

Return of Organization Exempt From Income Tax

2007

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service(77)

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

A For the 2007 calendar year, or tax year beginning Jul 1, 2007, and ending Jun 30, 2008

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: REHABILITATION OPPORTUNITIES, INC. D Employer Identification Number: 52-0857131. E Telephone number: (301) 731-4242. F Accounting method: Accrual.

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? H (b) If 'Yes,' enter number of affiliates. H (c) Are all affiliates included? H (d) Is this a separate return filed by an organization covered by a group ruling?

G Web site: WWW.ROIWORKS.ORG

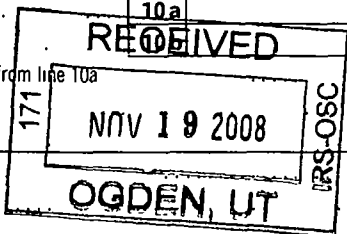
J Organization type (check only one): 501(c) 3

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.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 3,633,837.

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

Table with 21 rows and multiple columns for revenue and expenses. Includes sub-rows for contributions, program service revenue, membership dues, interest, dividends, gross rents, investment income, sales of assets, special events, gross sales of inventory, other revenue, program services, management and general, fundraising, payments to affiliates, total expenses, and net assets.



SCANNED DEC 15 2008

Vertical text on the left side of the table: 13, 14, 15, 16, 17, 18, 19, 20, 21

Handwritten initials 'R H' in the bottom right corner.

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A See I-25a Stmt	25a	216,482.	184,932.	31,550.	0.
b Compensation of former officers, directors, key employees, etc listed in Part V-B	25b				
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)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	1,753,126.	1,599,639.	153,487.	0.
27 Pension plan contributions not included on lines 25a, b, and c	27	69,950.	31,041.	38,909.	0.
28 Employee benefits not included on lines 25a - 27	28	110,872.	88,036.	22,836.	0.
29 Payroll taxes	29	153,866.	139,038.	14,828.	0.
30 Professional fundraising fees	30				
31 Accounting fees	31	14,956.	0.	14,956.	0.
32 Legal fees	32				
33 Supplies	33	38,604.	20,621.	17,983.	0.
34 Telephone	34	15,706.	14,906.	800.	0.
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38	12,321.	11,805.	516.	0.
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41	119,047.	108,567.	10,480.	0.
42 Depreciation, depletion, etc (attach schedule)	42	186,069.	175,621.	10,448.	0.
43 Other expenses not covered above (itemize):					
a INSURANCE	43a	60,230.	53,048.	7,182.	0.
b TRANSPORTATION	43b	239,166.	239,166.	0.	0.
c UTILITIES	43c	117,622.	108,951.	8,671.	0.
d MAINTENANCE & REPAIRS	43d	101,251.	57,780.	43,471.	0.
e PRODUCTION SUPPLIES	43e	53,322.	53,322.	0.	0.
f BOND LOC FEE	43f	22,224.	0.	22,224.	0.
g See Other Expenses Stmt	43g	53,852.	4,529.	49,323.	0.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	3,338,666.	2,891,002.	447,664.	0.

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

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

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

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

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

What is the organization's primary exempt purpose? ▶ <u>TO PROVIDE EXCELLENCE IN VOCATIONAL AND PERSONAL DEVELOPMENT</u> 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.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)
a <u>ROI OPERATES TWO SUPERVISED WORKSITES WHERE APPROXIMATELY 180 DEVELOPMENTALLY AND PHYSICALLY DISABLED INDIVIDUALS RECEIVE COUNSELING, PARTICIPATE IN PERSONAL DEVELOPMENT PROGRAMS, AND ENGAGE IN VOCATIONAL TRAINING AND EMPLOYMENT OPPORTUNITIES.</u> (Grants and allocations \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	2,595,560.
b <u>THROUGH THE SUPPORTED EMPLOYMENT PROGRAM, ROI ASSISTS AN AVERAGE OF 26 DISABLED PERSONS IN FINDING AND MAINTAINING EMPLOYMENT IN THE COMMUNITY WORKFORCE.</u> (Grants and allocations \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	295,442.
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 _____ (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) ▶	2,891,002.

