

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2000

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2000 calendar year, OR tax year period beginning **JUL 1, 2000** and ending **JUN 30, 2001**

B Check if applicable: <input type="checkbox"/> Change of address <input type="checkbox"/> Change of name <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return (use also for state reporting)	C Name of organization HUMAN SERVICES PROGRAMS OF CARROLL COUNTY, INC.	D Employer identification number 52-1549551	
	Number and street (or P O box if mail is not delivered to street address) 10 DISTILLERY AVENUE	Room/suite _____	E Telephone number 410-857-2999
	City or town, state or country, and ZIP WESTMINSTER, MD 21158	F Check <input type="checkbox"/> if application pending	

G Organization type (check only one) 501(c) (3) (insert no) 527
 OR 4947(a)(1)

(H and I are not applicable to section 527 orgs)

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? **N/A** Yes No (If "No," attach a list)

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

I Enter 4-digit group exemption no (GEN)

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

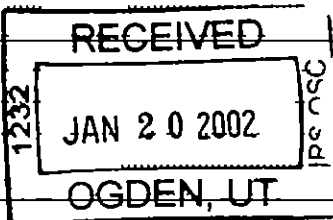
Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

J Accounting method Cash Accrual Other (specify) _____

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail it should file a return without financial data. Some states require a complete return.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a	237,644.	
	b	Indirect public support	1b	2,650,348.	
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ 2,887,992. noncash \$ _____)	1d	2,887,992.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	35,775.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	34,193.	
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a		
	b	Less rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe _____)	7			
8a	Gross amount from sale of assets other than inventory	(A) Securities	8a		
		(B) Other	8b		
			8c		
			8d		
9	Special events and activities (attach schedule)	a	9a		
		b	9b		
		c	9c		
10a	Gross sales of inventory, less returns and allowances		10a		
		b	10b		
		c	10c		
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	2,957,960.		
Expenses	13	Program services (from line 44, column (B))	13	2,779,022.	
	14	Management and general (from line 44, column (C))	14	25,105.	
	15	Fundraising (from line 44, column (D))	15		
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 13 and 14, column (A))	17	2,804,127.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	153,833.	
	19	Net assets or fund balances at beginning of year (from line 73 column (A))	19	541,408.	
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 1	20	<19,154.>	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	676,087.	



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HUMAN SERVICES PROGRAMS OF CARROLL COUNTY, INC.

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			
<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	cash \$ _____ noncash \$ _____	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25	0.	0.	0.
26	Other salaries and wages	26	1,410,831.	1,410,831.	
27	Pension plan contributions	27			
28	Other employee benefits	28	121,618.	119,833.	1,785.
29	Payroll taxes	29	109,908.	109,908.	
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	111,827.	100,399.	11,428.
34	Telephone	34	29,117.	29,117.	
35	Postage and shipping	35			
36	Occupancy	36			
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39	18,320.	18,320.	
40	Conferences, conventions, and meetings	40			
41	Interest	41	2,538.	2,538.	
42	Depreciation, depletion, etc (attach schedule)	42	57,888.	57,888.	
43	Other expenses (itemize)				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	SEE STATEMENT 2	43e	942,080.	930,188.	11,892.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	44	2,804,127.	2,779,022.	25,105.

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? 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		Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
What is the organization's primary exempt purpose? SEE STATEMENT 3		
a	OPERATION OF HOMELESS SHELTERS, EMERGENCY ASSISTANCE PROGRAMS, ENERGY ASSISTANCE PROGRAMS, AND VARIOUS CHILDREN AND ADOLESCENT PROGRAMS.	2,779,022.
	(Grants and allocations \$ _____)	
b	_____	
	(Grants and allocations \$ _____)	
c	_____	
	(Grants and allocations \$ _____)	
d	_____	
	(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	2,779,022.

