶ [Signature] Date ▶ 4/1/09

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
FACILITY LOCATED AT THE REGIONAL CHILDREN'S CAMPUS AT EDGEFIELD	07/01/98	08/31/07	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
CHILDRENS LAND TRUST	2,292,790.	2,837,247.	0.	1032484.	488,027.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
OTHER ASSETS		06/30/08	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	3,126.	0.	0.	-3,126.
TO FM 990, PART I, LN 8	2,292,790.	2,840,373.	0.	1032484.	484,901.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 2

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
COOKING FOR KIDS	160,160.	120,562.	39,598.	21,355.	18,243.
BENEFICIARY EVENTS	1,523.		1,523.	13.	1,510.
A CHILDREN'S TALE	221,627.	70,950.	150,677.	49,117.	101,560.
TO FM 990, PART I, LINE 9	383,310.	191,512.	191,798.	70,485.	121,313.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

DESCRIPTION	AMOUNT
NET DECLINE IN FMV OF INVESTMENTS	-63,434.
TOTAL TO FORM 990, PART I, LINE 20	-63,434.

FORM 990 OTHER EXPENSES STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PROFESSIONAL SERVICES	1,359,075.	1,208,637.	144,841.	5,597.
SUBCONTRACTORS	833,973.	833,973.		
OTHER EXPENSES	58,627.	28,088.	24,303.	6,236.
INSURANCE	112,850.	100,789.	11,180.	881.
MOVING EXPENSE	29,705.	26,755.	2,907.	43.
SUBSCRIPTION FEES	10,793.	6,885.	3,209.	699.
MINOR EQUIPMENT	43,551.	20,214.	20,356.	2,981.
BANK AND FINANCE FEES	44,218.	1,038.	42,227.	953.
TRAINING	47,250.	35,459.	8,185.	3,606.
DUES	65,972.	45,427.	20,236.	309.
ADVERTISING	16,138.	292.	15,846.	
EMPLOYEE RECRUITMENT	54,569.	32,429.	22,110.	30.
STAFF RECOGNITION	30,039.	4,996.	24,866.	177.
TOTAL TO FM 990, LN 43	2,706,760.	2,344,982.	340,266.	21,512.

FORM 990 SPECIFIC ASSISTANCE TO INDIVIDUALS STATEMENT 5

DESCRIPTION	AMOUNT
FOOD, CLOTHING, TRANSIT PASSES	69,642.
TOTAL TO FORM 990, PART II, LINE 23	69,642.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT

6

DESCRIPTION OF PROGRAM SERVICE ONE

OUTPATIENT: COMPREHENSIVE MENTAL HEALTH SERVICES FOR CHILDREN AND THEIR FAMILIES, INCLUDING PARENT EDUCATION AND SUPPORT. SERVICES INCLUDE ASSESSMENT AND EVALUATION, INDIVIDUAL, FAMILY AND GROUP THERAPY, MEDICATION MANAGEMENT, HOME, COMMUNITY, AND SCHOOL-BASED SERVICES, AND SPECIALIZED SERVICES FOR HISPANIC FAMILIES. SERVICES ALSO INCLUDE PREVENTION AND CONSULTATION SERVICES IN PARTNERSHIP WITH CHILDCARE CENTERS AND OTHER PROGRAMS SERVING YOUNG CHILDREN.

GRANTS

EXPENSES

TO FORM 990, PART III, LINE A

5,511,557.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 7

DESCRIPTION OF PROGRAM SERVICE THREE

COUNTERPOINT: COMPREHENSIVE TREATMENT SERVICES FOR TROUBLED CHILDREN AND ADOLESCENTS WHO DISPLAY INAPPROPRIATE SEXUAL BEHAVIOR. SERVICES INCLUDE ASSESSMENT AND EVALUATION, OUTPATIENT AND INTENSIVE OUTPATIENT, PROCTOR/DAY TREATMENT, AND DETENTION-BASED SERVICES.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C		1,987,868.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III STATEMENT 8

EXPLANATION

TO PROVIDE QUALITY COMPREHENSIVE SOCIAL, MENTAL HEALTH AND EDUCATIONAL SERVICES THAT STRENGTHEN THE FAMILY AND TO ESTABLISH EFFECTIVE PARTNERSHIPS THAT PROMOTE COMMUNITY RESPONSIBILITY FOR CHILDREN AND FAMILIES.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 9