BAA

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	4,592.	45	26,243.
	46 Savings and temporary cash investments	1,436,972.	46	1,575,868.
	47a Accounts receivable	47a 78,941.		
	b Less allowance for doubtful accounts	47b 0.	86,506.	47c 78,941.
	48a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b		48c
	49 Grants receivable			49
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges		42,321.	53 13,652.
	54a Investments – publicly-traded securities L-54a Stmt <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		301,400.	54a 275,538.
	b Investments – other securities (attach sch) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b
	55a Investments – land, buildings, & equipment basis	55a		
	b Less accumulated depreciation (attach schedule)	55b		55c
	56 Investments – other (attach schedule)			56
	57a Land, buildings, and equipment: basis	57a 7,499,711.		
b Less accumulated depreciation (attach schedule) L-57 Stmt	57b 1,774,980.	5,765,114.	57c 5,724,731.	
58 Other assets, including program-related investments (describe ▶ See Line 58 Stmt)		112,171.	58 134,667.	
59 Total assets (must equal line 74). Add lines 45 through 58		7,749,076.	59 7,829,640.	
LIABILITIES	60 Accounts payable and accrued expenses	150,308.	60	150,001.
	61 Grants payable		61	
	62 Deferred revenue	16,293.	62	14,498.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		192,235.	64b 120,137.
	65 Other liabilities (describe ▶ See Line 65 Stmt)		2,839,250.	65 2,838,682.
66 Total liabilities. Add lines 60 through 65		3,198,086.	66 3,123,318.	
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		3,515,328.	67 3,721,327.
	68 Temporarily restricted		1,035,662.	68 984,995.
	69 Permanently restricted			69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds			70
	71 Paid-in or capital surplus, or land, building, and equipment fund			71
	72 Retained earnings, endowment, accumulated income, or other funds			72
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		4,550,990.	73 4,706,322.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		7,749,076.	74 7,829,640.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	3,588,402.
b	Amounts included on line a but not on Part I, line 12:			
	1 Net unrealized gains on investments	b1		-42,899.
	2 Donated services and use of facilities	b2		
	3 Recoveries of prior year grants	b3		
	4 Other (specify): <u>RENTAL EXPENSES</u>	b4		19,972.
	Add lines b1 through b4		b	-22,927.
c	Subtract line b from line a		c	3,611,329.
d	Amounts included on Part I, line 12, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12). Add lines c and d .		e	3,611,329.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements		a	3,358,638.
b	Amounts included on line a but not on Part I, line 17:			
	1 Donated services and use of facilities	b1		
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify): <u>RENTAL EXPENSES</u>	b4		19,972.
	Add lines b1 through b4		b	19,972.
c	Subtract line b from line a		c	3,338,666.
d	Amounts included on Part I, line 17, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17). Add lines c and d .		e	3,338,666.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
RORY BRETT 5100 PHILADELPHIA WAY LANHAM, MD 20706	EXEC. DIR. 37.00	117,287.	16,465.	4,800.
TENILLE ADEMILUYI 5100 PHILADELPHIA WAY LANHAM, MD 20706	DEPUTY DIR. 37.00	64,670.	13,260.	0.
THOMAS PURCELL 5100 PHILADELPHIA WAY LANHAM, MD 20706	DIRECTOR/PRESIDENT 0.75	0.	0.	0.
BRUCE SHAPIRO 5100 PHILADELPHIA WAY LANHAM, MD 20706	DIRECTOR/V.P. 0.50	0.	0.	0.
DAVID FIERST 5100 PHILADELPHIA WAY LANHAM, MD 20706	DIRECTOR/SECRETARY 0.65	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Statement				

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?		X
82 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)		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	N/A	
85 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	N/A	
85 c	Dues, assessments, and similar amounts from members	N/A	
85 d	Section 162(e) lobbying and political expenditures	N/A	
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85 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?	N/A	
86 a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	N/A	
86 b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87 a	501(c)(12) organizations. Enter: a Gross income from members or shareholders	N/A	
87 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	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		X
88 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		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</u>		
89 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		X
89 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>		
89 d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
89 e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89 f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89 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?		X
90 a	List the states with which a copy of this return is filed <u>See States Filed In</u>		
90 b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	219	
91 a	The books are in care of <u>RORY BRETT</u> Telephone number <u>(301) 731-4242</u> Located at <u>5100 PHILADELPHIA WAY, LANHAM, MD</u> ZIP + 4 <u>20706</u>		
91 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></u>		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

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? 91 c

If 'Yes,' enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ▶

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a SERVICES TO THE PUBLIC					715,353.
b OTHER INCOME			3	23,921.	
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					2,692,358.
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	47,694.	
96 Dividends & interest from securities			14	17,762.	
97 Net rental income or (loss) from real estate:					
a debt-financed property	531120	79,930.			
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	8,641.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		79,930.		98,018.	3,407,711.
105 Total (add line 104, columns (B), (D), and (E))					3,585,659.

