

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)

OMB No 1545-0047

2005

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning JUL 1, 2005 and ending JUN 30, 2006

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: HUMAN SERVICES PROGRAMS OF CARROLL COUNTY, INC. D Employer identification number: 52-1549551. E Telephone number: 410-857-2999. F Accounting method: Accrual.

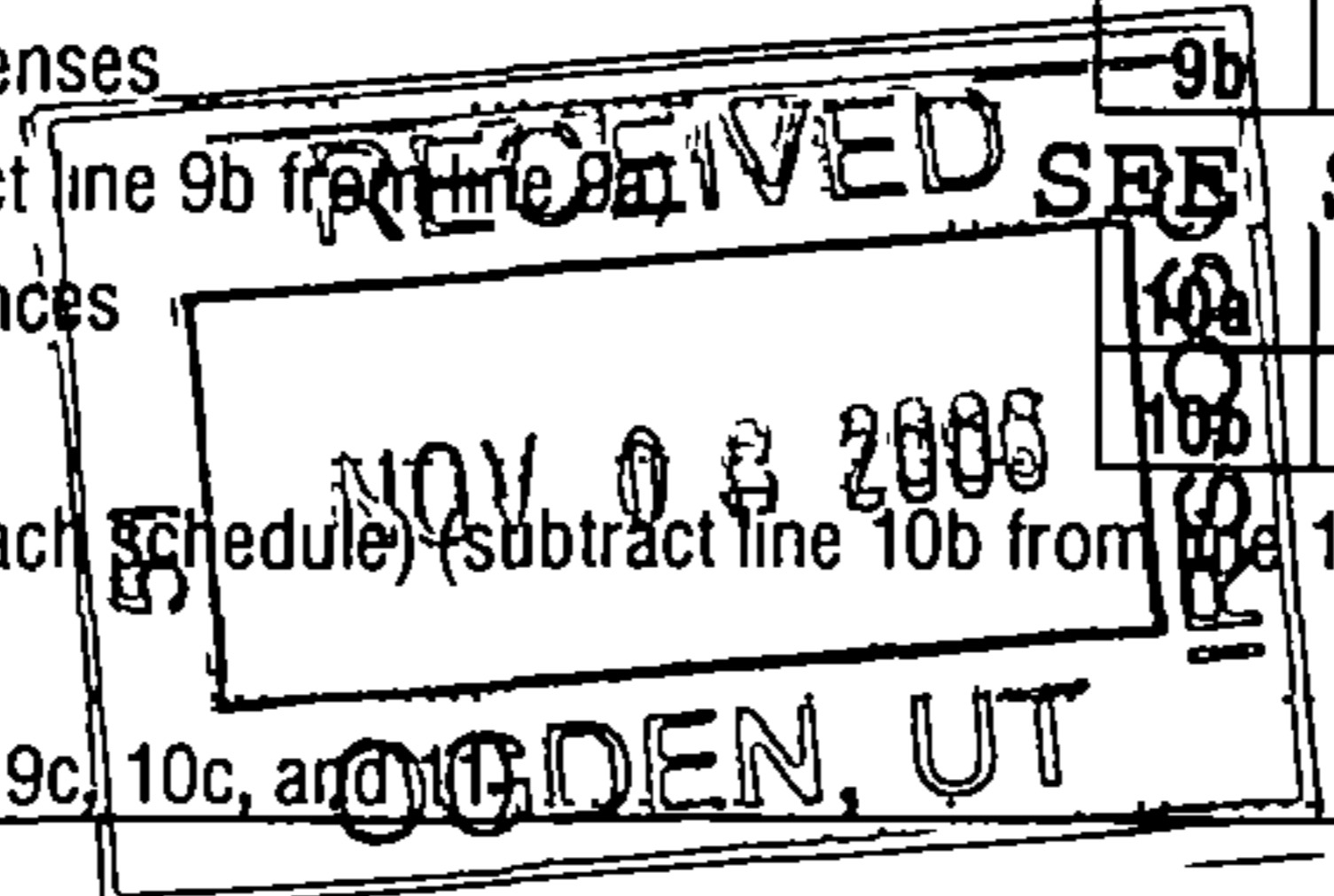
G Website: N/A. J Organization type: 501(c)(3). K Check here if gross receipts are normally not more than \$25,000. H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? No. H(b) If Yes, enter number of affiliates: N/A. H(c) Are all affiliates included? N/A. H(d) Is this a separate return filed by an organization covered by a group ruling? No. I Group Exemption Number: N/A.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 3,152,352. M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF): Yes.