Part IV Balance Sheets

Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing		45	
	46 Savings and temporary cash investments	175,994.	46	307,052.
	47 a Accounts receivable	47a 358,872.		
	b Less allowance for doubtful accounts	47b	47c	358,872.
	48 a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	7,108.
	54 Investments - securities STMT 4 <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV		54	209,531.
	55 a Investments - land, buildings and equipment basis	55a		
b Less accumulated depreciation	55b	55c		
56 Investments - other		56		
57 a Land, buildings, and equipment basis	57a 613,579.			
b Less accumulated depreciation	57b 274,791.	57c	338,788.	
58 Other assets (describe <input type="checkbox"/>)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)		59	1,221,351.	
Liabilities	60 Accounts payable and accrued expenses	144,712.	60	176,279.
	61 Grants payable		61	
	62 Deferred revenue	220,328.	62	323,935.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable STMT 5	107,358.	64b	45,050.
65 Other liabilities (describe <input type="checkbox"/>)		65		
66 Total liabilities (add lines 60 through 65)		66	545,264.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	446,127.	67	580,185.
	68 Temporarily restricted	95,281.	68	95,902.
	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 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)		73	676,087.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		74	1,221,351.	

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.

HUMAN SERVICES PROGRAMS OF CARROLL COUNTY, INC.

Form 990 (2000)

52-1549551

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Part VI Other Information		N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
81 a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a		0.
b	Did the organization file Form 1120-POL for this year?	81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions for reporting in Part III)	82b		N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a		N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b		N/A
c	Dues, assessments, and similar amounts from members	85c		N/A
d	Section 162(e) lobbying and political expenditures	85d		N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g		N/A
h	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		N/A
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a		N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b		N/A
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87a		N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		N/A
88	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	88		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>			
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			0.
90 a	List the states with which a copy of this return is filed <u>MARYLAND</u>			
b	Number of employees employed in the pay period that includes March 12, 2000	90b		66
91	The books are in care of <u>ORGANIZATION</u> Telephone no <u>(410) 857-4260</u> Located at <u>10 DISTILLERY AVENUE WESTMINSTER, MARYLAND</u> ZIP code <u>21157</u>			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92		N/A

Part VII Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a CLIENT FEES					35,775.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	34,193.	
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					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		34,193.	35,775.
105 Total (add line 104, columns (B), (D), and (E))					69,968.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	FEES FOR HOMELESS SHELTER USAGE

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

(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

- (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

completing schedules and statements, and to the best of my knowledge and belief it is true, information of which preparer has any knowledge. (Important: See General Instruction W)

1/2/02 STEPHEN MIND, Executive Director

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information

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

OMB No 1545-0047

2000

Name of the organization **HUMAN SERVICES PROGRAMS OF CARROLL COUNTY, INC.** Employer identification number **52 1549551**

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

(See instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

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

Part III Statements About Activities

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ 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	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its 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		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc?	3	X
4 a Do you have a section 403(b) annuity plan for your employees?	4a	X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments (See page 2 of the instructions)		

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions)

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, page 5)
- 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 supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

HUMAN SERVICES PROGRAMS OF CARROLL

Schedule A (Form 990 or 990-EZ) 2000 COUNTY, INC.

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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) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	2,837,360.	2,157,912.	3,108,138.	3,108,138.	11,211,548.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose					
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	32,082.	25,355.	17,204.	17,204.	91,845.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	32,082.	27,132.	SEE STATEMENT 7 23,991.	23,991.	107,196.
23 Total of lines 15 through 22	2,901,524.	2,210,399.	3,149,333.	3,149,333.	11,410,589.
24 Line 23 minus line 17	2,901,524.	2,210,399.	3,149,333.	3,149,333.	11,410,589.
25 Enter 1% of line 23	29,015.	22,104.	31,493.	31,493.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 228,212.
	b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts				26b 0.
	c Total support for section 509(a)(1) test. Enter line 24, column (e)				26c 11,410,589.
	d Add Amounts from column (e) for lines	18 91,845.	19		26d 199,041.
		22 107,196.	26b		26e 11,211,548.
	e Public support (line 26c minus line 26d total)				26f 11,211,548.
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f 98.2556%
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person" attach a list (which is not open to public inspection) to show the name of and total amounts received in each year from each "disqualified person." Enter the sum of such amounts for each year				(1999) N/A (1998) (1997) (1996)
	b For any amount included in line 17 that was received from a nondisqualified person, attach a list 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 11, as well as individuals.) 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				(1999) N/A (1998) (1997) (1996)
	c Add Amounts from column (e) for lines				15 16 17 20 21
	d Add Line 27a total and line 27b total				27c N/A 27d N/A 27e N/A
	e Public support (line 27c total minus line 27d total)				27f N/A
	f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)				27f N/A
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g N/A %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h N/A %

