

Return of Organization Exempt From Income Tax

2008

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning 07/01, 2008, and ending 06/30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization BAPTIST FAMILY AND CHILDREN'S SVC. OF		D Employer identification number
		Doing Business As		52-0621633
		Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telephone number
		7175 COLUMBIA GATEWAY DRIVE SUITE A		(410) 872-1050
City or town, state or country, and ZIP + 4		G Gross receipts \$ 2,798,885.		
COLUMBIA, MD 21046		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
F Name and address of principal officer MRS. SANDY WEHUNT		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
SAME AS ABOVE		If "No," attach a list (see instructions)		
I Tax-exempt status	<input checked="" type="checkbox"/> 501(c)(3) (insert no)	<input type="checkbox"/> 4947(a)(1) or	527	H(c) Group exemption number 1601
J Website: WWW.BAPTISTFAMILY.ORG				
K Type of organization	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association	<input type="checkbox"/> Other
L Year of formation 1920			M State of legal domicile MD	

Part I Summary

SCANNED JUN 03 2010

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PLAN, DEVELOP, IMPLEMENT, AND PROMOTE SERVICES THAT ENCOURAGE THE PHYSICAL, MENTAL, SOCIAL AND SPIRITUAL WELLBEING OF CHILDREN, THE ELDERLY AND FAMILIES IN CRISIS IN THE MARYLAND/DELAWARE REGION.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of employees (Part V, line 2a)	5	21
	6 Total number of volunteers (estimate if necessary)	6	NONE
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	290,055.	320,303.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,627,905.	2,432,527.
	11 Other revenue (Part VIII, column (A), lines 5, 6a, 6c, 10e, and 11e)	144,651.	44,374.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,851.	1,681.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,076,462.	2,798,885.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	15 Salaries, other compensation, and employee benefits (Part IX, column (A), lines 5-10)	NONE	NONE
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,127,778.	1,320,116.
	b Total fundraising expenses, Part IX, column (D), line 25	NONE	NONE
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,684,595.	1,546,817.
	18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	2,812,373.	2,866,933.
	19 Revenue less expenses - Subtract line 18 from line 12	264,089.	-68,048.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	1,928,444.	1,638,306.
	22 Net assets or fund balances - Subtract line 21 from line 20	152,442.	167,825.
		1,776,002.	1,470,481.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: *[Signature]* Date: 04/30/2010
 Type or print name and title: Robert H. Gerstmyer EXECUTIVE DIRECTOR

Paid Preparer's Use Only	Preparer's signature: <i>[Signature]</i>	Date: 7/22/10	Check if self-employed: <input type="checkbox"/>	Preparer's identifying number (see instructions): P00252478
	Firm's name (or yours if self-employed), address, and ZIP + 4: REZNICK GROUP, P.C. 500 EAST PRATT STREET, SUITE 200 BALTIMORE, MD 21202-3100	EIN: 52-1088612	Phone no: 410-783-4900	

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2008)

[Handwritten initials] 4 g/b

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
TO PLAN, DEVELOP, IMPLEMENT, AND PROMOTE SERVICES THAT ENCOURAGE THE
PHYSICAL, MENTAL, SOCIAL AND SPIRITUAL WELLBEING OF CHILDREN, THE
ELDERLY AND FAMILIES IN CRISIS IN THE MARYLAND/DELAWARE REGION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes" describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code: _____) (Expenses \$ 2,274,213 including grants of \$ NONE) (Revenue \$ 2,432,527)
SEE STATEMENT 1

4b (Code: _____) (Expenses \$ 264,199. including grants of \$ NONE) (Revenue \$ NONE)
GOOD SAMARITAN NETWORK: A FOCUS ON EFFORTS OF TANGIBLE
SUPPORT, IN-HOME COUNSELING, REFERRAL TO APPROPRIATE
RESOURCES AND WRAP-AROUND SERVICES.

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services. (Describe in Schedule O)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► \$ 2,538,412. (Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No		
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a	NONE		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	NONE		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	21		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b			
4a	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)?	4a			X
b	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.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?	9a			X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			X
10	Section 501(c)(7) organizations. Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter.				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O See instructions.

Table with 11 rows of questions (1a-11) and columns for Yes/No. Includes sub-questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9a, 9b, 10, 11.