DESCRIPTION OF OTHER PROGRAM SERVICES	GRANTS AND ALLOCATIONS	EXPENSES
ROSEMONT: RESIDENTIAL CARE AND TREATMENT SERVICES, AS WELL AS CASE MANAGEMENT, EDUCATION AND TRANSITION SERVICES FOR TROUBLED TEENAGE GIRLS AGE 11 THROUGH 17 YEARS. MOST OF THE GIRLS SUFFER FROM MULTIPLE PROBLEMS INCLUDING PHYSICAL AND SEXUAL ABUSE, PARENTAL NEGLECT, ALCOHOL AND DRUG DEPENDENCY, SCHOOL FAILURE, TRUANCY, EMOTIONAL DISTURBANCE AND LAW VIOLATIONS.	0.	3109368.
EDGEFIELD: DAY TREATMENT, TREATMENT FOSTER CARE AND INTENSIVE, COMMUNITY BASED SERVICES FOR SEVERELY EMOTIONALLY DISTURBED CHILDREN, AGES 6-12.	0.	1417775.
TOTAL TO FORM 990, PART III, LINE E		4527143.

FORM 990 **DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT** **STATEMENT 10**

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	224,250.	0.	224,250.
BUILDINGS AND RELATED IMPROVEMENTS	3,268,784.	1,065,227.	2,203,557.
LEASEHOLD IMPROVEMENTS	569,989.	418,458.	151,531.
FURNITURE AND EQUIPMENT	1,455,420.	1,010,217.	445,203.
VEHICLES	93,834.	91,671.	2,163.
CONSTRUCTION IN PROGRESS	91,622.	0.	91,622.
LAND IMPROVEMENTS	4,160.	3,968.	192.
TOTAL TO FORM 990, PART IV, LN 57	5,708,059.	2,589,541.	3,118,518.

FORM 990 **MORTGAGES PAYABLE** **STATEMENT 11**

DESCRIPTION	BALANCE DUE
PORTLAND DEVELOPMENT COMM. CAPITAL PACIFIC BANK	300,824. 1,224,605.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	1,525,429.

FORM 990 **NON-GOVERNMENT SECURITIES** **STATEMENT 12**

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
FIXED INCOME FUNDS	FMV			510,812.	510,812.
EQUITY FUNDS	FMV			662,655.	662,655.
TO FORM 990, LINE 54A, COL B				1,173,467.	1,173,467.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 13
TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE	
			BEN PLAN CONTRIB	EXPENSE ACCOUNT
JANE HOLBROOK 1500 NE IRVING ST., SUITE 250 PORTLAND, OR 97232	CHAIR 4.00	0.	0.	0.
PATRICIA J. SCHMITT 1500 NE IRVING ST., SUITE 250 PORTLAND, OR 97232	CHAIR-ELECT 2.00	0.	0.	0.
JOHN V. ACOSTA 1500 NE IRVING ST., SUITE 250 PORTLAND, OR 97232	IMMEDIATE PAST CHAIR 1.00	0.	0.	0.
BRUCE KELLY 1500 NE IRVING ST., SUITE 250 PORTLAND, OR 97232	SECRETARY 2.00	0.	0.	0.
CHRIS SIZEMORE 1500 NE IRVING ST., SUITE 250 PORTLAND, OR 97232	TREASURER 2.00	0.	0.	0.
TODD LINDSEY 1500 NE IRVING ST., SUITE 250 PORTLAND, OR 97232	ASST. TREASURER 1.00	0.	0.	0.
JODI AMATO 1500 NE IRVING ST., SUITE 250 PORTLAND, OR 97232	DIRECTOR 1.00	0.	0.	0.
RUTH BEYER 1500 NE IRVING ST., SUITE 250 PORTLAND, OR 97232	DIRECTOR 1.00	0.	0.	0.
ELISE BOUNEFF 1500 NE IRVING ST., SUITE 250 PORTLAND, OR 97232	DIRECTOR 1.00	0.	0.	0.
AMY DICKERSON 1500 NE IRVING ST., SUITE 250 PORTLAND, OR 97232	DIRECTOR 1.00	0.	0.	0.
CHRISTOPHER GREYERBIEHL 1500 NE IRVING ST., SUITE 250 PORTLAND, OR 97232	DIRECTOR 1.00	0.	0.	0.

