

Form **990**  
Department of the Treasury  
Internal Revenue Service

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

OMB No 1545-0047  
**2006**  
Open to Public Inspection

**A** For the 2006 calendar year, or tax year beginning **7/01/06**, and ending **6/30/07**

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

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

**C** Name of organization  
**A GRACE PLACE ADULT CARE CENTER**

Number and street (or P O box if mail is not delivered to street address) Room/suite  
**8030 STAPLES MILL ROAD**

City or town, state or country, and ZIP + 4  
**RICHMOND VA 23228**

**D** Employer identification number  
**23-7118287**

**E** Telephone number  
**804-261-0205**

**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 are not applicable to section 527 organizations I

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

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

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

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

**I** Group Exemption Number ▶

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

**G** Website: ▶ **WWW.AGRACEPLACEACC.ORG**

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

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

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **3,258,019**

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

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received				
	<b>a</b> Contributions to donor advised funds	1a			
	<b>b</b> Direct public support (not included on line 1a)	1b	<b>251,487</b>		
	<b>c</b> Indirect public support (not included on line 1a)	1c	<b>141,541</b>		
	<b>d</b> Government contributions (grants) (not included on line 1a)	1d			
	<b>e</b> Total (add lines 1a through 1d) (cash \$ <b>355,253</b> noncash \$ <b>37,775</b> )	1e			<b>393,028</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	2			<b>2,839,916</b>
	<b>3</b> Membership dues and assessments	3			
	<b>4</b> Interest on savings and temporary cash investments	4			<b>1,894</b>
	<b>5</b> Dividends and interest from securities	5			
	<b>6a</b> Gross rents	6a			
	<b>b</b> Less rental expenses	6b			
<b>c</b> Net rental income or (loss) Subtract line 6b from line 6a	6c				
<b>7</b> Other investment income (describe ▶ )	7				
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	8a			
	(B) Other	8b			
		8c			
	<b>d</b> Net gain or (loss) Combine line 8c, columns (A) and (B)	8d			
<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a	<b>22,460</b>		
	<b>b</b> Less direct expenses other than fundraising expenses	9b	<b>26,560</b>		
	<b>c</b> Net income or (loss) from special events Subtract line 9b from line 9a	9c			<b>-4,100</b>
<b>10a</b> Gross sales of inventory, less returns and allowances		10a			
	<b>b</b> Less cost of goods sold	10b			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c			
<b>11</b> Other revenue (from Part VII, line 103)	11			<b>721</b>	
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			<b>3,231,459</b>	
Expenses	<b>13</b> Program services (from line 44, column (B))	13			<b>2,672,566</b>
	<b>14</b> Management and general (from line 44, column (C))	14			<b>292,284</b>
	<b>15</b> Fundraising (from line 44, column (D))	15			<b>157,896</b>
	<b>16</b> Payments to affiliates (attach schedule)	16			
	<b>17</b> Total expenses. Add lines 16 and 44, column (A)	17			<b>3,122,746</b>
<b>18</b> Excess or (deficit) for the year Subtract line 17 from line 12	18			<b>108,713</b>	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	19			<b>834,184</b>	
<b>20</b> Other changes in net assets or fund balances (attach explanation)	20			<b>509</b>	
<b>21</b> Net assets or fund balances at end of year Combine lines 18, 19, and 20	21			<b>943,406</b>	

RECEIVED  
OCT 31 2007  
IRS OSC

OGDEN, UT SEE STATEMENT 1

**Part II Statement of Functional Expenses**

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b>	Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b>	Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b>	Specific assistance to individuals (attach schedule)				
<b>24</b>	Benefits paid to or for members (attach schedule)				
<b>25a</b>	Compensation of current officers, directors, key employees, etc listed in Part V-A (attach schedule) <b>SEE STATEMENT 2</b>	77,979	24,174	42,108	11,697
<b>25b</b>	Compensation of former officers, directors, key employees, etc listed in Part V-B (attach schedule)				
<b>25c</b>	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				
<b>26</b>	Salaries and wages of employees not included on lines 25a, b, and c	1,639,618	1,489,005	62,236	88,377
<b>27</b>	Pension plan contributions not included on lines 25a, b, and c				
<b>28</b>	Employee benefits not included on lines 25a - 27	157,001	138,294	15,617	3,090
<b>29</b>	Payroll taxes	126,969	111,339	8,424	7,206
<b>30</b>	Professional fundraising fees				
<b>31</b>	Accounting fees				
<b>32</b>	Legal fees				
<b>33</b>	Supplies	190,863	180,736	7,096	3,031
<b>34</b>	Telephone	23,444	8,584	14,860	
<b>35</b>	Postage and shipping	5,652	156	2,800	2,696
<b>36</b>	Occupancy	264,469	215,851	35,488	13,130
<b>37</b>	Equipment rental and maintenance	29,273	7,771	18,811	2,691
<b>38</b>	Printing and publications	12,018	616	2,387	9,015
<b>39</b>	Travel	195,583	195,240	128	215
<b>40</b>	Conferences, conventions, and meetings	16,411	8,216	7,431	764
<b>41</b>	Interest	433		433	
<b>42</b>	Depreciation, depletion, etc (attach schedule)	124,247	108,776	14,015	1,456
<b>43a</b>	Other expenses not covered above (itemize) <b>SEE STATEMENT 3</b>	258,786	183,808	60,450	14,528
<b>43b</b>					
<b>43c</b>					
<b>43d</b>					
<b>43e</b>					
<b>43f</b>					
<b>43g</b>					
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>3,122,746</b>	<b>2,672,566</b>	<b>292,284</b>	<b>157,896</b>

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

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

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,

(iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

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

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

What is the organization's primary exempt purpose?

▶ **SEE STATEMENT 4**

**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 **TO PROVIDE PROGRAMS OF EDUCATION, TRAINING REHABILITATION AND RECREATION FOR ADULTS WITH PHYSICAL AND MENTAL DISABILITIES; 157 INDIVIDUALS SERVED AND 19,133 UNITS OF SERVICE PROVIDED.**

(Grants and allocations \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here ▶

**734,206**

b **THE CONNECTIONS PROGRAM IS A COMMUNITY BASED PROGRAM FOR INDIVIDUALS THAT ARE MENTALLY CHALLENGED; 148 INDIVIDUALS SERVED AND 56,372 UNITS OF SERVICE PROVIDED.**

(Grants and allocations \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here ▶

**1,938,360**

c

(Grants and allocations \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here ▶

d

(Grants and allocations \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here ▶

e Other program services (attach schedule)

(Grants and allocations \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here ▶

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services)

**▶ 2,672,566**

**Part IV Balance Sheets (See the instructions.)**

		(A) Beginning of year		(B) End of year	
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only					
<b>Assets</b>	45	Cash-non-interest-bearing	78,597	45	82,899
	46	Savings and temporary cash investments	63,807	46	176,563
	47a	Accounts receivable	228,365		
	b	Less allowance for doubtful accounts	14,904	47c	213,461
	48a	Pledges receivable	76,517		
	b	Less allowance for doubtful accounts		48c	76,517
	49	Grants receivable		49	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att schedule)		50b	
	51a	Other notes and loans receivable (attach schedule)			
	b	Less allowance for doubtful accounts		51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	57,328	53	49,360
	54a	Investments—publicly-traded securities <b>SEE STATEMENT</b>		54a	10,536
	b	Investments—other securities (attach schedule)		54b	
	55a	Investments—land, buildings, and equipment basis	1,423,601		
	b	Less accumulated depreciation (attach schedule) <b>SEE STATEMENT</b>	838,923	55c	584,678
	56	Investments—other (attach schedule)		56	
	57a	Land, buildings, and equipment basis			
b	Less accumulated depreciation (attach schedule)		57c		
58	Other assets, including program-related investments (describe <b>SEE STATEMENT</b> )	23,146	58	3,095	
59	<b>Total assets</b> (must equal line 74) Add lines 45 through 58	1,068,365	59	1,197,109	
<b>Liabilities</b>	60	Accounts payable and accrued expenses	20,617	60	52,654
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a	Tax-exempt bond liabilities (attach schedule)		64a	
	b	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe <b>SEE STATEMENT</b> )	213,564	65	201,049
66	<b>Total liabilities.</b> Add lines 60 through 65	234,181	66	253,703	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted	743,914	67	853,709
	68	Temporarily restricted	90,270	68	89,696
	69	Permanently restricted		69	
	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	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	834,184	73	943,406
74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	1,068,365	74	1,197,109	





