

**Return of Organization Exempt From Income Tax**

**2006**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A** For the 2006 calendar year, or tax year beginning **JUL 1, 2006** and ending **JUN 30, 2007**

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

Please use IRS label or print or type See Specific Instructions

**C** Name of organization  
**HUMAN SERVICES PROGRAMS OF CARROLL COUNTY, INC.**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**10 DISTILLERY DRIVE**

City or town, state or country, and ZIP + 4  
**WESTMINSTER, MD 21158**

**D** Employer identification number  
**52-1549551**

**E** Telephone number  
**410-857-2999**

**F** Accounting method  Cash  Accrual  
 Other (specify) **▶**

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

**H and I are not applicable to section 527 organizations**

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

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

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

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

**I** Group Exemption Number **▶ N/A**

**G** Website: **▶ N/A**

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

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

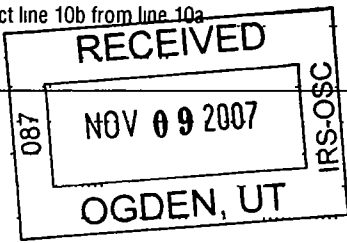
**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **▶ 3,467,640.**

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

	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Contributions to donor advised funds	<b>1a</b>			
	<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>		<b>77,990.</b>	
	<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>			
	<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>		<b>3,250,651.</b>	
	<b>e</b> Total (add lines 1a through 1d) (cash \$ <b>3,328,641.</b> noncash \$ _____)	<b>1e</b>			<b>3,328,641.</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			<b>97,330.</b>
	<b>5</b> Dividends and interest from securities	<b>5</b>			
<b>6 a</b> Gross rents	<b>6a</b>				
<b>b</b> Less: rental expenses	<b>6b</b>				
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>				
<b>7</b> Other investment income (describe <b>▶</b> _____)	<b>7</b>				
<b>8 a</b> Gross amount from sales of assets other than inventory	<b>(A) Securities</b>		<b>(B) Other</b>		
	<b>8a</b>				
	<b>8b</b>				
	<b>8c</b>				
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>8d</b>				
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
<b>a</b> Gross revenue (not including \$ <b>0.</b> of contributions reported on line 1b)	<b>9a</b>		<b>41,669.</b>		
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>		<b>33,299.</b>		
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	<b>9c</b>		<b>SEE STATEMENT 1</b>	<b>8,370.</b>	
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>				
	<b>b</b> Less: cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>10c</b>			
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>				
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>			<b>3,434,341.</b>	
<b>Expenses</b>	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		<b>2,726,627.</b>	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		<b>497,836.</b>	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		<b>62,062.</b>	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17</b> Total expenses. Add lines 16 and 44, column (A)	<b>17</b>			<b>3,286,525.</b>
<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>			<b>147,816.</b>	
<b>Net Assets</b>	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>1,092,959.</b>	
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>		<b>0.</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>			<b>1,240,775.</b>

SCANNED DEC 04 2007



HUMAN SERVICES PROGRAMS OF CARROLL COUNTY, INC.

Form 990 (2006)

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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
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0, noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 0, noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A <b>STMT 3</b>	161,108.	70,534.	90,574.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	1,467,628.	1,182,045.	233,583.	52,000.
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	135,349.	112,983.	20,692.	1,674.
29 Payroll taxes	125,916.	100,208.	20,230.	5,478.
30 Professional fundraising fees				
31 Accounting fees	29,570.	19,844.	9,619.	107.
32 Legal fees				
33 Supplies	40,568.	19,007.	21,348.	213.
34 Telephone				
35 Postage and shipping				
36 Occupancy	47,135.	38,619.	8,169.	347.
37 Equipment rental and maintenance	19,462.	16,246.	3,127.	89.
38 Printing and publications				
39 Travel	7,717.	4,849.	2,537.	331.
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	31,086.	2,482.	28,183.	421.
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g <b>SEE STATEMENT 2</b>	1,220,986.	1,159,810.	59,774.	1,402.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	3,286,525.	2,726,627.	497,836.	62,062.

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

623011 01-23-07

Form 990 (2006)

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? ► <u>SEE STATEMENT 4</u>	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.)	
<b>a</b> <u>OPERATION OF HOMELESS SHELTERS, EMERGENCY ASSISTANCE PROGRAMS, ENERGY ASSISTANCE PROGRAMS, AND VARIOUS CHILDREN AND ADOLESCENT PROGRAMS.</u>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	2,726,627.
<b>b</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule)	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	2,726,627.