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6 Net rental income; 7 Other investment income; 8 Net gain or loss from sales of assets; 9 Special events and activities; 10 Gross sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or deficit; 19 Net assets at beginning; 20 Other changes; 21 Net assets at end.

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HUMAN SERVICES PROGRAMS OF CARROLL COUNTY, INC.

Form 990 (2005)

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Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc **	156,497.	66,793.	89,704.	0.
26 Other salaries and wages	1,366,696.	1,126,232.	192,964.	47,500.
27 Pension plan contributions				
28 Other employee benefits	110,350.	91,084.	18,570.	696.
29 Payroll taxes	131,497.	105,864.	21,522.	4,111.
30 Professional fundraising fees				
31 Accounting fees	22,400.	5,628.	16,772.	
32 Legal fees				
33 Supplies	37,009.	13,601.	23,374.	34.
34 Telephone				
35 Postage and shipping				
36 Occupancy	49,760.	32,183.	16,800.	777.
37 Equipment rental and maintenance	21,945.	13,311.	8,484.	150.
38 Printing and publications				
39 Travel	7,841.	3,641.	4,186.	14.
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	40,273.	11,706.	28,357.	210.
43 Other expenses not covered above (itemize)				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
f _____	43f			
g SEE STATEMENT 2	1,035,998.	961,605.	73,513.	880.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	2,980,266.	2,431,648.	494,246.	54,372.

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

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

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

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** SEE STATEMENT 3

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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 OPERATION OF HOMELESS SHELTERS, EMERGENCY ASSISTANCE PROGRAMS, ENERGY ASSISTANCE PROGRAMS, AND VARIOUS CHILDREN AND ADOLESCENT PROGRAMS.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	2,431,648.
b	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	2,431,648.

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Part IV Balance Sheets (See the instructions.)

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

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing	654,337.	45	938,389.	
	46 Savings and temporary cash investments	51,200.	46	57,528.	
	47 a Accounts receivable	47a 252,586.			
	b Less allowance for doubtful accounts	47b	47c	252,586.	
	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		
	54 Investments - securities \$TMT 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		132,463.	54	147,029.
	55 a Investments - land, buildings, and equipment basis	55a			
	b Less accumulated depreciation	55b	55c		
56 Investments - other SEE STATEMENT 5		173,144.	56	180,172.	
57 a Land, buildings, and equipment: basis	57a 580,971.				
b Less: accumulated depreciation	57b 392,870.	179,631.	57c	188,101.	
58 Other assets (describe <input type="checkbox"/>)			58		
59 Total assets (must equal line 74) Add lines 45 through 58		1,401,105.	59	1,763,805.	
Liabilities	60 Accounts payable and accrued expenses	137,527.	60	159,593.	
	61 Grants payable		61		
	62 Deferred revenue	275,193.	62	474,453.	
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable \$TMT 6		38,450.	64b	36,800.
65 Other liabilities (describe <input type="checkbox"/>)			65		
66 Total liabilities. Add lines 60 through 65		451,170.	66	670,846.	
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	859,611.	67	1,002,635.	
	68 Temporarily restricted	45,162.	68	45,162.	
	69 Permanently restricted	45,162.	69	45,162.	
	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; column (B) must equal line 21)		949,935.	73	1,092,959.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		1,401,105.	74	1,763,805.	