28 Unusual Grants For an organization described in line 10, 11, or 12, that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15 (See page 5 of the instructions)

NONE

Part V Private School Questionnaire

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

Part VI-A Lobbying Expenditures by Electing Public Charities

(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

- Check here If the organization belongs to an affiliated group
- Check here If you checked "a" above and "limited control" provisions apply

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

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 9 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum through the use of

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0.

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

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	1
DESCRIPTION		AMOUNT	
UNREALIZED LOSS ON INVESTMENTS CARRIED AT MARKET VALUE		<19,154.>	
TOTAL TO FORM 990, PART I, LINE 20		<19,154.>	

FORM 990	OTHER EXPENSES			STATEMENT	2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
FOOD	11,977.	11,977.			
CONTRACT SERVICES	848,999.	837,376.	11,623.		
FIXED CHARGES	11,800.	11,800.			
INSURANCE	24,502.	24,502.			
VEHICLE EXPENSE	15,219.	14,950.	269.		
EQUIPMENT PURCHASES	29,583.	29,583.			
TOTAL TO FM 990, LN 43	942,080.	930,188.	11,892.		

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 3
PART III

EXPLANATION
TO MEET THE BASIC NEEDS OF AT-RISK LOW-INCOME PEOPLE IN CARROLL COUNTY WHICH ARE PRESENTLY UNSERVED.

FORM 990	NON-GOVERNMENT SECURITIES				STATEMENT	4
DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES	
SECURITIES				209,531.	209,531.	
TO FM 990, LN 54 COL B				209,531.	209,531.	

FORM 990	MORTGAGES PAYABLE	STATEMENT	5
DESCRIPTION		BALANCE DUE	
CITY OF WESTMINSTER		45,050.	
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B		45,050.	

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	6
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JOSEPH W. WEIKEL MARRIOTTSVILLE, MARYLAND	PRESIDENT 0	0.	0.	0.
MARC RASINSKY WESTMINSTER, MARYLAND	VICE-PRES. 0	0.	0.	0.
NICK PASTA WESTMINSTER, MARYLAND	TREASURER 0	0.	0.	0.
GEORGE GIESE RANDALLSTOWN, MARYLAND	SECRETARY 0	0.	0.	0.
JOANNE FRANCES WESTMINSTER, MARYLAND	BOARD MEMBER 0	0.	0.	0.
DR. REGINA CONSTANTINI FINKSBURG, MARYLAND	BOARD MEMBER 0	0.	0.	0.
JACK GAMBATESE TANEYTOWN, MARYLAND	BOARD MEMBER 0	0.	0.	0.
DR. ROBERT HARTMAN WESTMINSTER, MARYLAND	BOARD MEMBER 0	0.	0.	0.

STEVEN KELLY WESTMINSTER, MARYLAND	BOARD MEMBER 0	0.	0.	0.
ROBERT MILLER WESTMINSTER, MARYLAND	BOARD MEMBER 0	0.	0.	0.
REGINA MCCURDY WESTMINSTER, MARYLAND	BOARD MEMBER 0	0.	0.	0.
DAVID HORN WESTMINSTER, MARYLAND	BOARD MEMBER 0	0.	0.	0.
VELMA GREEN WESTMINSTER, MARYLAND	BOARD MEMBER 0	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		0.	0.	0.