Form 990 (2006)

HUMAN SERVICES PROGRAMS OF CARROLL COUNTY, INC.

Form 990 (2006)

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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	938,389.	45	1,006,682.
	46 Savings and temporary cash investments	57,528.	46	70,834.
	47 a Accounts receivable	47a 187,345.		
	b Less: allowance for doubtful accounts	47b	47c	187,345.
	48 a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	3,375.
	54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	b Investments - other securities <input checked="" type="checkbox"/> STMT 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		54b	182,770.
55 a Investments - land, buildings, and equipment: basis	55a			
b Less accumulated depreciation	55b	55c		
56 Investments - other	SEE STATEMENT 5	56	192,382.	
57 a Land, buildings, and equipment: basis	57a 603,607.			
b Less: accumulated depreciation	57b 423,960.	57c	179,647.	
58 Other assets, including program-related investments (describe ▶ _____)		58		
59 Total assets (must equal line 74) Add lines 45 through 58		59	1,823,035.	
Liabilities	60 Accounts payable and accrued expenses	159,593.	60	185,328.
	61 Grants payable		61	
	62 Deferred revenue	474,453.	62	361,782.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable <input checked="" type="checkbox"/> STMT 6	36,800.	64b	35,150.
	65 Other liabilities (describe ▶ _____)		65	
66 Total liabilities. Add lines 60 through 65		66	582,260.	
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	1,002,635.	67	1,140,051.
	68 Temporarily restricted	45,162.	68	50,362.
	69 Permanently restricted	45,162.	69	50,362.
	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)	1,092,959.	73	1,240,775.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,763,805.	74	1,823,035.	

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**HUMAN SERVICES PROGRAMS OF CARROLL  
COUNTY, INC.**

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<b>Part VI Other Information</b> <i>(continued)</i>		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? 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 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 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		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 <u>0.</u>			
d Enter Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>			
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
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, 2006	90b		66
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

Form 990 (2006)

**HUMAN SERVICES PROGRAMS OF CARROLL  
COUNTY, INC.**

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**Part VI Other Information** (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c  Yes  No  
 If "Yes," enter the name of the foreign country N/A

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

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

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a _____					
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	97,330.	
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	8,370.	
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.		105,700.	0.
105 Total (add line 104, columns (B), (D), and (E))					105,700.

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

**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).

HUMAN SERVICES PROGRAMS OF CARROLL COUNTY, INC.

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**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

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

Yes	No

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

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

Yes	No

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

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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

Please Sign Here: *Stephen Mood* Signature of officer | 11-7-07 Date  
 Type or print name and title: **STEPHEN MOOD, EXECUTIVE DIRECTOR**

Paid Preparer's Use Only: Preparer's signature: **THOMAS E. HOUCK, JR., CPA** Date: **10/19/07** Check if self-employed:  Preparer's SSN or PTIN (See Gen. Inst. X):  
 Firm's name (or yours if self-employed), address, and ZIP + 4: **RAGER, LEHMAN & HOUCK, P.C.**  
**205 E. MAIN STREET**  
**WESTMINSTER, MD 21157** EIN: Phone no.: **(410) 876-3990**

Form 990 (2006)

**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

**2006**

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>KATHY BITZER</u> <u>DEPUTY DIRECTOR FOR SHELTER &amp; HOUSING</u>	40.00	52,772.	1,583.	
<u>JOYCE TIERNEY</u> <u>PROGRAM DIRECTOR - FAMILY SUPPORT, WE</u>	40.00	52,772.	1,583.	
<u>HOLLY HUTCHINS</u> <u>DEPUTY DIRECTOR FOR COMMUNITY SERVICE</u>	40.00	52,000.	1,560.	
-----				
-----				
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

**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 Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b Did the organization have a section 403(b) annuity plan for its employees?		X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b Did the organization make any taxable distributions under section 4966?	N/A	
c Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
d Enter the total number of donor advised funds owned at the end of the tax year		N/A
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/A
f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0.
g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year		0.

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

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

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

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

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					<b>▶</b>

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

HUMAN SERVICES PROGRAMS OF CARROLL

Schedule A (Form 990 or 990-EZ) 2006 COUNTY, INC.