Section B. Policies

Table with 12 rows of questions (12a-16b) and columns for Yes/No. Includes sub-questions 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed MD
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MRS. SUSANNE EMORY VICE PRESIDENT	1.	X	X					NONE	NONE	NONE
MR. GLEN MORRISON AT LARGE EXECUTIVE COMM.	1.	X						NONE	NONE	NONE
MR. BOYCE FLORA SECRETARY/TREASURER	1.	X	X					NONE	NONE	NONE
MR. HANK BELLINGER RESOURCE DEVELOPMENT	1.	X						NONE	NONE	NONE
MR. CALVIN PALMER TRUSTEE	1.	X						NONE	NONE	NONE
MS. JUDY MYERS RESOURCE DEVELOPMENT	1.	X						NONE	NONE	NONE
MRS. SANDY WEHUNT PRESIDENT	1.	X	X					NONE	NONE	NONE
REV. TRAY COBLE PERSONNEL	1.	X						NONE	NONE	NONE
MS. LISA SNYDER PROGRAM	1.	X						NONE	NONE	NONE
MRS. PEARL BARNWELL TRUSTEE	1.	X						NONE	NONE	NONE
MR. CLARENCE L. SMITH PROGRAM CHAIR	1.	X						NONE	NONE	NONE
REV. DON SATTERWHITE TRUSTEE	1.	X						NONE	NONE	NONE
MRS. MILLIE JONES RESOURCE DEVELOPMENT	1.	X						NONE	NONE	NONE
MR. RONALD BELL TRUSTEE	1.	X						NONE	NONE	NONE
DR. CAROL OWENS PROGRAM	1.	X						NONE	NONE	NONE
REV. ROBERT GERSTMAYER EXECUTIVE DIRECTOR	45.	X		X				79,646.	NONE	21,504.

Part VIII Statement of Revenue

52-0621633

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions) . .	1e				
	f All other contributions, gifts, grants, and similar amounts not included above . .	1f	320, 303.			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f			320, 303.		
Program Service Revenue	2a PURCHASE OF SERVICE FEES	Business Code	2, 432, 527	2, 432, 527		
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f			2, 432, 527.		
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) \$ TMT, 2 . . . ▶		30, 106.		
4 Income from investment of tax-exempt bond proceeds . . . ▶			NONE			
5 Royalties ▶			NONE			
		(i) Real	(ii) Personal			
6a Gross Rents						
b Less rental expenses						
c Rental income or (loss)						
d Net rental income or (loss) ▶				NONE		
		(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory		14, 268				
b Less cost or other basis and sales expenses						
c Gain or (loss)		14, 268				
d Net gain or (loss) ▶				14, 268.		14, 268.
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a						
b Less direct expenses b						
c Net income or (loss) from fundraising events ▶			NONE			
9a Gross income from gaming activities See Part IV, line 19 a						
b Less direct expenses b						
c Net income or (loss) from gaming activities ▶			NONE			
10a Gross sales of inventory, less returns and allowances a						
b Less cost of goods sold b						
c Net income or (loss) from sales of inventory ▶			NONE			
Miscellaneous Revenue		Business Code				
11a MISCELLANEOUS INCOME			1, 681	1, 681.		
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d ▶			1, 681.			
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶			2, 798, 885.	2, 434, 208		44, 374