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)
93A	OPERATION OF TWO SUPERVISED WORKSITES TO HELP THE
93A	DEVELOPMENTALLY AND PHYSICALLY HANDICAPPED ACHIEVE AS MUCH
93G	INDEPENDENCE AND SELF CONFIDENCE AS POSSIBLE.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) N/A

(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
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

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

N/A

Yes	No
-----	----

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

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

Yes	No
-----	----

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

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

Yes	No
-----	----

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?

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

▶ Rory Brett Signature of officer 11/14/08 Date

▶ RORY BRETT Type or print name and title EXECUTIVE DIRECTOR

Paid Preparer's Use Only

Preparer's signature ▶ Victoria Phillips, CPA Date 11/7/08 Check if self-employed Preparer's SSN or PTIN (See General Instruction X)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ PHILLIPS, LLC EIN ▶

606 BALTIMORE AVE STE 300 TOWSON MD 21204-4085 Phone no ▶ (410) 821-8123

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under
Section 501(c)(3)

OMB No 1545-0047

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

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information — (See separate instructions.)

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

Name of the organization: **REHABILITATION OPPORTUNITIES, INC.** Employer identification number: **52-0857131**

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
BARBARA STEWART 5100 PHILADELPHIA WAY LANHAM MD 20706	ASSOCIATE DIR. 37.00	75,818.	17,764.	0.
NICOLETA PALTINEANU 5100 PHILADELPHIA WAY LANHAM MD 20706	CONTROLLER 37.00	74,838.	17,142.	0.
WHITNEY CARICOFE 5100 PHILADELPHIA WAY LANHAM MD 20706	ACCOUNTANT 37.00	57,045.	5,801.	0.
Total number of other employees paid over \$50,000 ▶	None			

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SELECTIVE INSURANCE 11311 MCCORMICK RD HUNT VALLEY MD 21031	INSURANCE	63,025.
KELLY & ASSOCIATES P.O. BOX 630283 BALTIMORE MD 21263	INSURANCE	71,510.
Total number of others receiving over \$50,000 for professional services ▶	None	

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 instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
GREENBELT EXXON 7619 GREENBELT ROAD GREENBELT MD 20770	VEHICLE MAINTENANCE	70,938.
Total number of other contractors receiving over \$50,000 for other services ▶	None	

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

Schedule A (Form 990 or 990-EZ) 2007

Part III Statements About Activities (See 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.)

1		X
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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.

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?

2a		X
-----------	--	---

b Lending of money or other extension of credit?

2b		X
-----------	--	---

c Furnishing of goods, services, or facilities?

2c		X
-----------	--	---

See Part V, Form 990

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d	X	
-----------	---	--

e Transfer of any part of its income or assets?

2e		X
-----------	--	---

3a 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.)

3a		X
-----------	--	---

b Did the organization have a section 403(b) annuity plan for its employees?

3b	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

3c		X
-----------	--	---

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d		X
-----------	--	---

4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g

4a		X
-----------	--	---

b Did the organization make any taxable distributions under section 4966?

4b		
-----------	--	--

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c		
-----------	--	--

d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____ 0

g Enter the aggregate value of assets held 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 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 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	
Total					

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

BAA

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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	36,583.	74,942.	201,103.	203,719.	516,347.
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	3,292,728.	3,221,158.	2,842,844.	2,820,514.	12,177,244.
18 Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975	63,574.	73,226.	25,494.	5,719.	168,013.
19 Net income from unrelated business activities not included in line 18	0.	0.	0.	0.	0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	3,392,885.	3,369,326.	3,069,441.	3,029,952.	12,861,604.
24 Line 23 minus line 17	100,157.	148,168.	226,597.	209,438.	684,360.
25 Enter 1% of line 23	33,929.	33,693.	30,694.	30,300.	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 13,687.
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 2003 through 2006 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 684,360.
d Add: Amounts from column (e) for lines:	18 168,013.	19 0.			26d 168,013.
	22	26b 0.			26e 516,347.
e Public support (line 26c minus line 26d total)					26e 516,347.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 75.45 %
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.	(2006)	(2005)	(2004)	(2003)	
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:	(2006)	(2005)	(2004)	(2003)	
c Add: Amounts from column (e) for lines:	15	16			27c
	17	21			27d
d Add: Line 27a total and line 27b total					27e
e Public support (line 27c total minus line 27d total)					27f
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27g %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15					

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

		N/A	
		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
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.) ----- ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.		