MORRISON CHILD AND FAMILY SERVICES

93-0354176

CAROLINE GUEST 1500 NE IRVING ST., SUITE 250 PORTLAND, OR 97232	DIRECTOR 1.00	0.	0.	0.
LILISA HALL 1500 NE IRVING ST., SUITE 250 PORTLAND, OR 97232	DIRECTOR 1.00	0.	0.	0.
SUE HENNESSY 1500 NE IRVING ST., SUITE 250 PORTLAND, OR 97232	DIRECTOR 1.00	0.	0.	0.
PETER HOOGERHUIS 1500 NE IRVING ST., SUITE 250 PORTLAND, OR 97232	DIRECTOR 1.00	0.	0.	0.
PAM LUM 1500 NE IRVING ST., SUITE 250 PORTLAND, OR 97232	DIRECTOR 1.00	0.	0.	0.
LARRY WOBBEROCK 1500 NE IRVING ST., SUITE 250 PORTLAND, OR 97232	DIRECTOR 1.00	0.	0.	0.
JULIE YOUNG 1500 NE IRVING ST., SUITE 250 PORTLAND, OR 97232	DIRECTOR 1.00	0.	0.	0.
TIA GRAY STECHER 1500 NE IRVING ST., SUITE 250 PORTLAND, OR 97232	CEO 40.00	130,000.	6,139.	0.
BRUCE M. BAKER 1500 NE IRVING ST., SUITE 250 PORTLAND, OR 97232	COO 40.00	90,824.	2,588.	0.
THOMAS B. SLICK 1500 NE IRVING ST., SUITE 250 PORTLAND, OR 97232	CFO 40.00	89,615.	6,061.	0.
LINDA G. VIGESAA 1500 NE IRVING ST., SUITE 250 PORTLAND, OR 97232	CAO 40.00	89,615.	6,061.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		400,054.	20,849.	0.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 14
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
ARRAS, INC.	X	
FOSTER FAMILY CARE NETWORK	X	

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 15
ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	FEEES FOR SERVICES PROVIDED ON BEHALF OF OTHER NON-PROFIT AGENCIES AND PAYMENTS RECEIVED FROM LOW INCOME CLIENTS WHO CAN PAY FOR PART OF THE SERVICES THEY RECEIVE.
93F	MEDICAID (TITLE XIX) PAYMENTS RECEIVED FOR SERVICES PROVIDED BY THE AGENCY TO LOW INCOME CLIENTS.

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2C

STATEMENT 16

THE ORGANIZATION PURCHASED IT CONSULTING SERVICES FROM E. SHAW. E. SHAW IS THE WIFE OF BOARD MEMBER J. ACOSTA.

SCHEDULE A	OTHER INCOME			STATEMENT 17
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
OTHER INCOME	33,520.	24,175.	2,568.	3,390.
TOTAL TO SCHEDULE A, LINE 22	33,520.	24,175.	2,568.	3,390.

CT-12

**For Oregon Corporations
and Certain Trusts**

Charitable Activities Section Oregon Department of Justice

1515 SW 5th Avenue, Suite 410
Portland, OR 97201-5451
E-Mail: charitable.activities@doj.state.or.us
Web site: http://www.doj.state.or.us

VOICE (971) 673-1880
TTY (800) 735-2900
FAX (971) 673-1882

For Accounting Periods Beginning in:

2007

Section I. General Information

1. **REGISTRATION #: 1439**
MORRISON CHILD AND FAMILY SERVICES
1500 N.E. IRVING STREET, SUITE 250
PORTLAND, OREGON 97232

(503) 233-4356 (503) 233-4359
07/01/2007 06/30/2008

Cross Through Incorrect Items and Correct Here:
(See instructions for change of name or accounting period.)

Registration #: _____
Organization Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____ Amended Report?
Email: _____
Period Beginning: _____ Period Ending: _____

2. Did a certified public accountant audit your financial records? - If yes, attach a copy of the auditor's report, financial statements, accompanying notes and any schedules presented as supplementary information to the basic financial statements. Yes No
3. Is the organization a party to a contract involving person-to-person, advertising, vending machine or telephone fund-raising in Oregon? Yes No
If yes, write the name of the fund-raising firm(s) who conducts the campaign(s): _____
4. Has the organization or any officer, director, or executive personnel of the organization ever been involved in a voluntary agreement with any district attorney or attorney general or a legal action in any court regarding the organization's solicitation, administration, or management practices? If yes, attach copies of the agreement and a written explanation. Yes No
5. During this reporting period, did the organization amend its articles of incorporation, bylaws, or trust documents, OR did the organization receive a determination letter from the Internal Revenue Service indicating a new or amended tax-exempt status? If yes, attach a copy of the amended document or letter. Yes No
6. Is the organization ceasing operations and is this the final report? (If yes, see instructions.) Yes No
7. Provide contact information for the person responsible for retaining the organization's records.

Name	Position	Phone	Mailing Address & Email Address
THOMAS SLICK	CFO	(503) 233-4356	1500 N.E. IRVING STREET, SUITE 250 PORTLAND, OREGON 97232

8. List of Officers, Directors, Trustees and Key Employees – List each person who held one of these positions at any time during the year even if they did not receive any compensation from the organization. Attach additional sheets if necessary. If an IRS form is attached that includes substantially the same information, the phrase "See IRS Form" may be entered in lieu of completing this section. (Oregon law requires a minimum of three directors.)