**Part VI Other Information (continued)**

		Yes	No
<b>82a</b>	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?	<b>X</b>	
<b>b</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)		
	<b>SEE STMT 12</b>   <b>82b</b>   <b>18,500</b>		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>X</b>	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>X</b>	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	<b>N/A</b>   <b>84b</b>		
<b>85</b>	501(c)(4), (5), or (6) organizations <b>a</b> Were substantially all dues nondeductible by members?		
	<b>N/A</b>   <b>85a</b>		
<b>b</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		
	<b>N/A</b>   <b>85b</b>		
<b>c</b>	Dues, assessments, and similar amounts from members		
	<b>85c</b>		
<b>d</b>	Section 162(e) lobbying and political expenditures		
	<b>85d</b>		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	<b>85e</b>		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	<b>85f</b>		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	<b>N/A</b>   <b>85g</b>		
<b>h</b>	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?		
	<b>N/A</b>   <b>85h</b>		
<b>86</b>	501(c)(7) orgs Enter <b>a</b> Initiation fees and capital contributions included on line 12		
	<b>86a</b>		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities		
	<b>86b</b>		
<b>87</b>	501(c)(12) orgs Enter <b>a</b> Gross income from members or shareholders		
	<b>87a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
	<b>87b</b>		
<b>88a</b>	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		<b>X</b>
<b>b</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		<b>X</b>
<b>89a</b>	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <b>▶ 0</b> , section 4912 <b>▶ 0</b> , section 4955 <b>▶ 0</b>		
<b>b</b>	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		<b>X</b>
<b>c</b>	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>▶ 0</b>		
<b>d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization <b>▶ 0</b>		
<b>e</b>	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		<b>X</b>
<b>f</b>	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		<b>X</b>
<b>g</b>	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?		<b>X</b>
<b>90a</b>	List the states with which a copy of this return is filed <b>▶ NONE</b>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)	<b>90b</b>   <b>82</b>	
<b>91a</b>	The books are in care of <b>▶ LYNNE K. SEWARD, CEO</b> <b>8030 STAPLES MILL ROAD</b> Located at <b>▶ RICHMOND, VA</b>	Telephone no <b>▶ 804-261-0205</b> ZIP + 4 <b>▶ 23228</b>	
<b>b</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 <b>▶</b> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
		<b>91b</b>	<b>X</b>

**Part VI Other Information (continued)**

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?  
If "Yes," enter the name of the foreign country ▶

91c  Yes  No

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶

92

**Part VII Analysis of Income-Producing Activities (See the instructions)**

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a <b>ADULT DAYCARE &amp; CONNECTIONS</b>					182,399
b					
c					
d					
e					
f Medicare/Medicaid payments					2,107,081
g Fees and contracts from government agencies					550,436
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	1,894	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			1	-4,100	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b <b>OTHER INCOME</b>			1	721	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))			0	-1,485	2,839,916
105 Total (add line 104, columns (B), (D), and (E))					2,838,431

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 13

**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)

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	<b>X</b>

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

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	<b>X</b>

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

**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?

Yes	No

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.

**Please Sign Here**

Signature of officer: *Lynne K. Seward* Date: *10-23-07*

Type or print name and title: **LYNNE K. SEWARD EXECUTIVE DIRECTOR, CEO**

**Paid Preparer's Use Only**

Preparer's signature: *Steven P. Walls* Date: *10-22-07* Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: **MEADOWS URQUHART ACREE COOK & WALLS, LLE 1800 BAYBERRY CT STE 104 RICHMOND, VA 23226**

Preparer's SSN or PTIN (See Gen Instr X): **P00609162** EIN: **20-1485301** Phone no: **804-249-5786**

**SCHEDULE A  
(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**

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

OMB No 1545-0047

**2006**

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

A GRACE PLACE ADULT CARE CENTER

Employer identification number

23-7118287

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 2 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Comp	(d) Contrib to empl ben plans & deferred comp	(e) Expense account & other allowances
KEITH MEAD A GRACE PLACE RICHMOND VA 23228	DEVELOPMENT 40	57,158	0	0

Total number of other employees paid over \$50,000 ▶ 0

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms) If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
WARREN, WHITNEY & SHERWOOD 7231 FOREST AVENUE RICHMOND VA 23226	FINANCE MGMT	53,443

Total number of others receiving over \$50,000 for professional services ▶ 0

**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
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶

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

Schedule A (Form 990 or 990-EZ) 2006

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

	Yes	No
<p><b>1</b> 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)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>	<b>1</b>	<b>X</b>
<p><b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )</p> <p><b>a</b> Sale, exchange, or leasing of property?</p> <p><b>b</b> Lending of money or other extension of credit?</p> <p><b>c</b> Furnishing of goods, services, or facilities?</p> <p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V, FORM 990 SEE STATEMENT 14</b></p> <p><b>e</b> Transfer of any part of its income or assets?</p>	2a 2b 2c 2d 2e	<b>X</b> <b>X</b> <b>X</b> <b>X</b> <b>X</b>
<p><b>3a</b> Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments )</p> <p><b>b</b> Did the organization have a section 403(b) annuity plan for its employees?</p> <p><b>c</b> 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</p> <p><b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3a 3b 3c 3d	<b>X</b> <b>X</b> <b>X</b> <b>X</b>
<p><b>4a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g</p> <p><b>b</b> Did the organization make any taxable distributions under section 4966?</p> <p><b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4a 4b 4c	<b>X</b>
<p><b>d</b> Enter the total number of donor advised funds owned at the end of the tax year ► _____</p> <p><b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____</p> <p><b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► <u>0</u></p> <p><b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► <u>0</u></p>		<b>0</b> <b>0</b>

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ►
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
  - Type I
  - Type II
  - Type III-Functionally Integrated
  - Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (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	
<b>Total</b>					

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

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

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

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	566,870	323,407	331,934	863,645	2,085,856
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	2,642,634	2,408,381	2,306,271	2,039,325	9,396,611
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	852	335	178	3,147	4,512
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets <b>STMT 15</b>	624	10,055		1,250	11,929
23 Total of lines 15 through 22	3,210,980	2,742,178	2,638,383	2,907,367	11,498,908
24 Line 23 minus line 17	568,346	333,797	332,112	868,042	2,102,297
25 Enter 1% of line 23	32,110	27,422	26,384	29,074	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					42,046
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					170,948
c Total support for section 509(a)(1) test Enter line 24, column (e)					2,102,297
d Add Amounts from column (e) for lines 18 <u>4,512</u> 19 <u>11,929</u> 22 <u>170,948</u>					187,389
e Public support (line 26c minus line 26d total)					1,914,908
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					91.0865%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return. Enter the sum of such amounts for each year	(2005)	(2004)	(2003)	(2002)	N/A
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year	(2005)	(2004)	(2003)	(2002)	N/A
c Add Amounts from column (e) for lines 15 <u>        </u> 16 <u>        </u> 17 <u>        </u> 20 <u>        </u> 21 <u>        </u>					27c
d Add Line 27a total <u>        </u> and line 27b total <u>        </u>					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test Enter amount from line 23, column (e) <u>27f</u>					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					

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

	N/A	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )	31		
32 Does the organization maintain the following			
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )			
33 Does the organization discriminate by race in any way with respect to			
a Students' rights or privileges?	33a		
b Admissions policies?	33b		
c Employment of faculty or administrative staff?	33c		
d Scholarships or other financial assistance?	33d		
e Educational policies?	33e		
f Use of facilities?	33f		
g Athletic programs?	33g		
h Other extracurricular activities?	33h		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )			
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

Check  **a** if the organization belongs to an affiliated group      Check  **b** if you checked "a" and "limited control" provisions apply

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred )

		(a) Affiliated group totals	(b) To be completed for all electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>		
<b>39</b> Other exempt purpose expenditures	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>		
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table-			
<b>If the amount on line 40 is-</b>			
Not over \$500,000	<b>The lobbying nontaxable amount is-</b>		
	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	<b>41</b>	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>		
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>		
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>		

**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				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

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

- a** Volunteers
  - b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
  - c** Media advertisements
  - d** Mailings to members, legislators, or the public
  - e** Publications, or published or broadcast statements
  - f** Grants to other organizations for lobbying purposes
  - g** Direct contact with legislators, their staffs, government officials, or a legislative body
  - h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
  - i** Total lobbying expenditures (Add lines c through h.)
- If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount





**Federal Statements****Statement 1 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances**

<u>Description</u>	<u>Amount</u>
NET UNREALIZED GAINS ON INVESTMENTS	\$ 509
CONTRIBUTED GOODS	3,877
SPECIAL EVENTS	26,560
CONTRIBUTED GOODS	-3,877
SPECIAL EVENTS	-26,560
TOTAL	<u>\$ 509</u>

## Federal Statements

### Statement 2 - Form 990, Part II, Line 25a - Compensation of Current Officers

Name	Program Services	Management & General	Fundraising
EXPENSES	\$	\$	\$
COMPENSATION	24,174	42,108	11,697
TOTAL	<u>\$ 24,174</u>	<u>\$ 42,108</u>	<u>\$ 11,697</u>

**Federal Statements****Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Mgt &amp; General</u>	<u>Fund- Raising</u>
	\$	\$	\$	\$
EXPENSES				
BAD DEBTS	6,000	6,000		
INSURANCE	110,752	99,770	6,398	4,584
OTHER	20,856	7,633	12,699	524
PROFESSIONAL FEES	121,178	70,405	41,353	9,420
ALLOCATE 50% TRANS TO DAYCARE				
TOTAL	<u>\$ 258,786</u>	<u>\$ 183,808</u>	<u>\$ 60,450</u>	<u>\$ 14,528</u>

**Federal Statements**

**Statement 4 - Form 990, Part III - Organization's Primary Exempt Purpose**

PROVIDE PROGRAMS OF SUPPORT, EDUCATION, TRAINING,  
REHABILITATION AND RECREATION FOR ADULTS WITH DISABILITIES.