52-1549551 Page 4

**Part IV-A** Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	3,213,192.	2,759,724.	2,601,142.	3,054,923.	11,628,981.
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	58,193.	42,663.	34,591.	23,710.	159,157.
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.	408,753.	236,000.	236,000.	1,289,506.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets		21,903.	SEE STATEMENT 9		21,903.
23 Total of lines 15 through 22	3,680,138.	3,233,043.	2,871,733.	3,314,633.	13,099,547.
24 Line 23 minus line 17	3,680,138.	3,233,043.	2,871,733.	3,314,633.	13,099,547.
25 Enter 1% of line 23	36,801.	32,330.	28,717.	33,146.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 261,991.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 13,099,547.
d Add: Amounts from column (e) for lines: 18 159,157. 19 _____					26d 181,060.
22 21,903. 26b _____					26e 12,918,487.
e Public support (line 26c minus line 26d total)					26f 98.6178%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
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					
(2005) (2004) (2003) (2002)					
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					
(2005) (2004) (2003) (2002)					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____					27c N/A
17 _____ 20 _____ 21 _____					27d N/A
d Add: Line 27a total _____ and line 27b total _____					27e N/A
e Public support (line 27c total minus line 27d total)					
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 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

HUMAN SERVICES PROGRAMS OF CARROLL

**Part V Private School Questionnaire** (See page 9 of the instructions.)

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		





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	41,669.		41,669.	33,299.	8,370.	
TO FM 990, PART I, LINE 9	41,669.		41,669.	33,299.	8,370.	

FORM 990	OTHER EXPENSES			STATEMENT	2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
CLIENT BENEFITS	896,529.	896,529.			
INSURANCE	45,916.	36,530.	9,160.	226.	
VEHICLE EXPENSE	7,808.	6,208.	1,597.	3.	
PROGRAM SUPPLIES	70,783.	70,441.	312.	30.	
STAFF TRAINING	7,490.	5,983.	912.	595.	
EQUIPMENT PURCHASES	9,053.	7,197.	1,311.	545.	
ADVERTISING	4,261.	2,395.	1,863.	3.	
CONTRACTUAL SERVICES	68,164.	26,878.	41,286.		
RENT	70,805.	70,805.			
ADMINISTRATION					
ALLOCATION	32,180.	32,180.			
MISCELLANEOUS	3,497.	164.	3,333.		
OUTREACH/INCENTIVES	4,500.	4,500.			
TOTAL TO FM 990, LN 43	1,220,986.	1,159,810.	59,774.	1,402.	

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

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
STEPHEN MOOD	87,936.	2,638.		90,574.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	87,936.	2,638.		90,574.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JEANETTE BERGER	63,754.	6,780.		70,534.
A. PROGRAM SERVICES	63,754.	6,780.		70,534.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

TOTAL PROGRAM SERVICES				70,534.
TOTAL MANAGEMENT AND GENERAL				90,574.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A				161,108.

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
<u>DESCRIPTION</u>		<u>VALUATION METHOD</u>	<u>AMOUNT</u>
SECURITIES		MARKET VALUE	192,382.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B			192,382.

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

FORM 990	OTHER SECURITIES	STATEMENT	7
<u>SECURITY DESCRIPTION</u>		<u>COST/FMV</u>	<u>OTHER SECURITIES</u>
ENDOWMENT FUND		FMV	182,770.
TO FORM 990, LINE 54B, COL B			182,770.

FORM 990 PART V-A - LIST OF CURRENT 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	BOARD MEMBER 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.
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.
JEAN LEWIS 1124 WESTERN CHAPEL ROAD NEW WINDSOR, MARYLAND 21776	BOARD MEMBER 3.00	0.	0.	0.