SCHEDULE A	OTHER INCOME			STATEMENT 7
DESCRIPTION	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT	1996 AMOUNT
CLIENT FEES COLL.	32,082.	27,132.	23,991.	23,991.
TOTAL TO SCHEDULE A, LINE 22	32,082.	27,132.	23,991.	23,991.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

► File a separate application for each return

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

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

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

Note Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization HUMAN SERVICES PROGRAMS OF CARROLL COUNTY, INC.	Employer identification number 52-1549551
	Number, street, and room or suite no. If a P O box, see instructions 10 DISTILLERY AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions WESTMINSTER, MD 21158	

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

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

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return** enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole group**, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3 month (6-month, for 990-T corporation) extension of time until FEBRUARY 15, 2002 to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ► calendar year _____ or
 ► tax year beginning JUL 1, 2000, and ending JUN 30, 2001

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

3a If this application is for Form 990-BL, 990-PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990 T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

Signature and Verification

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

Signature ► _____ Title ► _____ Date ► _____
 LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)

Human Services Programs of Carroll County [M3816AK]
 Depreciation Expense

Sorted (1) Category
 (2) Date In Service (3) None
 (4) None (5) None

Federal
 For the Period 7/1/00 - 6/30/01

Asset ID	S Description	Date In Service	Method/Convention	Life	Cost	Bus/Inv %	Sec 179/Bonus	Salvage/ITC Adj	Beg Accum Depreciation	Current Depreciation	Ending Accum Depreciation	
BUILDINGS												
BUILDING	21 W GREEN STREET FAM SH	10/31/91	SL N/A	27.0	67,128.30	100	0.00	0.00	21,754.52	2,486.23	24,240.75	
LAND	21 W GREEN STREET FAM SH	10/31/91	N/A	27.0	10,000.00	100	0.00	0.00	0.00	0.00	0.00	
DONATED LAND		07/01/97	N/A	10.0	15,360.00	100	0.00	0.00	0.00	0.00	0.00	
GREEN STREET RENOVATIONS HOSTETTER CONSTRUCTION												
		01/17/99	SL N/A	27.0	50,000.00	100	0.00	0.00	2,777.78	1,851.85	4,629.63	
	GREEN STREET RENOVATIONS FS	02/01/99	SL N/A	27.0	21,796.30	100	0.00	0.00	1,143.63	807.27	1,950.90	
	GREEN STREET RENOVATIONS FS	04/01/99	SL N/A	27.0	6,100.40	100	0.00	0.00	282.43	225.94	508.37	
	GREEN STREET FURNISHINGS FS	04/20/99	SL N/A	7.0	11,719.80	100	0.00	0.00	2,511.39	1,674.26	4,185.65	
Subtotal before dispositions					182,104.80			0.00	28,469.75	7,045.55	35,515.30	
Less Dispositions and Exchanges					0.00			0.00	0.00	0.00	0.00	
Net for BUILDINGS					182,104.80			0.00	28,469.75	7,045.55	35,515.30	
EQUIPMENT												
	MAC CLASSIC II BLP ELITE 4 MAC LC HSP	01/21/92	SL N/A	5.0	7,071.95	100	0.00	0.00	7,071.95	0.00	7,071.95	
	ACTION BUSINESS SYSTEMS HSP	01/21/92	SL N/A	5.0	3,017.50	100	0.00	0.00	3,017.50	0.00	3,017.50	
	TOWSON COMPUTER EQUIPMENT HSP	02/01/92	SL N/A	5.0	2,026.00	100	0.00	0.00	2,026.00	0.00	2,026.00	
	MAC LC LI 4/80 HSP	06/30/92	SL N/A	5.0	3,220.00	100	0.00	0.00	3,220.00	0.00	3,220.00	
	MAC LC II W/PIVOT COUNTY	08/10/92	SL N/A	5.0	3,320.00	100	0.00	0.00	3,320.00	0.00	3,320.00	
	486 SX2 W/PRINTER FOF	08/20/92	SL N/A	5.0	2,031.88	100	0.00	0.00	2,031.88	0.00	2,031.88	
	NEC SILENTWRITER 95 HSP	09/09/92	SL N/A	5.0	1,649.00	100	0.00	0.00	1,649.00	0.00	1,649.00	
	MAC SE/30 + 120MB LPS HSP	10/19/92	SL N/A	5.0	2,217.00	100	0.00	0.00	3,445.00	0.00	3,445.00	
	TOSHIBA BD 9230 COPIER HSP	10/26/92	SL N/A	5.0	8,895.00	100	0.00	0.00	8,895.00	0.00	8,895.00	
	POWERBOOK 160 HSP	12/24/92	SL N/A	5.0	3,289.00	100	0.00	0.00	3,289.00	0.00	3,289.00	
	CHAIRS, DESK HSP	01/16/93	SL N/A	5.0	3,445.00	100	0.00	0.00	3,445.00	0.00	3,445.00	
	MAC II CI W/PIVOT PRINTER HSP	02/10/93	SL N/A	5.0	4,697.00	100	0.00	0.00	4,697.00	0.00	4,697.00	