**Federal Statements**

**Statement 5 - Form 990, Part IV, Line 54a - Publicly Traded Securities**

Description	Beginning of Year	End of Year	Basis of Valuation
US AND STATE GOVERNMENT CORPORATE STOCK	\$	\$	
		10,536	MARKET
CORPORATE BONDS			
TOTAL	\$ 0	\$ 10,536	

**Statement 6 - Form 990, Part IV, Line 55 - Investments in Land, Buildings, and Equipment**

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
	\$ 1,325,316	\$ 714,675	\$ 1,423,601	\$ 838,923
TOTAL	\$ 1,325,316	\$ 714,675	\$ 1,423,601	\$ 838,923

**Statement 7 - Form 990, Part IV, Line 58 - Other Assets**

Description	Beginning of Year	End of Year
PREPAID RENT	\$ 23,146	\$ 3,095
TOTAL	\$ 23,146	\$ 3,095

**Statement 8 - Form 990, Part IV, Line 65 - Other Liabilities**

Description	Beginning of Year	End of Year
ACCRUED PAYROLL	\$ 36,977	\$ 33,257
DEFERRED RENT BENEFIT	88,232	71,317
ACCRUED VACATION	88,355	96,475
TOTAL	\$ 213,564	\$ 201,049

**Federal Statements****Statement 9 - Form 990, Part IV-A - Other Revenue Included on Financial Statements**

Description	Amount
CONTRIBUTED GOODS	\$ 3,877
SPECIAL EVENTS	26,560
TOTAL	\$ <u>30,437</u>

**Statement 10 - Form 990, Part IV-B - Other Expenses included on Financial Statements**

Description	Amount
CONTRIBUTED GOODS	\$ 3,877
SPECIAL EVENTS	26,560
TOTAL	\$ <u>30,437</u>

10101 A Grace Place Adult Care Center  
 23-7118287  
 FYE: 6/30/2007

## Federal Statements

10/22/2007 9.31 AM

### Statement 11 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
LYNNE K. SEWARD 7649 CHEROKEE ROAD RICHMOND VA 23225	CEO	40	77,979	0	0
JANE ROTHROCK 3504 WARSAW TERRACE GLEN ALLEN VA 23060	PRESIDENT	0	0	0	0
JOHN HEITMULLER 5741 CREEK MILL WAY GLEN ALLEN VA 23059	VP	0	0	0	0
JOHN MASON ANTRIM 821 EAST MAIN STREET RICHMOND VA 23219	SEC./TREAS.	0	0	0	0
AARON BALL 13412 KINGHAM PLACE MIDLOTHIAN VA 23114	DIRECTOR	0	0	0	0
MIKE CHAMP 112 NORTH PLUM STREET RICHMOND VA 23220	DIRECTOR	0	0	0	0
RALPH FOX 5012 PARKCREST CT. GLEN ALLEN VA 23059	DIRECTOR	0	0	0	0
MARGARET KING 11931 BELMONT PARK GLEN ALLEN VA 23059	DIRECTOR	0	0	0	0
JOHN KLINE P.O. BOX 26603 RICHMOND VA 23261	DIRECTOR	0	0	0	0

10101 A Grace Place Adult Care Center  
23-7118287  
FYE: 6/30/2007

## Federal Statements

10/22/2007 9:31 AM

### Statement 11 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
LISA MOBLEY 5648 BACKWATER DRIVE RICHMOND VA 23234	DIRECTOR	0	0	0	0
SHERRE ORROCK 8723 LAUMIC DRIVE RICHMOND VA 23235	DIRECTOR	0	0	0	0
LINDA RENDALEN 1926 GREENWOOD GLEN DR. GLEN ALLEN VA 23059	DIRECTOR	0	0	0	0
FITZ TOTTEN 4901 W. FRANKLIN STREET RICHMOND VA 23226	DIRECTOR	0	0	0	0
LAUREN WARE 12736 WALTON RIDGE LANE MIDLOTHIAN VA 23114	DIRECTOR	0	0	0	0
DANQUOLE WHITEHEAD 530 BELLE GROVE LANE RICHMOND VA 23229	DIRECTOR	0	0	0	0
BILLY WOOTEN 9501 PINE SHADOW DRIVE RICHMOND VA 23238	DIRECTOR	0	0	0	0
GARY HYMAN 612 OAK HALL TERRACE SANDSTON VA 23150	DIRECTOR	0	0	0	0
FRED HUCKIGER 3625 HASTINGS DRIVE RICHMOND VA 23235	EMERITUS	0	0	0	0

10101 A Grace Place Adult Care Center  
23-7118287  
FYE: 6/30/2007

## Federal Statements

10/22/2007 9:31 AM

### Statement 11 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
ALLEN GOOLSBY 13 TOWANA ROAD RICHMOND VA 23226	EMERITUS	0	0	0	0
LOUIS MICHAUX 4905 WEST GRACE STREET RICHMOND VA 23230	EMERITUS	0	0	0	0

## Federal Statements

### Statement 12 - Form 990, Part VI, Line 82b - Donated Services

<u>Description</u>	<u>Amount</u>
VOLUNTEER SERVICES NOT RECORDED	\$ 18,500
TOTAL	<u>\$ 18,500</u>

**Federal Statements****Statement 13 - Form 990, Part VIII - Relationship of Activities**

<u>Line No</u>	<u>Description</u>
93A	FEES COLLECTED TO PROVIDE CARE, EDUCATION, TRAINING FOR
93A	PERSONS WITH PHYSICAL AND MENTAL DISABILITIES.
93F	REIMBURSEMENTS COLLECTED FROM MEDICAID TO DEFRAY COSTS OF
93F	PROVIDING TRAINING, REHABILITATION, AND COUNSELING FOR LOW
93F	INCOME PARTICIPANTS.
93G	REIMBURSEMENTS COLLECTED FROM GOV'T AGENCIES TO DEFRAY
93G	COSTS OF PROVIDING TRAINING, REHABILITATION, AND
93G	COUNSELING FOR LOW INCOME PARTICIPANTS.

# Federal Statements

**Statement 14 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of  
Exp**

Description

---

SEE PART V, FORM 990

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

<u>Description</u>	<u>2005</u>	<u>2004</u>	<u>2003</u>	<u>2002</u>
OTHER REVENUE	\$ 624	\$ 10,055	\$	\$ 1,250
TOTAL	<u>\$ 624</u>	<u>\$ 10,055</u>	<u>\$ 0</u>	<u>\$ 1,250</u>