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Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	408,753.
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?	85b	N/A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	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>MD</u>		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	70
91 a	The books are in care of <u>THE ORGANIZATION</u> Telephone no. <u>410-857-2999</u> Located at <u>10 DISTILLERY AVENUE WESTMINSTER, MARYLAND, WES</u> ZIP + 4 <u>21157</u>		
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 <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b	X
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 <u>N/A</u>	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	<input type="checkbox"/> N/A

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

	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 _____					
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	58,193.	
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			02	8,909.	
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.		67,102.	0.
105 Total (add line 104, columns (B), (D), and (E))					67,102.

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 (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).

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).

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

Signature of officer: *Stephen G. Mood* Date: 11/1/06 Type or print name and title: **STEPHEN G. MOOD, EXECUTIVE DIRECTOR**

Paid Preparer's Use Only: Preparer's signature: **THOMAS E. HOUCK, JR., CPA** Date: 10/27/06 Check if self-employed: Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: **RAGER, LEHMAN & HOUCK, P.C.**
205 E. MAIN STREET
WESTMINSTER, MD 21157

EIN: _____ Phone no.: **(410) 876-3990**

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

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

OMB No 1545-0047

2005

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>KATHY BITZER</u> <u>DEPUTY DIRECTOR FOR SHELTER & HOUSING</u>	40.00	50,003.	1,500.	
<u>JOYCE TIERNEY</u> <u>PROGRAM DIRECTOR - FAMILY SUPPORT, WE</u>	40.00	50,003.	1,500.	

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
<u>NONE</u>		

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
<u>NONE</u>		

Total number of other contractors receiving over \$50,000 for other services ▶	0	

HUMAN SERVICES PROGRAMS OF CARROLL

Schedule A (Form 990 or 990-EZ) 2005 COUNTY, INC.

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Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
e	Transfer of any part of its income or assets?		X
3	a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
	b Do you have a section 403(b) annuity plan for your employees?		X
	c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4	a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
	b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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.)
 - 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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 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 6 of the instructions.)

HUMAN SERVICES PROGRAMS OF CARROLL

Schedule A (Form 990 or 990-EZ) 2005 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,759,724.	2,601,142.	3,054,923.	2,948,646.	11,364,435.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
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	42,663.	34,591.	23,710.	17,960.	118,924.
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	408,753.	236,000.	236,000.		880,753.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	21,903.		SEE STATEMENT 9	38,873.	60,776.
23 Total of lines 15 through 22	3,233,043.	2,871,733.	3,314,633.	3,005,479.	12,424,888.
24 Line 23 minus line 17	3,233,043.	2,871,733.	3,314,633.	3,005,479.	12,424,888.
25 Enter 1% of line 23	32,330.	28,717.	33,146.	30,055.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26a 248,498.
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c 12,424,888.
d Add: Amounts from column (e) for lines: 18 118,924. 19 _____ 22 60,776. 26b _____ ▶					26d 179,700.
e Public support (line 26c minus line 26d total) ▶					26e 12,245,188.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f 98.5537%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2004) (2003) (2002) (2001)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2004) (2003) (2002) (2001)					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶					27c N/A
d Add: Line 27a total _____ and line 27b total _____ ▶					27d N/A
e Public support (line 27c total minus line 27d total) ▶					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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.					

HUMAN SERVICES PROGRAMS OF CARROLL

Schedule A (Form 990 or 990-EZ) 2005 COUNTY, INC.

52-1549551 Page 4

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	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? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
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? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
34 a	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	

Schedule A (Form 990 or 990-EZ) 2005

HUMAN SERVICES PROGRAMS OF CARROLL

Schedule A (Form 990 or 990-EZ) 2005 COUNTY, INC.

52-1549551 Page 5

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

N/A

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

Check **a** if the organization belongs to an affiliated group.

Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

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

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

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period					N/A (e) Total
	(a) 2005	(b) 2004	(c) 2003	(d) 2002		
45	Lobbying nontaxable amount					0.
46	Lobbying ceiling amount (150% of line 45(e))					0.
47	Total lobbying expenditures					0.
48	Grassroots nontaxable amount					0.
49	Grassroots ceiling amount (150% of line 48(e))					0.
50	Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

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	
		0.

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

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	1
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
MONTH OF SUNDAY CONCERTS	37,971.		37,971.	29,062.	8,909.	
TO FM 990, PART I, LINE 9	37,971.		37,971.	29,062.	8,909.	