Human Services Programs of Carroll County [M3816AK]

12/7/01

8 43 47AM

52 1549551
 FY 07/01/2000 06/30/2001

Depreciation Expense

Federal

For the Period: 7/1/00 - 6/30/01

Sorted (1) Category
 (2) Date In Service (3) None
 (4) None (5) None

Asset ID	S Description	Date In Service	Method/Convention	Life	Cost	Bus / Inv %	Sec 179/ Bonus	Salvage/ ITC Adj	Beg Accum Depreciation	Current Depreciation	Ending-Accum Depreciation
EQUIPMENT	OFFICE FURNITURE HSP	02/22/93	SL N/A	5.0	860.00	100	0.00	0.00	860.00	0.00	860.00
	OFFICE EQUIPMENT HSP										
	COMPUTER EQUIPMENT CSBG	04/14/93	SL N/A	5.0	1,324.99	100	0.00	0.00	1,324.99	0.00	1,324.99
	OFFICE FURNITURE HSP	06/03/93	SL N/A	5.0	1,750.00	100	0.00	0.00	1,750.00	0.00	1,750.00
	486 DX33 W/MONITOR & PRINTER FOF	06/11/93	SL N/A	5.0	2,930.00	100	0.00	0.00	2,930.00	0.00	2,930.00
	COMPUTER EQUIPMENT TRIBESTAR, DAT18MB HSP	06/29/93	SL N/A	5.0	2,080.00	100	0.00	0.00	2,080.00	0.00	2,080.00
	TOWSON COMPUTER EQUIPMENT CCFP	08/04/93	SL N/A	5.0	9,684.00	100	0.00	0.00	9,684.00	0.00	9,684.00
	TOWSON COMPUTER EQUIPMENT HSP	10/02/93	SL N/A	5.0	1,780.00	100	0.00	0.00	1,780.00	0.00	1,780.00
	COMPUTER EQUIPMENT CENTRIS 610 HSP	10/02/93	SL N/A	5.0	789.00	100	0.00	0.00	789.00	0.00	789.00
	COMP EQUIP 1 486.2 386 CITIZEN PRNT 3 VGA MONITORS FRS	01/01/94	SL N/A	5.0	1,699.00	100	0.00	0.00	1,699.00	0.00	1,699.00
	2 POWERBOOKS HSP	02/10/94	SL N/A	5.0	5,050.00	100	0.00	0.00	5,050.00	0.00	5,050.00
	COMPAQ PC SYSTEM CSBG	08/30/94	SL N/A	5.0	2,798.00	100	0.00	0.00	2,798.00	0.00	2,798.00
	QUATRA 630 POWERPORT HSP	09/30/94	SL N/A	5.0	4,706.00	100	0.00	0.00	4,706.00	0.00	4,706.00
	PLATO HARDWARE & SOFTWARE FRS	10/17/94	SL N/A	5.0	1,634.55	100	0.00	0.00	1,634.55	0.00	1,634.55
	EXECUTONE PHONES HSP	11/01/94	SL N/A	5.0	9,585.00	100	0.00	0.00	9,585.00	0.00	9,585.00
	COMPAQ PC SYSTEM COUNTY	11/09/94	SL N/A	5.0	2,150.00	100	0.00	0.00	2,150.00	0.00	2,150.00
	BROTHER FAX MACHINE HSP	12/12/94	SL N/A	5.0	3,600.00	100	0.00	0.00	3,600.00	0.00	3,600.00
	BROTHER LASER PRINTER HSP	01/30/95	SL N/A	5.0	1,059.00	100	0.00	0.00	1,059.00	0.00	1,059.00
	TOSHIBA COPIER FAM SH	01/30/95	SL N/A	5.0	844.00	100	0.00	0.00	844.00	0.00	844.00
	COMPUTER CITY EQUIPMENT HSP	01/30/95	SL N/A	5.0	795.00	100	0.00	0.00	795.00	0.00	795.00
	COMPAQ COMPUTER HSP	02/23/95	SL N/A	5.0	6,436.50	100	0.00	0.00	6,436.50	0.00	6,436.50
		05/11/95	SL N/A	5.0	1,370.00	100	0.00	0.00	1,370.00	0.00	1,370.00