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

N/A

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

Limits on Lobbying Expenditures

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

		(a) Affiliated group totals	(b) To be completed for all electing organizations
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)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

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

▶ Attach to return

Name REHABILITATION OPPORTUNITIES, INC.	Employer Identification Number 52-0857131
--	--

Part I, Line 8, Column (A) Securities

Public Securities

Description	Gross Sales Price	Basis	
PUBLICLY TRADED SECURITIES	2,538.	Cost	2,536.
		Selling Expenses	
		Basis	2,536.

Nonpublic Securities

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated (State which on top)
-----	-----	-----		-----
-----	-----	-----		-----
-----	-----	-----		-----
-----	-----	-----		-----
Total Securities			2,538.	2,536.
Gain or (Loss) from Sale of Securities				2.

Part I, Line 8, Column (B) Other Assets

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated	
1999 FORD E350 VAN	11/28/99 PURCHASE	10/05/07 INSURANCE PROCEEDS	8,639.	Cost	38,925.
				Depreciation	-38,925.
				Basis	0.
				Donation FMV	
-----	-----	-----		Cost	
-----	-----	-----		Depreciation	
-----	-----	-----		Basis	
-----	-----	-----		Donation FMV	
-----	-----	-----		Cost	
-----	-----	-----		Depreciation	
-----	-----	-----		Basis	
-----	-----	-----		Donation FMV	
Total Other Assets			8,639.		0.
Gain or (Loss) from Sale of Other Assets					8,639.

Name as Shown on Return
REHABILITATION OPPORTUNITIES, INC.

Employer Identification No
52-0857131

Compensation

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
RORY BRETT	<input type="checkbox"/>	117,287.	93,830.	23,457.	0.
TENILLE ADEMILUYI	<input type="checkbox"/>	64,670.	64,670.	0.	0.
THOMAS PURCELL	<input type="checkbox"/>	0.			
BRUCE SHAPIRO	<input type="checkbox"/>	0.			
See Compensation					
Total Compensation Received		181,957.	158,500.	23,457.	0.

Contributions to Employee Benefit Plans & Deferred Compensation Plans

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
RORY BRETT	<input type="checkbox"/>	16,465.	13,172.	3,293.	0.
TENILLE ADEMILUYI	<input type="checkbox"/>	13,260.	13,260.	0.	0.
THOMAS PURCELL	<input type="checkbox"/>	0.			
BRUCE SHAPIRO	<input type="checkbox"/>	0.			
See Employee Benefit Plans & Deferred Compensation Plans					
Total Contributions to Employee Benefit Plans & Deferred Compensation Plans		29,725.	26,432.	3,293.	0.

Expense Account and Other Allowances

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
RORY BRETT	<input type="checkbox"/>	4,800.	0.	4,800.	0.
TENILLE ADEMILUYI	<input type="checkbox"/>	0.			
THOMAS PURCELL	<input type="checkbox"/>	0.			
BRUCE SHAPIRO	<input type="checkbox"/>	0.			
See Expense Account and Other Allowances					
Total Expense Account and Other Allowances		4,800.	0.	4,800.	0.
Total to Part II, Line 25a		216,482.	184,932.	31,550.	0.

Form 990, Page 2, Part II, Line 43
Other Expenses Stmt

Other expenses not covered above (itemize).	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
DUES & SUBSCRIPTIONS	8,350.	0.	8,350.	0.
TAXES	7,839.	0.	7,839.	0.
SEMINARS & TRAINING	6,474.	4,529.	1,945.	0.
BOND ADMIN COSTS	13,090.	0.	13,090.	0.
ADVERTISING	971.	0.	971.	0.
BANK CHARGES	10,621.	0.	10,621.	0.
Amortization	6,507.	0.	6,507.	0.
Total	53,852.	4,529.	49,323.	0.

Form 990, Page 5, Part V-A
List of Officers, Directors, Trustees, & Key Employees Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> HENRY NELOMS 5100 PHILADELPHIA WAY LANHAM, MD 20706	DIRECTOR/TREASURER 0.60	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> STEVEN FLESHMAN 5100 PHILADELPHIA WAY LANHAM, MD 20706	DIRECTOR 0.65	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> TIFFANY MILES 5100 PHILADELPHIA WAY LANHAM, MD 20706	DIRECTOR 0.25	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> DARLENE AVERY 5100 PHILADELPHIA WAY LANHAM, MD 20706	DIRECTOR 0.25	0.	0.	0.