FORM 990	OTHER EXPENSES				STATEMENT	2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING		
CLIENT BENEFITS	759,589.	759,589.				
INSURANCE	25,492.	11,670.	13,822.			
VEHICLE EXPENSE	21,611.	10,319.	11,292.			
PROGRAM SUPPLIES	63,430.	62,213.	1,210.		7.	
STAFF TRAINING	10,224.	3,713.	6,070.		441.	
EQUIPMENT PURCHASES	4,786.	1,955.	2,399.		432.	
ADVERTISING	4,525.	2,559.	1,966.			
CONTRACTUAL SERVICES	48,503.	15,534.	32,969.			
RENT	64,485.	64,485.				
ADMINISTRATION						
ALLOCATION	29,348.	29,348.				
MISCELLANEOUS	4,005.	220.	3,785.			
TOTAL TO FM 990, LN 43	1,035,998.	961,605.	73,513.		880.	

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 3
PART II, LINE 25

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
STEPHEN MOOD	87,091.	2,613.		89,704.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	87,091.	2,613.		89,704.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JEANNETTE BURGER	60,409.	6,384.		66,793.
A. PROGRAM SERVICES	60,409.	6,384.		66,793.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

TOTAL PROGRAM SERVICES				66,793.
TOTAL MANAGEMENT AND GENERAL				89,704.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				156,497.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4
PART III

EXPLANATION

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

FORM 990	OTHER INVESTMENTS	STATEMENT	5
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DESCRIPTION	VALUATION METHOD	AMOUNT
SECURITIES	MARKET VALUE	180,172.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		180,172.

FORM 990	MORTGAGES PAYABLE	STATEMENT	6
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DESCRIPTION	BALANCE DUE
CITY OF WESTMINSTER	0.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	

FORM 990	OTHER SECURITIES	STATEMENT	7
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SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
ENDOWMENT FUND	FMV	147,029.
TO FORM 990, LINE 54, COL B		147,029.

FORM 990 PART V-A - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 8

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JOSEPH W. WEIKEL 1938 BABBS COURT MARRIOTTSVILLE, MARYLAND 21104	PRESIDENT 3.00	0.	0.	0.
MARC RASINSKY 80 WEST GREEN STREET WESTMINSTER, MARYLAND 21157	VICE-PRES. 3.00	0.	0.	0.
NICK PASTA 3605 FROSTWAY DRIVE HAMPSTEAD, MARYLAND 21074	TREASURER 3.00	0.	0.	0.
GEORGE GIESE 10005 OAK GLEN ROAD RANDALLSTOWN, MARYLAND 21133	SECRETARY 3.00	0.	0.	0.
TOM LANGAN 1960 POLARIS ROAD FINKSBURG, MARYLAND 21048	BOARD MEMBER 3.00	0.	0.	0.
DR. ROBERT HARTMAN 1302 WOODLAND DRIVE WESTMINSTER, MARYLAND 21157	BOARD MEMBER 3.00	0.	0.	0.
STEVEN KELLY 125 NORTH COURT STREET WESTMINSTER, MARYLAND 21157	BOARD MEMBER 3.00	0.	0.	0.
ROBERT MILLER 1324 WAREHIME ROAD WESTMINSTER, MARYLAND 21157	BOARD MEMBER 3.00	0.	0.	0.
DAVID HORN 444 NOAH COURT WESTMINSTER, MARYLAND 21157	BOARD MEMBER 3.00	0.	0.	0.
VELMA GREEN 1106 WESTERN CHAPEL ROAD NEW WINDSOR, MARYLAND 21776	BOARD MEMBER 3.00	0.	0.	0.
JACKIE BOISVERT 309 EAST BALTIMORE STREET TANEYTOWN, MARYLAND 21787	BOARD MEMBER 3.00	0.	0.	0.