**Fixed Asset and Depreciation Detail**

ASSET	TYPE	DATE ACQUIRED	METHOD	LIFE	Purchase Cost	DEPR 06/30/07	ACCUM. DEPR. 06/30/07	NET BOOK VALUE 6/30/07	ADMIN	TRANS	DEVEL	DAYCARE	CONN
PROJECTOR - BELL & HOWELL	EQ	1/9/1989	SL	5,000	761 16	-	761 16	-					
2 WHEELCHAIRS	EQ	12/31/1990	SL	5,000	700 00	-	700 00	-					
PRINTER - HP LASERJET	EQ	1/18/1991	SL	5,000	991 70	-	991 70	-					
4 PAGERS/BEEPERS	EQ	5/28/1992	SL	5,000	820 00	-	820 00	-					
PRINTER OKIDATA	EQ	5/28/1993	SL	5,000	549 00	-	549 00	-					
4 BEEPERS - # DISPLAY - CONN	EQ	7/30/1993	SL	5,000	388 00	-	388 00	-					
HOYER-LIFT GUARDIAN	EQ	8/11/1994	SL	5,000	899 00	-	899 00	-					
SHOWER CHAIR	EQ	8/11/1994	SL	5,000	899 00	-	899 00	-					
PRINTER - LASER PRINTER HP IV+	EQ	12/1/1994	SL	5,000	1,778 40	-	1,778 40	-					
31" MITSUBISHI TV & VCR	EQ	1/6/1995	SL	5,000	1,589 00	-	1,589 00	-					
CAMERA PENTAX IQ 140 ZOOM	EQ	8/6/1995	SL	5,000	319 97	-	319 97	-					
LIFE CYCLE RECUMBENT 9500	EQ	8/15/1995	SL	5,000	2,400 00	-	2,400 00	-					
PHONES UPGRADES AT&T	EQ	9/4/1995	SL	3,000	4,050 50	-	4,050 50	-					
POWDER BOARD 36X60	EQ	10/23/1995	SL	5,000	391 95	-	391 95	-					
UNINTERRUPTIBLE POWER SUPPLY	EQ	10/30/1995	SL	5,000	799 00	-	799 00	-					
BEEPER ALPHA CONN	EQ	1/10/1996	SL	5,000	165 00	-	165 00	-					
3 PANEL DISPLAY CARRY BAG	EQ	8/6/1996	SL	5,000	562 00	-	562 00	-					
PRINTER	EQ	11/26/1996	SL	5,000	279 90	-	279 90	-					
PRINTER - 2 HP DESKJET 400	EQ	3/3/1997	SL	5,000	339 98	-	339 98	-					
PHONE AT&T SYS (PARTNER MAIL-4 PORT/MISC EQ)	EQ	3/14/1997	SL	5,000	15,585 30	-	15,585 30	-					
FIREPROOF SAFE 6250	EQ	4/21/1997	SL	5,000	139 99	-	139 99	-					
KARAOKE MACHINE	EQ	5/7/1997	SL	5,000	299 95	-	299 95	-					
SOFTWARE - DAYCARE ADMIN	EQ	6/17/1997	SL	5,000	1,700 00	-	1,700 00	-					
MISC ADJUSTMENT TO BALANCE TO G/L	EQ	6/30/1997	SL	5,000	0 10	-	0 10	-					
PRINTER - AMD P-166 PC, NEC PRINTER	EQ	8/11/1997	SL	5,000	2,566 00	-	2,566 00	-					
SETUP DIALUP NETWORKING & FAXING	EQ	8/18/1997	SL	5,000	100 00	-	100 00	-					
SOFTWARE - P-A LINK VA MEDICAID 1500	EQ	8/20/1997	SL	5,000	1,317 50	-	1,317 50	-					
PRINTER - 2 OKIPAGE PRINTERS MDL#672603	EQ	10/6/1997	SL	5,000	630 00	-	630 00	-					
PRINTER DISPOSE: Okidata Printer;	EQ	10/6/1997	SL	5,000	(315.00)	-	(315.00)	-					
PRINTER - EPSON STYLIST 800C	EQ	1/19/1998	SL	5,000	399 00	-	399 00	-					
PHONE - SYSTEM EXPANSION MODULE	EQ	3/12/1998	SL	5,000	472 50	-	472 50	-					
PHONE - ADDITIONAL WIRING ON AT&T PHONE SYSTE	EQ	7/12/1998	SL	5,000	1,010 00	-	1,010 00	-					
PHONE - AUGMENTATIVE COMMUNICATION DEVICE	EQ	8/18/1998	SL	5,000	300 00	-	300 00	-					
SOFTWARE - PARADIGM SOFTWARE	EQ	8/21/1998	SL	5,000	2,900 00	-	2,900 00	0 00					
PHONE - ADDITIONAL PARTSWIRING FOR AT&T PHON	EQ	10/12/1998	SL	5,000	764 00	-	764 00	-					
PRINTER - POTOMAC TECH PRINTER -SUPERPRINT 4+	EQ	10/23/1998	SL	5,000	259 00	-	259 00	-					
PHONE - MERLIN SYSTEM PARTS FOR AT&T SYSTEM	EQ	11/12/1998	SL	5,000	305 00	-	305 00	0 00					
SOFTWARE AND MOTHERBOARD FOR FINANCE DEPT	EQ	12/18/1998	SL	3,000	472 50	-	472 50	0 00					
PROJECTION SCREEN	EQ	1/31/1999	SL	5,000	168 00	-	168 00	-					
4 FT EZ ACCESS PORTABLE SUITCASE TRIFOLD	EQ	2/23/1999	SL	5,000	259 00	-	259 00	(0 00)					
8 FT EZ ACCESS PORTABLE SUITCASE TRIFOLD	EQ	2/23/1999	SL	5,000	649 00	-	649 00	(0 00)					
INVACARE LIFT (PREVIOUSLY HOYER LIFT, EXCHANGI	EQ	3/23/1999	SL	5,000	843 00	-	843 00	-					
9 SL WHEELCHAIR	EQ	3/24/1999	SL	5,000	750 00	-	750 00	-					
POSEY SITTER W/MATTRESS PAD	EQ	3/24/1999	SL	5,000	550 00	-	550 00	0 00					
RELAX ECU SYSTEM	EQ	3/24/1999	SL	5,000	600 00	-	600 00	-					
ROLLING COMM/DE/SHOWER CHAIR	EQ	3/24/1999	SL	5,000	280 00	-	280 00	0 00					
WHEELCHAIR - TRACER LX SIMI RECLINER	EQ	3/24/1999	SL	5,000	864 00	-	864 00	-					

ADULT CARE SERVICES  
Fixed Asset and Depreciation Detail

ASSET	TYPE	DATE ACQUIRED	METHOD	LIFE	Purchase Cost	DEPR 06/30/07	ACCUM. DEPR 06/30/07	NET BOOK VALUE 6/30/07	ADMIN	TRANS	DEVEL	DAYCARE	CONN
PERIPHERALS - Iomega 2GB EXT Jaz Drive and Adaptec	EQ	8/27/1999	SL	5,000	379.00	-	379.00	-					
COMPUTER - 2 Pentium III/III 440 ZX 512k ATX PC's	EQ	1/3/2000	SL	5,000	2,606.00	-	2,606.00	-					
COMPUTER, LAPTOP FOR AT DEPT	EQ	4/1/2000	SL	5,000	1,389.97	-	1,389.97	-					
HOSPITAL BEDS, 2	EQ	3/1/2001	SL	5,000	1,760.00	-	1,760.00	(0.00)					
COPIER - PITNEY BOWES C 650	EQ	2/15/2002	SL	4,000	11,138.68	-	11,138.68	-					
COMPUTER - New PC (Jane's Office)	EQ	3/1/2002	SL	5,000	1,624.42	216.59	1,624.42	-			216.59		
PROJECTOR - Seay grant projector (??)	EQ	3/27/2002	SL	5,000	3,281.44	437.53	3,281.44	-			437.53		
COMPUTER - 4 Qualitas Computers	EQ	4/11/2002	SL	5,000	4,704.00	705.60	4,704.00	-				705.60	
PRINTER & ZIP DRIVE	EQ	5/12/2002	SL	5,000	1,285.27	214.21	1,285.27	-			214.21		
CART - Locking AV Cart	EQ	12/9/2002	SL	3,000	416.28	-	416.28	(0.00)					
SERVER - Qualitas Server & Hub	EQ	12/15/2002	SL	5,000	3,345.00	669.00	3,066.25	278.75	669.00				
SOFTWARE - QuickBooks	EQ	3/14/2003	SL	3,000	1,172.00	-	1,172.00	0.00					
COMPUTER - Dell Latitude D600 w/ software	EQ	7/23/2003	SL	3,000	2,253.00	-	2,253.00	-					
SOFTWARE - Paradigm	EQ	8/15/2003	SL	3,000	795.00	-	795.00	0.00					
PRINTERS - 3 Dell Workgroup Lazer M5200N	EQ	10/31/2003	SL	3,000	2,761.00	230.08	2,761.00	-					230.08
PRINTERS - 5 Dell Personal Inkjet J740	EQ	10/31/2003	SL	3,000	458.00	38.17	458.00	-				38.17	
Dell workgroup printer	EQ	10/31/2003	SL	3,000	847.80	70.65	847.80	-	70.65				
9 Dell Optiplex GX270T minitower comp	EQ	11/20/2003	SL	3,000	9,774.00	1,086.00	9,774.00	-	362.00			362.00	362.00
Pitney Bowes DL17 copier	EQ	9/2/2003	SL	3,000	995.00	55.28	995.00	-					55.28
VOICE MAIL SYSTEM - A&J	EQ	7/22/2004	SL	5,000	3,628.65	725.73	2,177.19	1,451.46	725.73				
PENTIUM 4 NETWORK SERVER + CONFIGURATION	EQ	9/16/2004	SL	5,000	5,240.00	1,048.00	2,969.33	2,270.67	1,048.00				
STAFF TRAINING TAPE SYSTEM - COASTAL	EQ	10/31/2004	SL	3,000	2,115.23	705.08	1,938.96	176.27					
HOYER LIFT	EQ	4/7/2005	SL	5,000	1,048.65	209.73	471.89	576.76					
MAYTAG CLOTHES WASHER #12872914GJ	EQ	1/21/2006	SL	5,000	754.85	150.97	226.46	528.40					150.97
MAYTAG DRYER #13646658GN	EQ	1/21/2006	SL	5,000	567.85	113.57	170.36	397.50					113.57
PHONES & WIRING FOR 8022 SPACE	EQ	1/20/2006	SL	10,000	1,178.33	117.83	176.75	1,001.58					117.83
GE 8 CuF1 MANUAL DEFROST FREEZER	EQ	2/16/2006	SL	5,000	359.90	71.98	101.97	257.93					71.98
PARADIGM/SAGE SOFTWARE UPGRADE	EQ	3/29/2006	SL	3,000	1,160.00	386.67	484.00	696.00			386.67		
2 - PENTIUM 4 3.0 GHZ DESKTOPS W/ FLAT SCREENS	EQ	4/24/2006	SL	3,000	2,040.00	680.00	850.00	1,190.00				680.00	
PRINTER - HP 3600dn COLOR LASER (DEV)	EQ	11/1/2006	SL	3,000	903.89	200.86	200.86	703.03			200.86		
COMPUTER - DELL DIM E520 DESKTOP(LYNNE)	EQ	11/9/2006	SL	3,000	1,142.40	253.87	253.87	888.53	253.87				
COMPUTER - DELL DESKTOP (ADMIN)	EQ	12/20/2006	SL	3,000	919.80	178.85	178.85	740.95	178.85				
COMPUTER - HP LAPTOP (FINANCE)	EQ	1/1/2007	SL	3,000	1,212.98	202.16	202.16	1,010.82	202.16				
PERIPHERALS - POWERVAULT RD1000 USB DRIVE (ADMIN)	EQ	2/20/2007	SL	3,000	626.63	87.03	87.03	539.60	87.03				
(CHEERS)	EQ	2/20/2007	SL	3,000	688.81	95.67	95.67	593.14				95.67	
COMPUTER - 3 DELL E520 DESKTOPS (ADMIN)	EQ	5/8/2007	SL	3,000	2,135.64	118.65	118.65	2,016.99	118.65				
COMPUTER - 5 DELL E520 DESKTOPS (ADMIN)	EQ	6/20/2007	SL	3,000	3,454.52	95.96	95.96	3,358.56	95.96				
MONITORS - 3 SCEPTRE 17" LCD MONITORS & 5 SPEAKERS	EQ	6/20/2007	SL	3,000	534.86	14.86	14.86	520.00	14.86				
NINTENDO Wii	EQ	6/10/2007	SL	3,000	521.80	14.49	14.49	507.31					14.49
42" HDTV HITACHI	EQ	6/2/2007	SL	3,000	1,804.97	50.14	50.14	1,754.83					50.14
32" COLOR TV W/ REMOTE	EQ	4/1/2007	SL	3,000	500.00	41.67	41.67	458.33					41.67
PRONTO M51 ELECTRIC WHEELCHAIR	EQ	4/1/2007	SL	5,000	5,045.00	252.25	252.25	4,792.75					252.25
REFRIGERATOR	EQ	6/1/2007	SL	5,000	539.95	9.00	9.00	530.95				9.00	
EQ Total					141,662.97	9,648.12	114,421.86	27,241.11	3,826.75	-	1,455.86	2,452.70	1,812.80
CHAIR - OFFICE	FF	8/1/1990	SL	5,000	94.05	-	94.05	-					-