HUMAN SERVICES PROGRAMS OF CARROLL COUNT

52-1549551

RITA ROYSTER 18 GOLDEN EAGLE COURT WESTMINSTER, MARYLAND 21158	PRESIDENT 3.00	0.	0.	0.
17 EAST BALTIMORE STREET TANEYTOWN, MARYLAND 21787				
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	87,936.	2,638.	0.
JEANETTE BERGER WESTMINSTER, MARYLAND	ASSOCIATE DIRECTOR 40.00	63,754.	6,780.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>151,690.</u>	<u>9,418.</u>	<u>0.</u>

SCHEDULE A	OTHER INCOME			STATEMENT	9
DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	
CLIENT FEES COLL.	0.	21,903.	0.	0.	
TOTAL TO SCHEDULE A, LINE 22	<u>0.</u>	<u>21,903.</u>	<u>0.</u>	<u>0.</u>	

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

07/01/2006 - 06/30/2007

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
<b>BUILDINGS</b>												
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	36,671.90	2,486.23	39,158.13
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	13,888.88	1,851.85	15,740.73
72		GREEN STREET RENOVATIONS FS	2/1/1999	SL / N/A	27.0000	21,796.30	100.0000	0.00	0.00	5,987.25	807.27	6,794.52
62		GREEN STREET RENOVATIONS FS	4/1/1999	SL / N/A	27.0000	6,100.40	100.0000	0.00	0.00	1,638.07	225.94	1,864.01
73		GREEN STREET FURNISHINGS FS	4/20/1999	SL / N/A	7.0000	11,719.80	100.0000	0.00	0.00	11,719.80	0.00	11,719.80
Subtotal BUILDINGS						166,744.80		0.00	0.00	69,905.90	5,371.29	75,277.19
Less dispositions and exchanges						0.00				0.00	0.00	0.00
<b>Net for: BUILDINGS</b>						<b>166,744.80</b>		<b>0.00</b>	<b>0.00</b>	<b>69,905.90</b>	<b>5,371.29</b>	<b>75,277.19</b>
<b>EQUIPMENT</b>												
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	5,845.00	0.00	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

07/01/2006 - 06/30/2007

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
<b>EQUIPMENT</b>												
78		OFFICE FURNITURE - MARKDOWNS CO	9/8/1999	SL / N/A	7 0000	6,461.44	100 0000	0.00	0.00	5,999.89	76.97	6,076.86
80		WINDOWS NT FILE SERVER SYSTEM CO	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
81		ACCESS SECURITY SYSTEM CO	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
82		HP NETSERVER P3-500 & ARMADA 1750 PII 400 CO	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
84		TOSHIBA DIGITAL COPIER/PRINTER - CSBG	9/12/2000	SL / N/A	5 0000	19,368 00	100 0000	0 00	0 00	19,368 00	0 00	19,368 00
83		CANON MULTIMEDIA PROJECTOR - CSBG	10/31/2000	SL / N/A	5.0000	4,399.00	100.0000	0.00	0.00	4,399.00	0 00	4,399 00
89		(15) HP MINITOWERS WITH MONITORS - CSBG GRANT	9/13/2001	SL / N/A	5.0000	25,530 00	100 0000	0 00	0 00	24,679.00	851.00	25,530 00
88		CAN SOLUTION SYSTEM - COUNTY GRANT	10/25/2001	SL / N/A	5 0000	12,216 00	100 0000	0 00	0 00	11,401.60	814.40	12,216 00
91		Dell P4 Precision 360 Minitower- County Grant for Andrew Minneman	5/14/2004	SL / N/A	5 0000	1,257 16	100 0000	0 00	0 00	544 77	251.43	796.20
90		Compaq Proliant ML350 G3 Zeon 2.8 GHZ Small Business Server	5/28/2004	SL / N/A	5 0000	17,004 00	100.0000	0 00	0 00	7,085 00	3,400.80	10,485 80
92		HP/Compaq Netserver TC2120 P4- 2 53- CSBG- Grant	6/30/2004	SL / N/A	5.0000	5,328.00	100.0000	0.00	0.00	2,131.20	1,065.60	3,196 80
93		Safehouse Furniture	10/24/2004	SL / N/A	7 0000	7,243 75	100 0000	0 00	0 00	1,724.70	1,034 82	2,759.52
94		Security System	2/4/2005	SL / N/A	5 0000	7,297 46	100.0000	0 00	0 00	2,067.61	1,459.49	3,527 10
95		Pentium- 4 processor 2 80GHZ	2/4/2005	SL / N/A	5 0000	4,064 00	100 0000	0 00	0 00	1,151.47	812.80	1,964.27
97		40 Verizon Phones and Voice Mail System	6/5/2006	SL / N/A	5.0000	26,518 37	100 0000	0 00	0 00	441.97	5,303.67	5,745.64
98		Savin 8020D Copier- County	9/21/2006	SL / N/A	5.0000	2,632.00	100.0000	0 00	0 00	0 00	394 80	394 80
99		Savin 8030SP-County	9/26/2006	SL / N/A	5.0000	5,517.00	100 0000	0 00	0 00	0 00	827 55	827 55
100		Dell Inspiron Laptop- 4- DV	6/22/2007	SL / N/A	5 0000	3,687 60	100.0000	0 00	0 00	0 00	0 00	0 00
Subtotal EQUIPMENT						238,437.90		0.00	0.00	166,939.90	16,293.33	183,233.23
Less dispositions and exchanges						0 00		0 00	0 00	0 00	0 00	0 00
<b>Net for: EQUIPMENT</b>						<b>238,437.90</b>		<b>0.00</b>	<b>0.00</b>	<b>166,939.90</b>	<b>16,293.33</b>	<b>183,233.23</b>
<b>LEASEHOLD IMPROVEMENTS</b>												