HUMAN SERVICES PROGRAMS OF CARROLL COUNT

52-1549551

JEAN LEWIS 1124 WESTERN CHAPEL ROAD NEW WINDSOR, MARYLAND 21776	BOARD MEMBER 3.00	0.	0.	0.
RITA ROYSTER 18 GOLDEN EAGLE COURT WESTMINSTER, MARYLAND 21158	BOARD MEMBER 3.00	0.	0.	0.
NANCY B. MCCORMICK 17 EAST BALTIMORE STREET TANEYTOWN, MARYLAND 21787	BOARD MEMBER 3.00	0.	0.	0.
JIMMIE L. SAYLOR 125 NORTH COURT STREET WESTMINSTER, MARYLAND 21157	BOARD MEMBER 3.00	0.	0.	0.
JEFFREY SPAULDING 36 LOCUST STREET WESTMINSTER, MARYLAND 21157	BOARD MEMBER 3.00	0.	0.	0.
STEPHEN MOOD 312 PUMA DRIVE HANOVER, PENNSYLVANIA 17331	EXECUTIVE DIRECTOR 40.00	87,091.	2,613.	0.
JEANETTE BERGER WESTMINSTER, MARYLAND	ASSOCIATE DIRECTOR 40.00	60,409.	6,384.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		147,500.	8,997.	0.

SCHEDULE A	OTHER INCOME				STATEMENT 9
DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	
CLIENT FEES COLL.	21,903.	0.	0.	38,873.	
TOTAL TO SCHEDULE A, LINE 22	21,903.	0.	0.	38,873.	

Human Services Programs of Carroll County [M3816AK]
Depreciation Expense

Federal
07/01/2005 - 06/30/2006

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus. / Inv. %	Sec. 179 / Bonus	Salvage / Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
BUILDINGS												
7		BUILDING - 21 W. GREEN STREET FAM SH	10/31/1991	SL / N/A	27.0000	67,128.30	100.0000	0.00	0.00	34,185.67	2,486.23	36,671.90
8		LAND - 21 W GREEN STREET FAM SH	10/31/1991	No Calc / N/A	27.0000	10,000.00	100.0000	0.00	0.00	0.00	0.00	0.00
71		GREEN STREET RENOVATIONS HOSTETTER CONSTRUCTION	1/17/1999	SL / N/A	27.0000	50,000.00	100.0000	0.00	0.00	12,037.03	1,851.85	13,888.88
72		GREEN STREET RENOVATIONS FS	2/1/1999	SL / N/A	27.0000	21,796.30	100.0000	0.00	0.00	5,179.98	807.27	5,987.25
62		GREEN STREET RENOVATIONS FS	4/1/1999	SL / N/A	27.0000	6,100.40	100.0000	0.00	0.00	1,412.13	225.94	1,638.07
73		GREEN STREET FURNISHINGS FS	4/20/1999	SL / N/A	7.0000	11,719.80	100.0000	0.00	0.00	10,882.69	837.11	11,719.80
Subtotal: BUILDINGS						166,744.80				63,697.50	6,208.40	69,905.90
Less dispositions and exchanges:						0.00				0.00	0.00	0.00
Net for: BUILDINGS						166,744.80				63,697.50	6,208.40	69,905.90
EQUIPMENT												
49		PLATO SOFTWARE FRS	10/1/1996	SL / N/A	5.0000	7,545.00	100.0000	0.00	0.00	7,042.05	0.00	7,042.05
50		COMPUTER EQUIPMENT HSP	10/1/1996	SL / N/A	5.0000	4,200.00	100.0000	0.00	0.00	3,920.03	0.00	3,920.03
51		COMPUTER EQUIPMENT CCFP	10/1/1996	SL / N/A	5.0000	2,475.00	100.0000	0.00	0.00	2,310.02	0.00	2,310.02
46		COMPUTER EQUIPMENT CSBG	2/3/1997	SL / N/A	5.0000	1,983.93	100.0000	0.00	0.00	1,983.93	0.00	1,983.93
47		COMPUTER EQUIPMENT CSBG	3/1/1997	SL / N/A	5.0000	2,715.59	100.0000	0.00	0.00	2,715.59	0.00	2,715.59
48		NOVA TECHNOLOGY CSBG	5/9/1997	SL / N/A	5.0000	12,927.48	100.0000	0.00	0.00	12,927.48	0.00	12,927.48
60		3 NOVA WORKSTATIONS FOF	8/21/1997	SL / N/A	5.0000	5,397.00	100.0000	0.00	0.00	4,947.29	0.00	4,947.29
61		MAC COMPUTER HSP	2/17/1998	SL / N/A	5.0000	2,169.14	100.0000	0.00	0.00	2,169.14	0.00	2,169.14
54		EQUIP - EDWARDS BUSINESS MACHINES HSP	5/18/1998	SL / N/A	5.0000	7,390.98	100.0000	0.00	0.00	7,390.98	0.00	7,390.98
70		FREEZER & REFRIGERATOR FS	3/29/1999	SL / N/A	7.0000	5,845.00	100.0000	0.00	0.00	5,427.50	417.50	5,845.00
77		PHONE SYSTEM UPGRADES & VOICE MAIL CO	8/4/1999	SL / N/A	5.0000	10,956.00	100.0000	0.00	0.00	9,860.40	0.00	9,860.40
76		TOSHIBA 3550 COPIER SYSTEM CO	8/10/1999	SL / N/A	5.0000	5,990.00	100.0000	0.00	0.00	5,391.00	0.00	5,391.00