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	NONE			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	101,150.	85,202.	14,713.	1,235.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages	966,594.	814,189.	140,602.	11,803.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions). .	NONE			
9 Other employee benefits	177,462.	147,690.	25,165.	4,607.
10 Payroll taxes	74,910.	61,444.	11,595.	1,871.
11 Fees for services (non-employees)				
a Management	NONE			
b Legal	NONE			
c Accounting	NONE			
d Lobbying	NONE			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	NONE			
12 Advertising and promotion	NONE			
13 Office expenses	NONE			
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	109,196.	91,640.	14,793.	2,763.
17 Travel	68,779.	65,972.	2,525.	282.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	18,040.	12,684.	5,036.	320.
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	13,515.	7,717.	5,507.	291.
23 Insurance	32,110.	28,560.	2,984.	566.
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a STAFF DEVELOPMENT COSTS -----	34,065.	32,452.	1,579.	34.
b CONTRACTED SERVICES -----	167,886.	137,227.	27,925.	2,734.
c TFC DIFFICULTY OF CARE -----	447,885.	447,885.	NONE	NONE
d TFC BOARD PAYMENT -----	384,485.	384,485.	NONE	NONE
e TFC RESPITE CARE -----	29,298.	29,298.	NONE	NONE
f All other expenses -----	241,558.	191,967.	38,637.	10,954.
25 Total functional expenses. Add lines 1 through 24f	2,866,933.	2,538,412.	291,061.	37,460.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	399,549.	1	348,898.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	236,524.	4	205,568.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sales or use		8	
	9 Prepaid expenses and deferred charges	21,964.	9	31,127.
	10a Land, buildings, and equipment, cost basis	10a 397,182.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 220,957.	189,740.	10c 176,225.
	11 Investments - publicly traded securities.	1,077,969.	11	876,034.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,698.	15	454.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,928,444.	16	1,638,306.	
Liabilities	17 Accounts payable and accrued expenses	61,634.	17	65,799.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable.		24	
	25 Other liabilities. Complete Part X of Schedule D	90,808.	25	102,026.
	26 Total liabilities. Add lines 17 through 25	152,442.	26	167,825.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,222,680.	27	1,025,448.
	28 Temporarily restricted net assets	453,322.	28	345,033.
	29 Permanently restricted net assets	100,000.	29	100,000.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,776,002.	33	1,470,481.
	34 Total liabilities and net assets/fund balances.	1,928,444.	34	1,638,306.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits?	X	

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Rows include: 14 Public support percentage for 2008; 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f; 16a 33 1/3% support test - 2008; 16b 33 1/3% support test - 2007; 17a 10%-facts-and-circumstances test - 2008; 17b 10%-facts-and-circumstances test - 2007; 18 Private foundation.

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	151,173.	177,006	430,847	290,055.	320,303.	1,369,384.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,638,294	1,806,444	2,179,461	2,627,905	2,432,527	10,684,631.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5	1,789,467	1,983,450.	2,610,308.	2,917,960	2,752,830.	12,054,015.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6)						12,054,015.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6.	1,789,467.	1,983,450.	2,610,308.	2,917,960	2,752,830.	12,054,015.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	19,192.	23,331.	26,070	38,787.	30,106.	137,486.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	19,192	23,331.	26,070.	38,787.	30,106.	137,486.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	NONE	NONE	NONE	13,851.	1,681.	15,532.
13 Total support. (Add lines 9, 10c, 11, and 12)						12,207,033.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	98.75%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	96.87%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	1.13%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	3.13%

19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization

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

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
MISCELLANEOUS INCOME	NONE	NONE	NONE	13,851.	1,681.	15,532.
TOTALS	NONE	NONE	NONE	13,851.	1,681.	15,532.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

Employer identification number

BAPTIST FAMILY AND CHILDREN'S SVC. OF MD, INC

52-0621633

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No

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

Table with 2 columns: Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements... Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of certified historic structure, 2 Complete lines 2a-2d if the organization held a qualified conservation contribution... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Yes No, 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No, 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: \$, \$, \$, \$. Rows include: 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items. a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2008

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table.

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

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

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

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Term endowment ▶ _____ %

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

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

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

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

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		8,366.		8,366.
b Buildings		158,952.	5,961.	152,991.
c Leasehold improvements		4,384.	4,383.	1.
d Equipment		24,262.	24,262.	NONE
e Other		201,218.	186,351.	14,867.
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c) ▶				176,225.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Table with 10 rows for Part XI reconciliation. Line 1: Total revenue (2,798,885); Line 2: Total expenses (2,866,933); Line 3: Excess or (deficit) for the year (-68,048); Line 4: Net unrealized gains (losses) on investments (-237,473); Line 5: Donated services and use of facilities; Line 6: Investment expenses; Line 7: Prior period adjustments; Line 8: Other (Describe in Part XIV); Line 9: Total adjustments (net) (-237,473); Line 10: Excess or (deficit) for the year per financial statements (-305,521).