(A) Name, mailing address, daytime phone number and email address	(B) Title & average weekly hours devoted to position	(C) Compensation (If not paid, enter \$0)
Name: SEE FEDERAL FORM 990, PART V-A Address: _____ Phone: _____ Email: _____		
Name: _____ Address: _____ Phone: _____ Email: _____		
Name: _____ Address: _____ Phone: _____ Email: _____		

Form Continued on Reverse Side

Section II. Fee Calculation

9.	Total Revenue (From Line 12 on Form 990; Line 9 on Form 990-EZ; Part I, Line 12a on Form 990-PF; Line 9 on Form 1041 or Form 1041-A; or see page 3 of the instructions if no federal tax return was prepared.)	9.	19,245,770																		
10.	Revenue Fee (See chart below. Minimum fee is \$10, even if total revenue is a negative amount.)	10.	200																		
	<table border="1"> <thead> <tr> <th>Amount on Line 9</th> <th>Revenue Fee</th> </tr> </thead> <tbody> <tr><td>\$0 -</td><td>\$24,999</td></tr> <tr><td>\$25,000 -</td><td>\$49,999</td></tr> <tr><td>\$50,000 -</td><td>\$99,999</td></tr> <tr><td>\$100,000 -</td><td>\$249,999</td></tr> <tr><td>\$250,000 -</td><td>\$499,999</td></tr> <tr><td>\$500,000 -</td><td>\$749,999</td></tr> <tr><td>\$750,000 -</td><td>\$999,999</td></tr> <tr><td>\$1,000,000 or more</td><td>\$200</td></tr> </tbody> </table>	Amount on Line 9	Revenue Fee	\$0 -	\$24,999	\$25,000 -	\$49,999	\$50,000 -	\$99,999	\$100,000 -	\$249,999	\$250,000 -	\$499,999	\$500,000 -	\$749,999	\$750,000 -	\$999,999	\$1,000,000 or more	\$200		
Amount on Line 9	Revenue Fee																				
\$0 -	\$24,999																				
\$25,000 -	\$49,999																				
\$50,000 -	\$99,999																				
\$100,000 -	\$249,999																				
\$250,000 -	\$499,999																				
\$500,000 -	\$749,999																				
\$750,000 -	\$999,999																				
\$1,000,000 or more	\$200																				
11.	Net Assets or Fund Balances at End of the Reporting Period..... (From Line 21 on Form 990 or Form 990-EZ, or Part III, Line 6 on Form 990-PF; or see page 4 to calculate.)	11.	4,041,848																		
12.	Net Fixed Assets Used to Conduct Charitable Activities (Generally, from Line 57c on Form 990, Line 23B on Form 990-EZ or Part II, Line 14b on Form 990-PF; or see page 4 to calculate. See instructions if organization owns income-producing assets.)	12.	3,118,518																		
13.	Amount Subject to Net Assets or Fund Balances Fee..... (Line 11 minus Line 12. If Line 11 minus Line 12 is less than \$50,000, write \$0.)	13.	923,330																		
14.	Net Assets or Fund Balances Fee (Line 13 multiplied by .0001. If the fee is less than \$5, enter \$0. Not to exceed \$1,000. Round cents to the nearest whole dollar.)	14.	92																		
15.	Are you filing this report late? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, the late fee is a minimum of \$20. You may owe more depending on how late the report is. See Instruction 15 for additional information.)	15.																			
16.	Total Amount Due (Add Lines 10, 14, and 15. Make check payable to the Oregon Department of Justice.)	16.	292																		
17.	Attach a copy of the organization's federal tax return and all supporting schedules and attachments that were filed with the IRS with the exception that Form 990 & 990EZ filers do not need to attach a copy of their Schedule B. Also, if the organization did not file with the IRS, but had Total Revenue of \$25,000 or more, or Net Assets or Fund Balances of \$50,000 or more, see the instructions as the organization is required to complete certain IRS Forms for Oregon purposes only. If the attached return was not filed with the IRS, then mark any such return as "For Oregon Purposes Only."																				

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including all accompanying forms, schedules, and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.		
	⇒ <u>COPY</u>	_____	_____
Paid Preparer's Use Only	Signature of officer	Date	Title
	⇒ _____	4/1/09	
	Preparer's signature	Date	Phone
	GARY MCGEE & CO.	522 SW FIFTH AVENUE, SUITE 1300	(503) 222-2515
Preparer's name	Address	PORTLAND, OR 97204-2130	