ADULT CARE SERVICES  
Fixed Asset and Depreciation Detail

ASSET	TYPE	DATE ACQUIRED	METHOD	LIFE	Purchase Cost	DEPR 06/30/07	ACCUM. DEPR. 06/30/07	NET BOOK VALUE 6/30/07	ADMIN	TRANS	DEVEL	DAYCARE	CONN
FILE CABINET	FF	10/9/1990	SL	5,000	206 91	-	206 91	-					-
DESK - 2 RECEPTION	FF	10/1/1993	SL	5,000	3,000 00	-	3,000 00	-					-
DESK - 2 OFFICE	FF	10/1/1993	SL	5,000	5,000 00	-	5,000 00	-					-
TABLE - 2 ROUND - 42"	FF	10/1/1993	SL	5,000	538 00	-	538 00	-					-
BED - 2 TWIN BED HEADS & FRAMES	FF	10/1/1993	SL	5,000	199 98	-	199 98	-					-
BED - 2 TWIN MATTRESS, BOX SPRINGS	FF	10/1/1993	SL	5,000	600 00	-	600 00	-					-
CHAIR - 20 STACKABLE - RED	FF	10/1/1993	SL	5,000	1,040 00	-	1,040 00	-					-
TABLE - 6 ROUND - 48"	FF	10/1/1993	SL	5,000	1,762 20	-	1,762 20	-					-
CHAIR - 8 DESK CHAIRS	FF	10/1/1993	SL	5,000	2,064 00	-	2,064 00	-					-
FILE - 8 LATERAL FILES 3 DRAWER	FF	10/1/1993	SL	5,000	2,548 80	-	2,548 80	-					-
DISHWASHER	FF	10/1/1993	SL	5,000	228 50	-	228 50	-					-
LAMP - RECEPTION AREA	FF	10/1/1993	SL	5,000	250 00	-	250 00	-					-
FILE - LATERAL FILE 3 DRAWER	FF	10/1/1993	SL	5,000	359 10	-	359 10	-					-
FILE - LATERAL FILE 4 DRAWER	FF	10/1/1993	SL	5,000	351 00	-	351 00	-					-
FILE - LATERAL FILE 4 DRAWER	FF	10/1/1993	SL	5,000	405 00	-	405 00	-					-
PAINTING - SUNFLOWERS	FF	10/1/1993	SL	5,000	350 00	-	350 00	-					-
PATIO PLANTERS/BENCHES	FF	10/1/1993	SL	5,000	250 00	-	250 00	-					-
RANGE	FF	10/1/1993	SL	5,000	375 75	-	375 75	-					-
CHAIR - RECEPTION CHAIRS	FF	10/1/1993	SL	5,000	1,335 00	-	1,335 00	-					-
REFRIGERATOR	FF	10/1/1993	SL	5,000	853 50	-	853 50	-					-
BED - ROLLAWAY	FF	10/1/1993	SL	5,000	179 99	-	179 99	-					-
WALL HANGING ABSTRACT	FF	10/1/1993	SL	5,000	150 00	-	150 00	-					-
BLINDS	FF	10/15/1993	SL	5,000	6,069 00	-	6,069 00	-					-
TABLE - CONFERENCE	FF	10/18/1993	SL	5,000	212 00	-	212 00	-					-
CHAIR - 2 RECLINERS GOLD	FF	11/1/1993	SL	5,000	350 00	-	350 00	-					-
CHAIR - 10 GREY GUEST CHAIRS	FF	1/7/1994	SL	5,000	529 90	-	529 90	-					-
TABLE - CONFERENCE TABLE	FF	1/7/1994	SL	5,000	234 99	-	234 99	-					-
TABLE - 3 ROUND TABLES 48"	FF	4/11/1994	SL	5,000	881 10	-	881 10	-					-
CHAIR - 4 OFFICE CHAIRS W WOOD ARMS	FF	4/15/1994	SL	5,000	600 00	-	600 00	-					-
CHAIR - 10 RED STACK CHAIRS W/O ARMS	FF	6/7/1994	SL	5,000	520 00	-	520 00	-					-
CABINET - 2 STORAGE CABINETS CONN	FF	9/7/1994	SL	5,000	199 98	-	199 98	-					-
FILE - 2 LATERAL FILES	FF	9/23/1994	SL	5,000	778 22	-	778 22	-					-
CHAIR - 2 ROCKER/RECLINERS RED VINYL	FF	12/8/1994	SL	5,000	699 00	-	699 00	-					-
BED - HOSPITAL BED	FF	1/5/1995	SL	5,000	1,050 00	-	1,050 00	-					-
CABINET - CABINET LUXOR ES-60W CART	FF	1/6/1995	SL	5,000	747 00	-	747 00	-					-
STEREO SYSTEM	FF	1/6/1995	SL	5,000	1,979 00	-	1,979 00	-					-
CHAIR - MANAGERS PUMP CHAIR/PORT	FF	3/28/1995	SL	5,000	199 99	-	199 99	-					-
DESK - YERGER DESK & RETURN BLACK	FF	3/28/1995	SL	5,000	179 98	-	179 98	-					-
GARDEN FOUNTAIN (LION)	FF	5/7/1995	SL	5,000	240 00	-	240 00	-					-
CHAIR - ROCKER REDWOOD SWIVEL	FF	6/9/1995	SL	5,000	230 00	-	230 00	-					-
DESK - 2 DESKS	FF	9/15/1995	SL	3,000	200 00	-	200 00	-					-
CHAIR - ROCKER CHAIR	FF	9/15/1995	SL	3,000	150 00	-	150 00	-					-
CHAIR - 3 SECRETARIAL CHAIR BURGUNDY	FF	1/5/1996	SL	5,000	840 00	-	840 00	-					-
TABLE - 8 RECTANGULAR TABLES	FF	1/5/1996	SL	5,000	2,800 00	-	2,800 00	-					-
11 PICTURES	FF	3/15/1996	SL	5,000	1,300 00	-	1,300 00	-					-
CHAIR - 10 CHAIRS STACKABLE W/ ARMS	FF	5/7/1996	SL	5,000	880 00	-	880 00	-					-
CHAIR - 10 CHAIRS STACKABLE W/O ARMS	FF	5/7/1996	SL	5,000	760 00	-	760 00	-					-