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Table with 5 main rows for Part XII reconciliation. Line 1: Total revenue, gains, and other support per audited financial statements (2,561,412); Line 2: Amounts included on line 1 but not on Form 990, Part VIII, line 12: (a) Net unrealized gains on investments (-237,473); (b) Donated services and use of facilities; (c) Recoveries of prior year grants; (d) Other (Describe in Part XIV); (e) Add lines 2a through 2d (-237,473); Line 3: Subtract line 2e from line 1 (2,798,885); Line 4: Amounts included on Form 990, Part VIII, line 12, but not on line 1: (a) Investment expenses not included on Form 990, Part VIII, line 7b; (b) Other (Describe in Part XIV); (c) Add lines 4a and 4b; Line 5: Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) (2,798,885).

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

Table with 5 main rows for Part XIII reconciliation. Line 1: Total expenses and losses per audited financial statements (2,866,933); Line 2: Amounts included on line 1 but not on Form 990, Part IX, line 25: (a) Donated services and use of facilities; (b) Prior year adjustments; (c) Losses reported on Form 990, Part IX, line 25; (d) Other (Describe in Part XIV); (e) Add lines 2a through 2d; Line 3: Subtract line 2e from line 1 (2,866,933); Line 4: Amounts included on Form 990, Part IX, line 25, but not on line 1: (a) Investment expenses not included on Form 990, Part VIII, line 7b; (b) Other (Describe in Part XIV); (c) Add lines 4a and 4b; Line 5: Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) (2,866,933).

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.

Series of horizontal dashed lines provided for entering supplemental information.

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990

OMB No 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990. To be completed by organizations to provide
additional information for responses to specific questions for the
Form 990 or to provide any additional information.**

Name of the organization

Employer identification number

BAPTIST FAMILY AND CHILDREN'S SVC. OF MD, INC

52-0621633

GOVERNANCE, MANAGEMENT & DISCLOSURE

PART VI, SECTION A, LINE 10

A DRAFT OF FORM 990 IS REVIEWED AND AUTHORIZED BY A MEMBER OF THE BOARD

OF DIRECTORS PRIOR TO FILING WITH THE IRS.

Name of the organization BAPTIST FAMILY AND CHILDREN' S SVC. OF MD, INC	Employer identification number 52-0621633
--	--

GOVERNANCE, MANAGEMENT & DISCLOSURE

PART VI, SECTION B, LINE 12C

ALL STAFF MEMBER AND BOARD MEMBERS SIGN A CONFLICT OF INTEREST POLICY ON

AN ANNUAL BASIS.

Name of the organization

BAPTIST FAMILY AND CHILDREN'S SVC. OF MD, INC

Employer identification number

52-0621633

GOVERNANCE, MANAGEMENT & DISCLOSURE

PART VI, SECTION B, LINE 15B

THE EXECUTIVE DIRECTOR'S COMPENSATION IS REVIEWED BY THE FINANCE

COMMITTEE OF THE BOARD OF TRUSTEES ANNUALLY. THE COMMITTEE

RECOMMENDATIONS ARE PRESENTED TO THE BOARD AT THE FIRST BOARD MEETING

FOLLOWING THE END OF EACH FISCAL YEAR.

Name of the organization

Employer identification number

BAPTIST FAMILY AND CHILDREN'S SVC. OF MD, INC

52-0621633

GOVERNANCE, MANAGEMENT & DISCLOSURE

PART VI, SECTION C, LINE 19

THE ORGANIZATION'S GOVERNING DOCUMENTS AND POLICIES ARE AVAILABLE FOR PUBLIC INSPECTION AT THE ORGANIZATION'S OFFICE DURING REGULAR BUSINESS HOURS UPON REQUEST.

Name of the organization BAPTIST FAMILY AND CHILDREN'S SVC. OF MD, INC	Employer identification number 52-0621633
---	--

STATEMENT OF FUNCTIONAL EXPENSES

PART IX, LINE 24(F): ALL OTHER EXPENSES

	TOTAL	PROG. SERV.	MGMT & GEN.	FUNDRAISING
PUBLICITY	5,704	3,760	519	1,425
CLIENT ASSIST.	50,126	50,126	NONE	NONE
UTILITIES	21,280	16,353	4,382	545
REPAIRS & MAINT.	14,945	11,916	2,658	371
SUPPLIES	35,424	26,290	6,379	2,755
EQUIP. RENT/LEASE	8,040	6,591	1,303	146
PRINTING/COPYING	16,286	12,016	1,995	2,275
TELEPHONES	29,341	23,349	4,941	1,051
POSTAGE & SHIPPING	8,449	6,429	1,414	606
MEMBERSHIPS & SUB.	16,817	13,354	2,358	1,105
OTHER	35,146	21,783	12,688	675
TOTAL	241,558	191,967	38,637	10,954