Form 990 Part VI, Page 7, Line 90a
States Filed In

Maryland

Form 990, Page 1, Part I, Line 20
Other Changes in Net Assets or Fund Balances

Description	Amount
UNREALIZED LOSS ON INVESTMENTS	-42,899.
CHANGE IN FMV OF INTEREST RATE SWAP AGREEMENT	-74,432.

Form 990, Page 1, Part I, Line 20

Continued

Other Changes in Net Assets or Fund Balances

Description	Amount
Total	<u><u>-117,331.</u></u>

Form 990, Part II, Line 25a

Compensation

Compensation					
Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
DAVID FIERST	<input type="checkbox"/>	0.			
HENRY NELOMS	<input type="checkbox"/>	0.			
STEVEN FLESHMAN	<input type="checkbox"/>	0.			
TIFFANY MILES	<input type="checkbox"/>	0.			
DARLENE AVERY	<input type="checkbox"/>	0.			
Total		<u><u>0.</u></u>			

Form 990, Part II, Line 25a

Employee Benefit Plans & Deferred Compensation Plans

Contributions to Employee Benefit Plans & Deferred Compensation Plans					
Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
DAVID FIERST	<input type="checkbox"/>	0.			
HENRY NELOMS	<input type="checkbox"/>	0.			
STEVEN FLESHMAN	<input type="checkbox"/>	0.			
TIFFANY MILES	<input type="checkbox"/>	0.			
DARLENE AVERY	<input type="checkbox"/>	0.			
Total		<u><u>0.</u></u>			

Form 990, Part II, Line 25a

Expense Account and Other Allowances

Expense Account and Other Allowances					
Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
DAVID FIERST	<input type="checkbox"/>	0.			
HENRY NELOMS	<input type="checkbox"/>	0.			
STEVEN FLESHMAN	<input type="checkbox"/>	0.			
TIFFANY MILES	<input type="checkbox"/>	0.			
DARLENE AVERY	<input type="checkbox"/>	0.			

Form 990, Part II, Line 25a

Continued

Expense Account and Other Allowances**Expense Account and Other Allowances**

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Total		<u>0.</u>			

Form 990, Page 4, Part IV, Line 54a

Investments - Publicly-Traded Securities Statement

Description	Cost or FMV	Beginning of Year	End of Year
NEUBERGER BERMAN	FMV	10,513.	10,281.
FIDELITY CORE ACCOUNT	FMV	104.	942.
FIDELITY ALLIANCEBER INTL FUND	FMV	34,135.	28,058.
FIDELITY AMERICAN GROWTH FUND	FMV	41,210.	39,056.
FIDELITY AMERICAN CAPITAL INCOME BUILDER	FMV	47,553.	44,858.
BARON PARTNERS FUND	FMV	16,719.	13,876.
DELAWARE DIVERSIFIED INCOME FD CL A	FMV	41,242.	41,596.
DELAWARE SMALL CAP CORE FD CL A	FMV	20,102.	15,537.
LOOMIS SAYLES BOND RETAIL	FMV	41,380.	42,530.
VANGUARD VALUE INDEX	FMV	48,442.	38,804.
Total		<u>301,400.</u>	<u>275,538.</u>

Form 990, Page 4, Part IV, Lines 57a & 57b

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
LAND	2,961,160.	0.	2,961,160.
BUILDINGS AND IMPROVEMENTS	2,709,454.	535,320.	2,174,134.
LEASEHOLD IMPROVEMENTS	664,745.	295,550.	369,195.
AUTOMOBILES	894,878.	743,198.	151,680.
EQUIPMENT	168,950.	128,141.	40,809.
FURNITURE AND EQUIPMENT	57,750.	43,519.	14,231.
DATA PROCESSING EQUIPMENT	42,774.	29,252.	13,522.
Total	<u>7,499,711.</u>	<u>1,774,980.</u>	<u>5,724,731.</u>

Form 990, Page 4, Part IV, Line 58

Other Assets Statement

Line 58 - Other Assets:	Beginning of Year	End of Year
BOND ISSUANCE COSTS - NET	111,296.	105,489.
LOAN ORIGINATION COSTS - NET	875.	175.