ADULT CARE SERVICES  
Fixed Asset and Depreciation Detail

ASSET	TYPE	DATE ACQUIRED	METHOD	LIFE	Purchase Cost	DEPR 06/30/07	ACCUM. DEPR. 06/30/07	NET BOOK VALUE 6/30/07	ADMIN	TRANS	DEVEL	DAYCARE	CONN
4 PICTURES	FF	6/15/1996	SL	5,000	200 00	-	200 00	-					-
MR COFFEE MACHINE	FF	10/2/1996	SL	5,000	79 99	-	79 99	-					-
CHAIR - DOUBLE ARM CHAIR	FF	11/1/1996	SL	5,000	320 00	-	320 00	-					-
ANTIQUE TEA POT	FF	17/1997	SL	5,000	219 00	-	219 00	-					-
ANTIQUE VICTROLA	FF	17/1997	SL	5,000	500 00	-	500 00	-					-
LAMPS	FF	1/30/1997	SL	5,000	350 00	-	350 00	-					-
RANGE, ELECTRIC	FF	1/31/1997	SL	5,000	1,000 00	-	1,000 00	-					-
CHAIR - 3 ROCKER RECLINER CHAIRS	FF	2/1/1997	SL	5,000	1,000 00	-	1,000 00	-					-
CHAIR - 8 STACK CHAIRS	FF	3/3/1997	SL	5,000	255 92	-	255 92	-					-
CABINET, WOOD - ALZHEIMERS	FF	4/30/1997	SL	5,000	1,586 00	-	1,586 00	-					-
TABLE, WOOD - ALZHEIMERS	FF	6/4/1997	SL	5,000	205 00	-	205 00	-					-
APPLIANCES - ALZHEIMERS	FF	7/17/1997	SL	5,000	647 94	-	647 94	-					-
CHAIR - 1 OVERSIZED DESK CHAIR	FF	7/28/1997	SL	5,000	360 00	-	360 00	-					-
CHAIR - 10 STACK CHAIRS W/ ARMS	FF	7/28/1997	SL	5,000	636 00	-	636 00	-					-
CHAIR - 4 REGULAR DESK CHAIRS	FF	7/28/1997	SL	5,000	1,320 00	-	1,320 00	-					-
CHAIR - 5 STACK CHAIRS W/O ARMS	FF	7/28/1997	SL	5,000	294 00	-	294 00	-					-
DESK - 4 DESK W/ RETURNS	FF	9/17/1997	SL	5,000	3,184 00	-	3,184 00	-					-
DESK - 4 DESK W/O RETURNS	FF	9/17/1997	SL	5,000	2,096 00	-	2,096 00	-					-
CHAIR - DESK CHAIR W/O ARMS	FF	9/17/1997	SL	5,000	219 70	-	219 70	-					-
TABLE, WOOD FOR ALZ UNIT	FF	11/1/1997	SL	5,000	221 00	-	221 00	-					-
CHAIR - 4 CHAIRS	FF	11/3/1997	SL	5,000	600 00	-	600 00	-					-
FILE - 1 36" LAT, 2 2-DRAWER VERT FILES	FF	17/1998	SL	5,000	429 97	-	429 97	-					-
CHAIR - 2 HON CHAIRS W/O ARMS BURGUNDY	FF	1/14/1998	SL	5,000	220 00	-	220 00	-					-
DESK	FF	1/26/1998	SL	5,000	632 00	-	632 00	-					-
DESK W/ LT RETURN CORDOVAN	FF	3/18/1998	SL	5,000	950 50	-	950 50	-					-
TV - BIG SCREEN T V	FF	5/1/1998	SL	5,000	4,000 00	-	4,000 00	-					-
3 CHAIRS, SETTEE, 3 PAD, PLANTER, MAG RACK	FF	5/7/1998	SL	5,000	687 60	-	687 60	-					-
FILE - LATERAL FILE	FF	7/8/1998	SL	5,000	1,319 96	-	1,319 96	-					-
BOOKCASE	FF	7/15/1998	SL	5,000	239 25	-	239 25	-					-
FILE - LATERAL FILE	FF	7/15/1998	SL	5,000	1,129 96	-	1,129 96	-					-
TABLE - OCCASIONAL TABLE	FF	7/15/1998	SL	5,000	400 00	-	400 00	-					-
CART, UTILITY, RESIN LOVESEAT, ETC	FF	7/20/1998	SL	5,000	446 80	-	446 80	-					-
CHAIR - (5) GOLDEN TECH MONARCH 3 POS LIFT CHA	FF	8/18/1998	SL	5,000	3,200 00	-	3,200 00	0 00					-
DESK - FRANKLIN DESK AND RETURN/FILE	FF	8/25/1998	SL	5,000	950 50	-	950 50	0 00					-
TABLE - 30 X 48 TABLE - AT	FF	10/16/1998	SL	5,000	1,223 04	-	1,223 04	-					-
CHAIR - 3000 SERIES MID BACK TASK CHAIR - AT	FF	10/16/1998	SL	5,000	243 00	-	243 00	-					-
TABLE - COMPUTER TABLE - AT	FF	10/16/1998	SL	5,000	348 66	-	348 66	-					-
CHAIR - GUEST CHAIR	FF	10/27/1998	SL	5,000	449 28	-	449 28	-					-
CHAIR - GUEST CHAIR	FF	10/27/1998	SL	5,000	449 28	-	449 28	-					-
CHAIR - GUEST CHAIR	FF	10/27/1998	SL	5,000	449 28	-	449 28	-					-
TABLE - KIMBALL END TABLE	FF	10/27/1998	SL	5,000	280 26	-	280 26	0 00					-
CHAIR - 10 STACKING CHAIRS	FF	12/16/1998	SL	5,000	446 65	-	446 65	0 00					-
ORGANIZATION SIGN	FF	10/26/1999	SL	5,000	466 95	-	466 95	-					-
Furniture to house AT Work Station	FF	2/29/2000	SL	5,000	555 00	-	555 00	-					-
TV for AT Work Station	FF	3/17/2000	SL	5,000	588 85	-	588 85	-					-
Furniture to house AT Work Station	FF	3/21/2000	SL	5,000	1,647 06	-	1,647 06	-					-
CHAIR - 15 Stack Chairs	FF	4/18/2000	SL	5,000	810 00	-	810 00	-					-

ADULT CARE SERVICES  
Fixed Asset and Depreciation Detail

ASSET	TYPE	DATE ACQUIRED	METHOD	LIFE	Purchase Cost	DEPR 06/30/07	ACCUM DEPR. 06/30/07	NET BOOK VALUE 6/30/07	ADMIN	TRANS	DEVEL	DAYCARE	CONN
CHAIR - 16 Various Chairs from Mega Furniture	FF	9/30/2000	SL	5,000	921 00	-	921 00	-					-
SOFTWARE - Peachtree Networked Software	FF	12/29/2000	SL	5,000	514 95	-	514 95	-					-
CHAIR - (Mega Office)	FF	5/1/2001	SL	5,000	945 00	-	945 00	-					-
Mats	FF	5/1/2001	SL	5,000	769 40	-	769 40	0 00				240 00	-
CHAIR - 20 Vinyl Chairs	FF	12/7/2001	SL	5,000	2,880 00	240 00	2,880 00	-					71 87
CHAIR - Desk Chair	FF	3/28/2002	SL	5,000	539 00	71 87	539 00	-					75 80
DESK - Dbl Pedestal Desk	FF	10/14/2002	SL	5,000	379 00	75 80	360 05	18 95					167 80
CHAIR - 10 wooden arm chairs	FF	10/16/2002	SL	8,000	1,342 40	167 80	797 05	545 35					221 73
CHAIR - 18 armless guest chairs	FF	10/16/2002	SL	8,000	1,773 86	221 73	1,053 23	720 63					56 23
BOOKCASE - 2 3-shelf bookcases w/ laminate top	FF	10/16/2002	SL	8,000	449 83	56 23	267 09	182 74					57 60
TABLE - 2 42" round ped tables, butterfly leaf	FF	10/16/2002	SL	8,000	460 80	57 60	273 60	187 20					48 78
TABLE - 2 48" round tables	FF	10/16/2002	SL	8,000	390 22	48 78	231 69	158 53					80 96
DESK - 2 60x30 dbl ped desks	FF	10/16/2002	SL	8,000	647 70	80 96	384 57	263 13					300 58
CHAIR - 2 burgundy lift chairs	FF	10/16/2002	SL	5,000	1,502 92	300 58	1,427 77	75 15					225 34
CHAIR - 2 Lane recliners, spruce	FF	10/16/2002	SL	5,000	1,126 72	225 34	1,070 38	56 34					145 46
DESK - 2 single ped desks w/ returns	FF	10/16/2002	SL	8,000	1,163 69	145 46	690 94	472 75					618 71
CHAIR - 28 desk chairs	FF	10/16/2002	SL	8,000	4,949 67	618 71	2,938 87	2,010 80					146 54
DESK - 3 72x36 dbl ped desks	FF	10/16/2002	SL	8,000	1,172 35	146 54	696 08	476 27					414 10
CHAIR - 30 guest chairs w/ arms	FF	10/16/2002	SL	8,000	3,312 82	414 10	1,966 99	1,345 83					12 38
TABLE - 36x72 folding table	FF	10/16/2002	SL	8,000	99 00	12 38	58 78	40 22					614 41
CHAIR - 37 stacking chairs w/ arms	FF	10/16/2002	SL	8,000	4,915 29	614 41	2,918 45	1,996 84					565 49
CHAIR - 38 armless stacking chairs	FF	10/16/2002	SL	8,000	4,523 89	565 49	2,686 06	1,837 83					90 88
TABLE - 4 42x42 tables	FF	10/16/2002	SL	8,000	727 00	90 88	431 66	295 34					397 87
DESK - 4 desks w/ dbl returns	FF	10/16/2002	SL	8,000	3,182 92	397 87	1,889 86	1,293 06					55 21
TABLE - 4 end tables	FF	10/16/2002	SL	8,000	441 70	55 21	262 26	179 44					49 88
FILE - 4-dr lateral file	FF	10/16/2002	SL	8,000	399 03	49 88	236 92	162 11					146 66
FILE - 5 2-dr lateral file	FF	10/16/2002	SL	8,000	1,173 30	146 66	696 65	476 65					155 61
BOOKCASE - 6 5-shelf bookcases, mah	FF	10/16/2002	SL	8,000	1,244 89	155 61	739 15	505 74					309 82
FILE - 8 3-dr lateral files	FF	10/16/2002	SL	8,000	2,478 57	309 82	1,471 65	1,006 92					113 25
TABLE - 9 36x72 folding tables	FF	10/16/2002	SL	8,000	906 00	113 25	537 94	368 06					80 06
DRYER, CLOTHES	FF	10/16/2002	SL	5,000	400 28	80 06	380 27	20 01					118 20
WASHER, CLOTHES	FF	10/16/2002	SL	5,000	591 00	118 20	561 45	29 55					54 29
TABLE - Conference table	FF	10/16/2002	SL	8,000	434 28	54 29	257 85	176 43					81 60
DISHWASHER - GE	FF	10/16/2002	SL	5,000	408 00	81 60	387 60	20 40					113 20
RANGE - GE ELECTRIC	FF	10/16/2002	SL	5,000	566 00	113 20	537 70	26 30					198 79
REFRIGERATOR - GE	FF	10/16/2002	SL	5,000	993 95	198 79	944 25	49 70					178 20
ICE MACHINE	FF	10/16/2002	SL	5,000	891 00	178 20	846 45	44 55					270 25
BLINDS - PREMIER MINIBLINDS	FF	10/16/2002	SL	5,000	1,351 25	270 25	1,283 69	67 56					30 23
DESK - Queen Anne writing desk	FF	10/16/2002	SL	8,000	241 85	30 23	143 60	98 25					51 25
Window treatments	FF	10/16/2002	SL	8,000	409 99	51 25	243 43	166 56					297 80
CHAIR - 11 Armless Stacking Chairs	FF	11/5/2002	SL	5,000	1,489 00	297 80	1,389 73	99 27					330 80
CHAIR - 11 Stacking Chairs w/Arms	FF	11/5/2002	SL	5,000	1,654 00	330 80	1,543 73	110 27					26 80
CHAIR - Armless Stacking Chair	FF	1/7/2003	SL	5,000	134 00	26 80	120 60	13 40					29 80
CHAIR - Stacking Chair w/ Arms	FF	1/7/2003	SL	5,000	149 00	29 80	134 10	14 90					113 40
CHAIR - CHAISE	FF	1/13/2003	SL	5,000	567 00	113 40	510 30	56 70					55 47
TABLE - Sofa table	FF	2/1/2003	SL	5,000	277 37	55 47	245 01	32 36					