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Attach to Form 990.** To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ **See separate instructions.**

OMB No. 1545-0047
2008
Open to Public Inspection

Name of the organization

BAPTIST FAMILY AND CHILDREN'S SVC. OF MD, INC

Employer identification number
52-0621633

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
THE ARGONNE DRIVE, LLC 7161 A COLUMBIA GATEWAY DRIVE COLUMBIA, MD 21046 26-1623585	REAL ESTATE	MD	NONE	178,986.	BAPTIST FAMI

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule R (Form 990) 2008

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

Table with 3 columns: (A) Name of other organization(s), (B) Transaction type (a-r), and (C) Amount involved. Rows 1a-1r include categories like Receipt of interest, Gift, Loans, Sale of assets, etc.

Table with 3 columns: (A) Name of other organization(s), (B) Transaction type (a-r), and (C) Amount involved. Rows (1) through (6) for additional information.

FORM 990, PART III - PROGRAM SERVICES

=====

4A PROGRAM SERVICE

CHOSEN: A THERAPEUTIC FOSTER CARE PROGRAM ADMINISTERED BY THE ORGANIZATION WHICH PROVIDED HOMES FOR CHILDREN WHO NEED MORE THAN BASIC NURTURING. CHOSEN PROVIDES SPECIALIZED TREATMENT HOMES FOR CHILDREN, AGES BIRTH TO TWENTY-ONE, WITH SPECIAL NEEDS. CHILDREN SERVED PRESENT WITH BEHAVIORAL AND EMOTIONAL PROBLEMS, INCLUDING BUT NOT LIMITED TO IMPULSIVITY, DEPRESSION, AGGRESSION, RUNAWAY, TRUANCY, LYING, NIGHTMARES, STEALING, ENURESIS, ATTENTION DEFICIT HYPERACTIVITY DISORDER AND LEARNING DISABILITIES. THE CHILDREN SERVED HAVE BEEN DETERMINED TO BE SERIOUSLY EMOTIONALLY AND BEHAVIORALLY DISTURBED WITH A DSM IV PSYCHIATRIC DIAGNOSIS AND/OR MEDICALLY FRAGILE. TREATMENT FOSTER PARENTS ARE TRAINED IN THE USE OF SPECIFIC THERAPEUTIC TECHNIQUES/INTERVENTIONS TO INCREASE PRO-SOCIAL BEHAVIOR. RESPITE IS PROVIDED WITHIN THE PROGRAM, BOTH FOR PLANNED AND EMERGENCY PURPOSES.

FORM 990, PART VIII - INVESTMENT INCOME

=====

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST INCOME	30,106.			30,106.
TOTALS	30,106.			30,106.

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
PREPAID EXPENSES	21,964.	31,127.
TOTALS	21,964.	31,127.

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES
=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----	COST OR FMV -----
US GOV' T SPONSORED AGENCIES	524,647.	431,001.	FMV
FIXED INCOME FUNDS & EQUITIES	453,322.	345,033.	FMV
CASH & CASH EQUIVALENTS	100,000.	100,000.	FMV
TOTALS	1,077,969.	876,034.	

- 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. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization BAPTIST FAMILY AND CHILDREN'S SVC. OF MD, INC	Employer identification number 52-0621633
	Number, street, and room or suite no. If a P.O. box, see instructions. 3145 COLUMBIA GATEWAY DRIVE STE A	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. COLUMBIA, MD 21046	

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

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 ROBERT J. GERSTMAYER
Telephone No 410 872-1050 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) 1601. 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.

- I request an additional 3-month extension of time until 05/15/2010
- For calendar year _____, or other tax year beginning 07/01/2008 and ending 06/30/2009
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension INFORMATION FROM A THIRD PARTY HAS NOT BEEN RECEIVED. THIS INFORMATION IS NECESSARY IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.

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 \$	NONE
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 \$	

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 CPA Date 2/10/10
 REZNICK GROUP, P.C.
 500 EAST PRATT STREET, SUITE 200
 BALTIMORE, MD 21202-3100
 Form 8868 (Rev 4-2009)