Form 990, Page 4, Part IV, Line 58

Continued

Other Assets Statement

Line 58 - Other Assets:	Beginning of Year	End of Year
DEFERRED LEASE COSTS - NET	0.	29,003.
Total	<u>112,171.</u>	<u>134,667.</u>

Form 990, Page 4, Part IV, Line 65

Other Liabilities Statement

Line 65 - Other Liabilities:	Beginning of Year	End of Year
BONDS PAYABLE	2,795,000.	2,720,000.
INTEREST RATE SWAP AGREEMENT	44,250.	118,682.
Total	<u>2,839,250.</u>	<u>2,838,682.</u>

Supporting Statement of:

Form 990 p 1/Line 6b

Description	Amount
MAINTENANCE & REPAIRS	2,461.
UTILITIES	1,950.
INTEREST	1,568.
TAXES	902.
DEPRECIATION	8,119.
LEASE COMMISSIONS	4,972.
Total	<u>19,972.</u>

Supporting Statement of:

Form 990 p 4/Line 64b, column (A)

Description	Amount
MORTGAGE PAYABLE	109,417.
NOTES PAYABLE - SEE ATTACHED	82,818.
Total	<u>192,235.</u>

Supporting Statement of:

Form 990 p 4/Line 64b, column (B)

Description	Amount
MORTGAGE PAYABLE	32,837.
NOTES PAYABLE	87,300.
Total	<u>120,137.</u>

Supporting Statement of:

Form 990-T, p3/Schedule E, Column 3b-1

Description	Amount
MORTGAGE INTEREST	1,568.
PROPERTY TAXES	902.
UTILITIES	4,412.
LEASE COMMISSIONS	4,972.
Total	<u>11,854.</u>

REHABILITATION OPPORTUNITIES, INC.

52-0857131

FORM 990, PAGE 4, LINE 64B, COLUMN B

	<u>ORIGINAL AMOUNT</u>	<u>BALANCE DUE</u>	<u>DATE OF NOTE</u>	<u>TERM</u>	<u>REPAYMENT TERMS</u>	<u>INTEREST RATE</u>	<u>COLLATERAL</u>	<u>PURPOSE</u>	<u>CONSIDERATION</u>
NOTE PAYABLE	700,000	32,837	10/20/1993	180 MONTHS	MONTHLY	8.58%	REAL PROPERTY	ACQUISITION	CASH
NOTE PAYABLE	27,308	3,014	11/18/2004	48 MONTHS	MONTHLY	1.90%	AUTO	ACQUISITION	CASH
NOTE PAYABLE	18,912	6,304	5/24/2006	36 MONTHS	MONTHLY	0.00%	AUTO	ACQUISITION	CASH
NOTE PAYABLE	26,898	897	8/13/2003	60 MONTHS	MONTHLY	0.00%	AUTO	ACQUISITION	CASH
NOTE PAYABLE	26,898	897	8/20/2003	60 MONTHS	MONTHLY	0.00%	AUTO	ACQUISITION	CASH
NOTE PAYABLE	14,154	4,718	6/23/2006	36 MONTHS	MONTHLY	0.00%	AUTO	ACQUISITION	CASH
NOTE PAYABLE	21,507	11,949	2/5/2007	36 MONTHS	MONTHLY	0.00%	AUTO	ACQUISITION	CASH
NOTE PAYABLE	21,507	11,949	2/5/2007	36 MONTHS	MONTHLY	0.00%	AUTO	ACQUISITION	CASH
NOTE PAYABLE	29,591	21,372	8/10/2007	36 MONTHS	MONTHLY	0.00%	AUTO	ACQUISITION	CASH
NOTE PAYABLE	26,201	26,200	2/5/2007	36 MONTHS	MONTHLY	0.90%	AUTO	ACQUISITION	CASH

TOTAL 120,137

Form 990, Part II, Line 42

Depreciation

<u>Description</u>	<u>Method</u>	<u>Life</u>	<u>Basis for Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Amount of Depreciation</u>
Land	N/A	N/A	2,961,160	-	-
Buildings and improvements	SL	10-40	2,709,454	535,320	59,634
Leasehold improvements	SL	5-40	665,865	295,550	19,079
Automobiles	SL	5	894,878	743,198	83,495
Equipment	SL	5-15	168,950	128,141	10,316
Furniture and office equipment	SL	5-10	57,750	43,519	5,427
Data processing equipment	SL	5	42,774	29,252	8,118
Total			<u>7,500,831</u>	<u>1,774,980</u>	<u>186,069</u>