Human Services Programs of Carroll County [M3816AK]
Depreciation Expense

Federal

For the Period 7/1/00 - 6/30/01

Sorted (1) Category
(2) Date In Service (3) None
(4) None (5) None

Asset ID	S Description	Date In Service	Method/Convention	Life	Cost	Bus / Inv %	Sec 179/ Bonus	Salvage/ ITC Adj	Beg Accum Depreciation	Current Depreciation	Ending Accum Depreciation	
EQUIPMENT												
PLATO SOFTWARE	FRS	10/01/95	SL N/A	5 0	14 575 00	100	0 00	0 00	13,117 50	1 457 50	14 575 00	
TOWSON COMPUTER	HSP	06/05/96	SL N/A	5 0	3 550 00	100	0 00	0 00	3,195 00	355 00	3,550 00	
EXECUTONE PHONES	HSP	06/17/96	SL N/A	5 0	3 170 00	100	0 00	0 00	2 853 00	317 00	3,170 00	
PLATO SOFTWARE	FRS	10/01/96	SL N/A	5 0	7,545 00	100	0 00	0 00	5,281 50	1,509 00	6 790 50	
COMPUTER EQUIPMENT	HSP	10/01/96	SL N/A	5 0	4 200 00	100	0 00	0 00	2 940 00	840 00	3 780 00	
COMPUTER EQUIPMENT	CCFP	10/01/96	SL N/A	5 0	2,475 00	100	0 00	0 00	1 732 50	495 00	2,227 50	
COMPUTER EQUIPMENT	CSBG	02/03/97	SL N/A	5 0	1,983 93	100	0 00	0 00	1 388 76	396 79	1 785 55	
COMPUTER EQUIPMENT	CSBG	03/01/97	SL N/A	5 0	2,715 59	100	0 00	0 00	1 900 92	543 12	2,444 04	
NOVA TECHNOLOGY	CSBG	05/09/97	SL N/A	5 0	12,927 48	100	0 00	0 00	9 049 25	2 585 50	11 634 75	
TOSHIBA 4550 COPIER SYSTEM	CCR&R	07/10/97	SL N/A	5 0	8,250 00	100	0 00	0 00	4 125 00	1 650 00	5 775 00	
5 COMPUTERS NOVA TECHNOLOGY	MEAP ADMIN	08/01/97	SL N/A	5 0	7 700 00	100	0 00	0 00	3 850 00	1 540 00	5 390 00	
2 COMPUTERS NOVA TECHNOLOGY	CCFP ADMIN	08/01/97	SL N/A	5 0	3 598 00	100	0 00	0 00	1 799 00	719 60	2 518 60	
COMPUTER EQUIP NOVA TECHNOLOGY	FOF	08/01/97	SL N/A	5 0	8,791 97	100	0 00	0 00	4,395 98	1 758 39	6,154 37	
COMPUTER EQUIPMENT	KANDL DATA HSP	08/13/97	SL N/A	5 0	2,224 30	100	0 00	0 00	1 112 15	444 86	1 557 01	
3 NOVA WORKSTATIONS	FOF	08/21/97	SL N/A	5 0	5 397 00	100	0 00	0 00	2 698 50	1 079 40	3 777 90	
COMP EQUIP MACWAREHOUSE	HSP	11/20/97	SL N/A	5 0	1,386 25	100	0 00	0 00	693 13	277 25	970 38	
COMP EQUIP NOVA TECHNOLOGY	HSP	12/08/97	SL N/A	5 0	1 955 00	100	0 00	0 00	977 50	391 00	1 368 50	
MAC COMPUTER	HSP	02/17/98	SL N/A	5 0	2,169 14	100	0 00	0 00	1 084 57	433 83	1 518 40	
EQUIP EDWARDS BUSINESS MACHINES	HSP	05/18/98	SL N/A	5 0	7 390 98	100	0 00	0 00	3,695 50	1,478 20	5 173 70	
COMPUTER EQUIP	KANDL DATA CCR&R	09/21/98	SL N/A	5 0	12 382 00	100	0 00	0 00	3,714 60	2 476 40	6 191 00	
FREEZER & REFRIGERATOR	FS	03/29/99	SL N/A	7 0	5,845 00	100	0 00	0 00	1,252 50	835 00	2 087 50	