ADULT CARE SERVICES  
Fixed Asset and Depreciation Detail

ASSET	TYPE	DATE ACQUIRED	METHOD	LIFE	Purchase Cost	DEPR 06/30/07	ACCUM. DEPR 06/30/07	NET BOOK VALUE 6/30/07	ADMIN	TRANS	DEVEL	DAYCARE	CONN
TABLE - 10 training tables	FF	10/16/2003	SL	8,000	2,406.61	300.83	1,428.92	977.69					300.83
38 dbi rails	FF	10/16/2003	SL	8,000	421.64	52.71	250.35	171.29					52.71
REFRIGERATOR - GE Side-by-Side	FF	11/2/2003	SL	8,000	851.17	106.40	390.12	461.05					106.40
DRYER - GE Select Electric	FF	4/29/2004	SL	10,000	313.45	31.35	101.87	211.58				31.35	
WASHER - GE Select	FF	4/29/2004	SL	9,000	326.64	36.29	117.95	208.69				36.29	
32" FLAT SCREEN TV FOR ALZHEIMER'S UNIT	FF	9/5/2004	SL	5,000	558.54	111.71	316.51	242.03				111.71	
CIGARETTE RECEPTACLES 0 APACHE CHEMICAL	FF	9/16/2004	SL	5,000	508.16	101.63	287.96	220.20	105.00				101.63
FILE - 2 3-DR LATERAL FILE CABINETS	FF	4/1/2005	SL	8,000	839.98	105.00	236.24	603.74					65.46
UMBRELLA - 2 10' ROUND TAUPE PATIO	FF	9/1/2005	SL	5,000	327.28	65.46	120.00	207.28					65.46
TABLE - 2 9PC TILE TABLE GROUP, EXPRESSO	FF	9/1/2005	SL	5,000	2,805.56	561.11	1,028.71	1,776.85					561.11
TABLE - 48" ROUND	FF	11/1/2005	SL	5,000	342.83	68.57	114.28	228.55					68.57
CHAIR - 4 STACKING CHAIRS WITH ARMS	FF	11/1/2005	SL	5,000	1,015.33	203.07	338.44	676.89					203.07
BENCH - 4' BENCH WITH BACK	FF	11/1/2005	SL	5,000	522.84	104.57	174.28	348.56					104.57
TABLE - 10 36X36 SQUARE TABLES, COLUMN BASE	FF	1/31/2006	SL	5,000	1,875.00	375.00	562.50	1,312.50					375.00
TABLE - 2 30X60 FOLDING TABLES	FF	1/31/2006	SL	5,000	205.00	41.00	61.50	143.50					41.00
FILE - 2-DRAWER LEGAL FILE	FF	1/31/2006	SL	5,000	137.49	27.50	41.25	96.24					27.50
FILE - HON 2 DRAWER LOCKING FILE	FF	1/31/2006	SL	5,000	167.50	33.50	50.25	117.25					33.50
CHAIR - 13 BURGUNDY ARMLESS STACKING CHAIRS	FF	1/31/2006	SL	5,000	2,136.55	427.31	640.97	1,495.59					427.31
CHAIR - 13 BURGUNDY STCKING CHAIRS W/ ARMS	FF	1/31/2006	SL	5,000	2,305.45	461.09	691.64	1,613.82					461.09
BED - 2 FULL ELECTRIC HOSPITAL BEDS	FF	1/31/2006	SL	5,000	2,018.00	403.60	605.40	1,412.60					403.60
CHAIR - 8 STACKING CHAIRS W/ ARMS	FF	2/15/2006	SL	5,000	1,759.50	351.90	498.53	1,260.98					351.90
TABLE - 2 40" QUARE TABLES	FF	2/15/2006	SL	5,000	689.50	137.90	195.36	494.14					137.90
BENCH - 4' BENCH WITH BACK	FF	2/15/2006	SL	5,000	559.50	111.90	158.53	400.98					111.90
BENCH - 2 EA 6' BENCH WITH CONTOURED BACK	FF	2/15/2006	SL	5,000	1,201.50	240.30	340.43	861.08					240.30
BLINDS FOR CHEERS ROOM	FF	6/15/2006	SL	3,000	647.23	215.74	226.53	420.70					215.74
CHAIR 8 ARM CHAIRS FOR MEMORY SUPPORT (DAY CARE)	FF	3/12/2007	SL	5,000	1,065.60	71.04	71.04	994.56				71.04	
RANGE - STOVE FOR DAY CARE (DAY CARE)	FF	5/2/2007	SL	5,000	779.85	26.00	26.00	753.86				26.00	
FILE - 5 DWR LATERAL (CONN)	FF	6/20/2007	SL	5,000	799.99	13.33	13.33	786.66					13.33
NATUZZI LEATHER RECLINER	FF	1/1/2007	SL	5,000	2,329.00	232.90	232.90	2,096.10					232.90
<b>FF Total</b>					<b>168,437.92</b>	<b>12,431.78</b>	<b>132,138.90</b>	<b>36,299.02</b>	<b>105.00</b>			<b>516.38</b>	<b>11,810.40</b>
ARCHITECT FEES	LI	10/1/1993	SL	15,000	1,870.00	124.67	1,714.17	155.83					124.67
ARCHITECT FEES	LI	10/1/1993	SL	15,000	477.00	31.80	437.25	39.75				31.80	
DONATED PLANNING SERVICES	LI	10/1/1993	SL	15,000	16,625.00	1,108.33	15,239.58	1,385.42				1,108.33	
FACILITY IMPROVEMENTS	LI	10/1/1993	SL	15,000	30,000.00	2,000.00	27,500.00	2,500.00				2,000.00	
FACILITY IMPROVEMENTS	LI	10/1/1993	SL	15,000	788.25	52.55	722.56	65.69				52.55	
FACILITY IMPROVEMENTS	LI	10/1/1993	SL	15,000	976.00	65.07	894.67	81.33				65.07	
FACILITY IMPROVEMENTS	LI	10/1/1993	SL	15,000	2,364.14	157.61	2,167.13	197.01				157.61	
FACILITY IMPROVEMENTS	LI	10/1/1993	SL	15,000	4,473.43	298.23	4,100.65	372.78				298.23	
FACILITY IMPROVEMENTS	LI	10/11/1993	SL	15,000	285.00	19.00	261.25	23.75				19.00	
FACILITY IMPROVEMENTS	LI	4/5/1995	SL	13,500	610.00	45.19	553.55	56.45				45.19	
FACILITY IMPROVEMENTS	LI	6/9/1995	SL	13,330	3,200.00	240.06	2,900.54	299.46				240.06	
FACILITY IMPROVEMENTS	LI	9/27/1995	SL	13,083	2,468.00	188.64	2,090.78	377.22				188.64	
FACILITY IMPROVEMENTS	LI	10/18/1995	SL	13,000	706.20	54.32	602.08	104.12				54.32	
SCREENS	LI	1/5/1996	SL	5,000	805.00	-	805.00	-				-	
FACILITY IMPROVEMENTS	LI	10/2/1996	SL	12,000	192.00	16.00	176.00	16.00				16.00	
FACILITY IMPROVEMENTS	LI	2/17/1997	SL	11,750	2,332.69	198.53	2,050.06	282.63				198.53	