Human Services Programs of Carroll County [M3816AK]
Depreciation Expense

Federal
07/01/2005 - 06/30/2006

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus / Inv. %	Sec. 179 / Bonus	Salvage / Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
EQUIPMENT												
		OFFICE FURNITURE - MARKDOWNS CO										
78			9/8/1999	SL / N/A	7.0000	6,461.44	100.0000	0.00	0.00	5,076.83	923.06	5,999.89
		WINDOWS NT FILE SERVER SYSTEM CO										
80			11/8/1999	SL / N/A	5.0000	6,469.00	100.0000	0.00	0.00	6,145.60	0.00	6,145.60
		ACCESS SECURITY SYSTEM CO										
81			11/8/1999	SL / N/A	5.0000	5,475.00	100.0000	0.00	0.00	5,201.29	0.00	5,201.29
		HP NETSERVER P3-500 & ARMADA 1750 PII 400 CO										
82			12/14/1999	SL / N/A	5.0000	8,375.00	100.0000	0.00	0.00	8,095.89	0.00	8,095.89
		TOSHIBA DIGITAL COPIER/PRINTER - CSBG										
84			9/12/2000	SL / N/A	5.0000	19,368.00	100.0000	0.00	0.00	18,722.40	645.60	19,368.00
		CANON MULTIMEDIA PROJECTOR - CSBG										
83			10/31/2000	SL / N/A	5.0000	4,399.00	100.0000	0.00	0.00	4,105.73	293.27	4,399.00
		(15) HP MINITOWERS WITH MONITORS - CSBG GRANT										
89			9/13/2001	SL / N/A	5.0000	25,530.00	100.0000	0.00	0.00	19,573.00	5,106.00	24,679.00
		CAN SOLUTION SYSTEM - COUNTY GRANT										
88			10/25/2001	SL / N/A	5.0000	12,216.00	100.0000	0.00	0.00	8,958.40	2,443.20	11,401.60
		Dell P4 Precision 360 Minitower - County Grant for Andrew Minneman										
91			5/14/2004	SL / N/A	5.0000	1,257.16	100.0000	0.00	0.00	293.34	251.43	544.77
		Compaq Proliant ML350 G3 Zeon 2.8 GHZ Small Business Server										
90			5/28/2004	SL / N/A	5.0000	17,004.00	100.0000	0.00	0.00	3,684.20	3,400.80	7,085.00
		HP/Compaq Netserver TC2120 P4- 2.53- CSBG Grant										
92			6/30/2004	SL / N/A	5.0000	5,328.00	100.0000	0.00	0.00	1,065.60	1,065.60	2,131.20
		Safehouse Furniture										
93			10/24/2004	SL / N/A	7.0000	7,243.75	100.0000	0.00	0.00	689.88	1,034.82	1,724.70
		Security System										
94			2/4/2005	SL / N/A	5.0000	7,297.46	100.0000	0.00	0.00	608.12	1,459.49	2,067.61
		Pentium- 4 processor 2 80GHZ										
95			2/4/2005	SL / N/A	5.0000	4,064.00	100.0000	0.00	0.00	338.67	812.80	1,151.47
		40 Verizon Phones and Voice Mail System										
97			6/5/2006	SL / N/A	5.0000	26,518.37	100.0000	0.00	0.00	0.00	441.97	441.97
		Subtotal: EQUIPMENT				226,601.30		0.00	0.00	148,644.36	18,295.54	166,939.90
		Less dispositions and exchanges:				0.00		0.00	0.00	0.00	0.00	0.00
		Net for: EQUIPMENT				226,601.30		0.00	0.00	148,644.36	18,295.54	166,939.90
LEASEHOLD IMPROVEMENTS												
		3RD FLOOR RENOVATIONS FOF										
24			11/1/1992	SL / N/A	15.0000	14,011.27	100.0000	0.00	0.00	11,831.68	934.08	12,765.76
		1ST FLOOR RENOVATIONS HSP										
22			3/25/1993	SL / N/A	15.0000	5,372.84	100.0000	0.00	0.00	4,417.68	358.19	4,775.87
		1ST FLOOR RENOVATIONS HSP										
23			5/1/1993	SL / N/A	15.0000	9,033.00	100.0000	0.00	0.00	7,326.77	602.20	7,928.97