Depreciation Expense

Federal

For the Period. 7/1/00 - 6/30/01

Sorted (1) Category
 (2) Date In Service (3) None
 (4) None (5) None

Asset ID	S Description	Date In Service	Method/Convention	Life	Cost	Bus / Inv %	Sec 179/ Bonus	Salvage/ ITC Adj	Beg Accum Depreciation	Current Depreciation	Ending Accum Depreciation	
EQUIPMENT												
DIGITAL CAMERA	CCR&R	06/25/99	SL N/A	7 0	1,869 79	100	0 00	0 00	400 67	267 11	667 78	
PROGRAMABLE PAPER FOLDER	CCR&R	06/30/99	SL N/A	7 0	3,995 00	100	0 00	0 00	856 07	570 71	1,426 78	
COMPUTER & PRINTER	CCR&R	06/30/99	SL N/A	5 0	1,289 94	100	0 00	0 00	386 98	257 99	644 97	
PROXIMA ULTRALIGHT EQUIPMENT	CCR&R	06/30/99	SL N/A	7 0	4,055 00	100	0 00	0 00	868 93	579 29	1 448 22	
(2) DESKTOP COMPUTERS	CCR&R	06/30/99	SL N/A	5 0	2 552 00	100	0 00	0 00	765 60	510 40	1 276 00	
PHONE SYSTEM UPGRADES & VOICE MAIL CO		08/04/99	SL N/A	5 0	10,956 00	100	0 00	0 00	1 095 60	2,191 20	3 286 80	
TOSHIBA 3550 COPIER SYSTEM CO		08/10/99	SL N/A	5 0	5,990 00	100	0 00	0 00	599 00	1,198 00	1 797 00	
OFFICE FURNITURE MARKDOWNS CO		09/08/99	SL N/A	7 0	6 461 44	100	0 00	0 00	461 53	923 06	1 384 59	
NEW IDS PHONE SYSTEM CCR&R		10/26/99	SL N/A	5 0	10 510 00	100	0 00	0 00	1,051 00	2 102 00	3 153 00	
WINDOWS NT FILE SERVER SYSTEM CO		11/08/99	SL N/A	5 0	6,469 00	100	0 00	0 00	646 90	1,293 80	1 940 70	
ACCESS SECURITY SYSTEM CO		11/08/99	SL N/A	5 0	5,475 00	100	0 00	0 00	547 50	1 095 00	1,642 50	
HP NETSERVER P3 500 & ARMADA 1750 PII 400 CO		12/14/99	SL N/A	5 0	8 375 00	100	0 00	0 00	837 50	1,675 00	2 512 50	
TOSHIBA DIGITAL COPIER/PRINTER CSBG		09/12/00	SL N/A	5 0	19 368 00	100	0 00	0 00	0 00	3,228 00	3,228 00	
CANON MULTIMEDIA PROJECTOR CSBG		10/31/00	SL N/A	5 0	4 399 00	100	0 00	0 00	0 00	586 53	586 53	
Subtotal before dispositions					319,801 18		0 00	0 00	188,406 51	38,060 93	226,467 44	
Less Dispositions and Exchanges					70,509 33		0 00	0 00	71,737 33	0 00	71,737 33	
Net for EQUIPMENT					249,291 85		0 00	0 00	116,669 18	38,060.93	154,730 11	