ADULT CARE SERVICES  
Fixed Asset and Depreciation Detail

ASSET	TYPE	DATE ACQUIRED	METHOD	LIFE	Purchase Cost	DEPR 06/30/07	ACCUM DEPR 06/30/07	NET BOOK VALUE 6/30/07	ADMIN	TRANS	DEVEL	DAYCARE	CONN
FACILITY IMPROVEMENTS	LI	2/17/1997	SL	11,750	3,935.51	334.94	3,458.70	476.81	334.94				
FACILITY IMPROVEMENTS	LI	2/20/1997	SL	11,750	3,662.00	311.66	3,218.32	443.68	311.66				
FACILITY IMPROVEMENTS	LI	4/7/1997	SL	11,583	46,064.49	3,976.90	40,728.71	5,335.78	3,976.90				
PATIO PROJECT LUMBER	LI	7/1/1997	SL	11,330	473.16	41.76	417.61	55.55				20.88	20.88
PATIO PROJECT LUMBER	LI	7/16/1997	SL	11,330	1,422.84	125.58	1,255.77	167.07				62.79	62.79
WALLPAPER BORDER-DINING RM OFC	LI	7/28/1997	SL	5,000	200.00	-	200.00	-					
WALL GUARD RAILS RIGID PVC GRN	LI	12/2/1997	SL	10,830	4,307.42	397.73	3,811.51	495.91				397.73	
8 VANITY WALL STORAGE UNITS - BATHROOMS	LI	12/4/1997	SL	10,830	2,781.88	256.87	2,461.60	320.28				256.87	
RAILS, RACKS, OUTLETS	LI	12/1/1998	SL	10,750	1,050.00	97.67	927.91	122.09				97.67	
WALL GUARD RAILS RIGID PVC GRN	LI	6/22/1998	SL	10,420	7,710.50	739.97	6,721.42	989.08				739.97	
OFF REMODEL-MOVE WALL, PAINT, CARPET, ELECT	LI	6/23/1998	SL	10,420	11,388.00	1,092.90	9,927.18	1,460.82	1,092.90				
VERTICAL FABRIC BLINDS	LI	7/17/1998	SL	10,250	1,037.25	101.20	910.76	126.49	101.20				
VERTICAL FABRIC BLINDS	LI	8/12/1998	SL	10,167	156.60	15.40	137.35	19.25	15.40				
EGRESS LIGHTING AT 8002 STAPLES MILLS	LI	4/15/1999	SL	9,500	500.00	52.63	429.82	70.18	52.63				
J R CONSTRUCTION - BATHROOM REPAIRS ON 8002	LI	5/19/1999	SL	9,417	12,000.00	1,274.35	10,407.15	1,592.85	1,274.35				
J R CONSTRUCTION - BATHROOM REPAIRS ON 8002	LI	5/25/1999	SL	9,417	1,000.00	106.19	867.23	132.77	106.19				
New suspended ceiling and insulation on 8002	LI	8/15/1999	SL	8,500	5,055.00	594.71	4,708.09	348.91	594.71				
New secured entryway to 8002 office building	LI	4/5/2000	SL	8,500	4,557.00	536.12	3,886.85	670.15	536.12				
Facility Improvements--Shelves, locks, misc	LI	5/1/2001	SL	5,000	2,050.00	(0.00)	2,050.00	-					(0.00)
Shelves	LI	5/1/2001	SL	5,000	750.00	-	750.00	-					
A&J - network & phone wiring	LI	10/16/2002	SL	10,000	27,521.48	2,752.15	13,072.56	14,448.92					2,752.15
ADT - Security system	LI	10/16/2002	SL	10,000	50,000.00	5,000.00	23,750.00	26,250.00					5,000.00
C&R - Contractor Fees	LI	10/16/2002	SL	10,000	279,192.37	27,919.24	132,616.38	146,575.99					27,919.24
Hodgmans - carpeting	LI	10/16/2002	SL	10,000	26,390.03	2,639.00	12,535.26	13,854.77					2,639.00
Keith Fabry - Blueprints	LI	10/16/2002	SL	10,000	420.15	42.02	199.57	220.58					42.02
Locks & Keys	LI	10/16/2002	SL	10,000	745.00	74.50	353.88	391.13					74.50
Signs Unlimited - signage	LI	10/16/2002	SL	10,000	916.95	91.70	435.55	481.40					91.70
VSMC - lobby mural	LI	10/16/2002	SL	10,000	400.00	40.00	190.00	210.00					40.00
Wallace Mills - Architect fees	LI	10/16/2002	SL	10,000	23,203.00	2,320.30	11,021.43	12,181.58					2,320.30
Jones Const - Electrical work	LI	1/24/2003	SL	10,000	1,229.50	122.95	584.01	645.49					122.95
Electronic Lock & cables	LI	5/7/2003	SL	10,000	1,470.48	147.05	698.48	772.00					147.05
Data Cabling for Network	LI	11/4/2003	SL	10,000	3,634.50	363.45	1,362.94	2,271.56					363.45
Heat Pump for Split System	LI	5/20/2004	SL	10,000	3,850.00	385.00	1,219.17	2,630.83					385.00
Condenser Coil & Motor	LI	6/22/2004	SL	10,000	8,836.00	883.60	2,724.43	6,111.57					883.60
PORTABLE FENCING - MEI HOME SERVICES	LI	11/12/2004	SL	5,000	449.16	89.83	239.55	209.61					44.92
HVAC REPLACEMENT UNIT - COMFORT SYSTEMS	LI	4/25/2005	SL	8,000	5,100.00	637.50	1,434.38	3,665.63					637.50
PORTABLE FENCING - MEI HOME SERVICES	LI	8/14/2005	SL	5,000	8,149.82	1,629.96	4,754.06	3,395.76					814.98
WIRING-DEDICATED CIRCUITS - COMPUTERS	LI	12/5/97	SL	10,830	1,765.00	162.97	1,561.80	203.20	162.97				
AC UNIT IN CONNECTIONS SPACE	LI	9/30/2005	SL	8,000	23,725.00	2,965.63	5,189.84	18,535.16					2,965.63
ARCHITECT FEES	LI	3/22/2006	SL	15,000	8,155.25	543.68	724.91	7,430.34					543.68
ADT SECURITY SYSTEM FOR 8022	LI	1/26/2006	SL	15,000	8,400.00	560.00	840.00	7,560.00					560.00
AC UNIT IN 8002	LI	6/7/2006	SL	8,000	6,299.00	787.38	852.99	5,446.01	787.38				
8022 CONSTRUCTION COSTS	LI	3/31/2006	SL	15,000	151,075.00	10,071.67	13,428.89	137,646.11					10,071.67
HEAT PUMP (ADMIN)	LI	7/7/2006	SL	8,000	4,175.00	521.88	521.88	3,653.13	521.88				
HEAT PUMP (DAY CARE)	LI	3/30/2007	SL	8,000	5,863.00	244.29	244.29	5,618.71				244.29	
AUTOMATIC DOOR (DAY CARE)	LI	6/25/2007	SL	10,000	5,606.25	46.72	46.72	5,559.53				46.72	
LI Total					834,846.30	75,699.02	390,094.22	444,752.08	10,083.76			7,112.29	58,602.98

**Fixed Asset and Depreciation Detail**

ASSET	TYPE	DATE ACQUIRED	METHOD	LIFE	Purchase Cost	DEPR 06/30/07	ACCUM DEPR 06/30/07	NET BOOK VALUE 6/30/07	ADMIN	TRANS	DEVEL	DAYCARE	CONN
W/CHAIR TIE DOWNS W/ LAP	VE	1/8/1998	SL	5 000	1,600 00	-	1,600 00	-	-	-	-	-	-
1998 DODGE VAN	VE	7/31/1998	SL	5 000	34,675 00	-	34,675 00	-	-	-	-	-	-
2000 CHEVY VAN	VE	7/5/2000	SL	5 000	40,823 00	-	40,823 00	-	-	-	-	-	-
2001 FORD VAN	VE	6/25/2001	SL	5 000	47,399 00	-	47,399 00	-	-	-	-	-	-
2002 FORD VAN(4605 last 4 VIN)	VE	5/1/2002	SL	5 000	50,404 00	8,400 69	50,404 00	-	-	8,400 69	-	-	-
1992 FORD AEROSTAR VAN - (VIN ends in 4748)	VE	12/15/2004	SL	3 000	2,160 00	720 00	1,860 00	300 00	-	720 00	-	-	-
2005 FORD SUPREME VAN (VIN ends in	VE	8/18/2005	SL	5 000	43,958 00	8,791 60	16,850 57	27,107 43	-	8,791 60	-	-	-
2006 FORD SUPREME PASSENGER VAN (TRANS)	VE	8/31/2006	SL	5,000	47,219 00	8,656 82	8,656 82	38,562 18	-	8,656 82	-	-	-
VE Total					268,238 00	26,569 11	202,268 38	65,969 62	-	26,569 11	-	-	-
Grand Total					1,413,186 19	124,248 02	838,923 36	574,261 83	14,016 60	26,569 11	1,465 86	10,081 37	72,126 18