Human Services Programs of Carroll County [M3816AK]

Depreciation Expense

Federal

07/01/2006 - 06/30/2007

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
<b>LEASEHOLD IMPROVEMENTS</b>												
24		3RD FLOOR RENOVATIONS FOF	11/1/1992	SL / N/A	15 0000	14,011.27	100 0000	0.00	0.00	12,765.76	934.08	13,699.84
22		1ST FLOOR RENOVATIONS HSP	3/25/1993	SL / N/A	15 0000	5,372.84	100 0000	0.00	0.00	4,775.87	358.19	5,134.06
23		1ST FLOOR RENOVATIONS HSP	5/1/1993	SL / N/A	15 0000	9,033.00	100 0000	0.00	0.00	7,928.97	602.20	8,531.17
45		JHW CONSTRUCTION FOF	5/16/1996	SL / N/A	15 0000	10,860.00	100 0000	0.00	0.00	7,360.67	724.00	8,084.67
101		10 Distillery Dr- Renovations- FOF	6/26/2007	SL / N/A	15 0000	5,399.49	100 0000	0.00	0.00	0.00	0.00	0.00
102		10 Distillery Drive- Renovations- FOF	6/26/2007	SL / N/A	15 0000	5,399.51	100 0000	0.00	0.00	0.00	0.00	0.00
						<b>Subtotal LEASEHOLD IMPROVEMENTS</b>				<b>32,831.27</b>	<b>2,618.47</b>	<b>35,449.74</b>
						Less dispositions and exchanges				0.00	0.00	0.00
						<b>Net for: LEASEHOLD IMPROVEMENTS</b>				<b>32,831.27</b>	<b>2,618.47</b>	<b>35,449.74</b>
<b>VEHICLE</b>												
30		1993 FORD ESCORT LX CCFP	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
74		(2) 1997 PLYMOUTH NEONS FS	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
75		2000 CHEVY 12 PASSENGER VAN - FOF	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
85		2001 FORD E350 FORD BOXTRUCK - FS	6/14/2001	SL / N/A	5 0000	27,612.80	100 0000	0.00	0.00	27,612.80	0.00	27,612.80
86		2001 FORD WINDSTAR LX - CSBG	6/14/2001	SL / N/A	5 0000	22,044.00	100 0000	0.00	0.00	22,044.00	0.00	22,044.00
87		2002 FORD ECONOLINE - FS	2/6/2002	SL / N/A	5 0000	20,239.50	100 0000	0.00	0.00	17,878.23	2,361.27	20,239.50
96		2006 Toyota Sienna Minivan	6/22/2006	SL / N/A	5 0000	22,227.00	100 0000	0.00	0.00	0.00	4,445.40	4,445.40
						<b>Subtotal VEHICLE</b>				<b>123,192.62</b>	<b>6,806.67</b>	<b>129,999.29</b>
						Less dispositions and exchanges				0.00	0.00	0.00
						<b>Net for: VEHICLE</b>				<b>123,192.62</b>	<b>6,806.67</b>	<b>129,999.29</b>
						<b>Subtotal</b>				<b>392,869.69</b>	<b>31,089.76</b>	<b>423,959.45</b>
						Less dispositions and exchanges				0.00	0.00	0.00
						<b>Grand Totals</b>				<b>392,869.69</b>	<b>31,089.76</b>	<b>423,959.45</b>