Human Services Programs of Carroll County [M3816AK]
Depreciation Expense
Federal

07/01/2005 - 06/30/2006

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
LEASEHOLD IMPROVEMENTS												
JHW CONSTRUCTION	FOF											
45			5/16/1996	SL / N/A	15.0000	10,860.00	100.0000	0.00	0.00	6,636.67	724.00	7,360.67
Subtotal: LEASEHOLD IMPROVEMENTS						39,277.11				30,212.80	2,618.47	32,831.27
Less dispositions and exchanges:						0.00				0.00	0.00	0.00
Net for: LEASEHOLD IMPROVEMENTS						39,277.11				30,212.80	2,618.47	32,831.27
VEHICLE												
1993 FORD ESCORT LX CCFP												
30			8/6/1993	SL / N/A	5.0000	9,548.00	100.0000	0.00	0.00	9,548.00	0.00	9,548.00
(2) 1997 PLYMOUTH NEONS FS												
74			12/7/1998	SL / N/A	5.0000	17,019.04	100.0000	0.00	0.00	16,451.84	0.00	16,451.84
2000 CHEVY 12 PASSENGER VAN · FOF												
75			4/10/2000	SL / N/A	5.0000	29,657.75	100.0000	0.00	0.00	29,657.75	0.00	29,657.75
2001 FORD E350 FORD BOXTRUCK · FS												
85			6/14/2001	SL / N/A	5.0000	27,612.80	100.0000	0.00	0.00	22,550.45	5,062.35	27,612.80
2001 FORD WINDSTAR LX · CSBG												
86			6/14/2001	SL / N/A	5.0000	22,044.00	100.0000	0.00	0.00	18,002.60	4,041.40	22,044.00
2002 FORD ECONOLINE · FS												
87			2/6/2002	SL / N/A	5.0000	20,239.50	100.0000	0.00	0.00	13,830.33	4,047.90	17,878.23
2006 Toyota Sienna Minivan												
96			6/22/2006	SL / N/A	5.0000	21,227.00	100.0000	0.00	0.00	0.00	0.00	0.00
Subtotal: VEHICLE						147,348.09				110,040.97	13,151.65	123,192.62
Less dispositions and exchanges:						0.00				0.00	0.00	0.00
Net for: VEHICLE						147,348.09				110,040.97	13,151.65	123,192.62
Subtotal:						579,971.30				352,595.63	40,274.06	392,869.69
Less dispositions and exchanges:						0.00				0.00	0.00	0.00
Grand Totals:						579,971.30				352,595.63	40,274.06	392,869.69