LEASEHOLD IMPROVEMENTS

3RD FLOOR RENOVATIONS FOF		11/01/92	SL N/A	15 0	14,011 27	100	0 00	0 00	7,161 28	934 08	8 095 36
1ST FLOOR RENOVATIONS HSP		03/25/93	SL N/A	15 0	5,372 84	100	0 00	0 00	2 626 73	358 19	2,984 92
1ST FLOOR RENOVATIONS HSP		05/01/93	SL N/A	15 0	9 033 00	100	0 00	0 00	4,315 77	602 20	4 917 97
JHW CONSTRUCTION FOF		05/16/96	SL N/A	15 0	10 860 00	100	0 00	0 00	3,016 67	724 00	3,740 67

Depreciation Expense

Federal

For the Period, 7/1/00 - 6/30/01

Asset ID	S Description	Date In Service	Method/ Convention	Life	Cost	Bus / Inv %	Sec 179/ Bonus	Salvage/ ITC Adj	Beg Accum Depreciation	Current Depreciation	Ending Accum Depreciation	
	Subtotal before dispositions				39,277 11		0 00	0 00	17,120 45	2 618 47	19,738 92	
	Less Dispositions and Exchanges				0 00		0 00	0 00	0 00	0 00	0 00	
	Net for LEASEHOLD IMPROVEMENTS				39,277 11		0 00	0 00	17,120 45	2,618 47	19,738 92	
VEHICLE												
DODGE VAN HSP												
	1992 CHEVROLET SPORTVAN FOF	12/15/89	SL N/A	5 0	17,461 02	100	0 00	0 00	17,461 02	0 00	17,461 02	
	1993 FORD ESCORT LX CCFP	06/04/92	SL N/A	5 0	19,562 50	100	0 00	0 00	19,562 50	0 00	19,562 50	
	(2) 1997 PLYMOUTH NEONS FS	08/06/93	SL N/A	5 0	9,548 00	100	0 00	0 00	9,548 00	0 00	9,548 00	
	NEW VAN FOF	12/07/98	SL N/A	5 0	17 019 04	100	0 00	0 00	5,105 71	3,403 81	8,509 52	
	2001 FORD E350 FORD BOXTRUCK FS	04/10/00	SL N/A	5 0	29 657 75	100	0 00	0 00	2 965 78	5,931 55	8 897 33	
	2001 FORD WINDSTAR LX CSBG	06/14/01	SL N/A	5 0	27,612 80	100	0 00	0 00	0 00	460 21	460 21	
	Subtotal before dispositions				142 905 11		0 00	0 00	54,643 01	10,162 97	64,805 98	
	Less Dispositions and Exchanges				0 00		0 00	0 00	0 00	0 00	0 00	
	Net for VEHICLE				142,905 11		0 00	0 00	54,643 01	10,162 97	64,805 98	
	Subtotal before disposition:				684,088 20		0 00	0 00	288,639 72	57,887 92	346,527 64	
	Less Dispositions and Exchanges:				170,509 33		0 00	0 00	71,737 33	0 00	71,737 33	
	Grand total:				613,578 87		0 00	0 00	216,902 39	57,887 92	274,790 31	