

Return of Organization Exempt From Income Tax

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

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

A For the 2012 calendar year, or tax year beginning and ending																						
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization ADULT CARE CENTER OF THE NORTHERN SHENANDOAH VALLEY</td> <td>D Employer identification number 54-1617292</td> </tr> <tr> <td colspan="2">Doing Business As</td> <td>E Telephone number (540) 722-2273</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td>G Gross receipts \$ 357,337.</td> </tr> <tr> <td>411 N. CAMERON STREET</td> <td>100</td> <td>H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td>City, town, or post office, state, and ZIP code</td> <td></td> <td>H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>WINCHESTER, VA 22601</td> <td></td> <td>If "No," attach a list. (see instructions)</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: JANE BAUKNECHT 411 N. CAMERON STREET, SUITE 100, WINCHESTER</td> <td>H(c) Group exemption number ▶</td> </tr> </table>	C Name of organization ADULT CARE CENTER OF THE NORTHERN SHENANDOAH VALLEY		D Employer identification number 54-1617292	Doing Business As		E Telephone number (540) 722-2273	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 357,337.	411 N. CAMERON STREET	100	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	City, town, or post office, state, and ZIP code		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	WINCHESTER, VA 22601		If "No," attach a list. (see instructions)	F Name and address of principal officer: JANE BAUKNECHT 411 N. CAMERON STREET, SUITE 100, WINCHESTER		H(c) Group exemption number ▶
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WINCHESTER, VA 22601		If "No," attach a list. (see instructions)																				
F Name and address of principal officer: JANE BAUKNECHT 411 N. CAMERON STREET, SUITE 100, WINCHESTER		H(c) Group exemption number ▶																				
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																						
J Website: ▶ WWW.ADLTCCARECENTER.NET																						
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1992 M State of legal domicile: VA																					

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE QUALITY ADULT HEALTH DAY CARE FOR PERSONS WITH ALZHEIMER'S AND FOR OTHERS REQUIRING		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	9
	6 Total number of volunteers (estimate if necessary)	6	9
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 109,153.	Current Year 93,289.
	9 Program service revenue (Part VIII, line 2g)	229,185.	233,348.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,373.	2,321.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21,599.	25,583.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	362,310.	354,541.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		220,629.	227,748.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 8,215.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		76,117.	119,289.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	296,746.	347,037.	
19 Revenue less expenses. Subtract line 18 from line 12	65,564.	7,504.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 466,125.	End of Year 458,639.
	21 Total liabilities (Part X, line 26)	37,947.	22,643.
	22 Net assets or fund balances. Subtract line 21 from line 20	428,178.	435,996.

Part II Signature Block					
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.					
Sign Here	▶ Signature of officer	Date			
	▶ JANE BAUKNECHT, EXECUTIVE DIRECTOR	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	KERRI A. BURKHART, CPA				P00028351
	Firm's name ▶ HOTTEL & WILLIS, P.C.	Firm's EIN ▶ 54-1135771			
	Firm's address ▶ 314 NORTH BRADDOCK STREET WINCHESTER, VA 22601			Phone no. (540) 662-0325	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:
TO PROVIDE RESPITE DAYCARE FOR PERSONS WITH ALZHEIMER'S DISEASE, AS
WELL AS STROKE PATIENTS, FRAIL ELDERLY AND ANY OTHER PHYSICALLY OR
MENTALLY DISABLED ADULT REQUIRING SUPERVISION. THE CENTER PROVIDES A
UNIQUE ALTERNATIVE TO HOME CARE IN A SAFE, STIMULATING ENVIRONMENT,

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 296,269. including grants of \$) (Revenue \$ 233,348.)
INCREASED SELF-IMAGE, SELF-DEPENDENCE & QUALITY OF LIFE OF PERSONS
PARTICIPATING IN PROGRAM, WHICH PROVIDES COUNSELING, ORGANIZED SOCIAL
ACTIVITIES AND PROTECTIVE CARE FOR THEM.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **296,269.**

**ADULT CARE CENTER OF THE NORTHERN
SHENANDOAH VALLEY**

Form 990 (2012)

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Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Form **990** (2012)

**ADULT CARE CENTER OF THE NORTHERN
SHENANDOAH VALLEY**

Form 990 (2012)

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Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Form 990 (2012)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	1a 0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	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)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4a		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
	7e		
	7f		
	7g		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9a		
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 13		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official		X
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►
JANE BAUKNECHT - (540) 722-2273
411 N. CAMERON STREET, SUITE 100, WINCHESTER, VA 22601

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JANE BAUKNECHT EXECUTIVE DIRECTOR	40.00	X					50,589.	0.	0.	
(2) JENNIFER BOUSQUET PRESIDENT	0.00	X		X			0.	0.	0.	
(3) THOMAS TURNER VICE PRESIDENT	0.00	X		X			0.	0.	0.	
(4) DIANE SHIPE SECRETARY	0.00	X		X			0.	0.	0.	
(5) KERRI BURKHART TREASURER	0.00	X		X			0.	0.	0.	
(6) MARIECKEN FOWLER DIRECTOR	0.00	X					0.	0.	0.	
(7) CHRISTOPHER FRANCIS DIRECTOR	0.00	X					0.	0.	0.	
(8) CHARLES HARRIS DIRECTOR	0.00	X					0.	0.	0.	
(9) CHARLENE LIVINGSTON DIRECTOR	0.00	X					0.	0.	0.	
(10) J. DOUGLAS MCCARTHY DIRECTOR	0.00	X					0.	0.	0.	
(11) FLORINE SEMPELES DIRECTOR	0.00	X					0.	0.	0.	
(12) JEANNIE SHILEY DIRECTOR	0.00	X					0.	0.	0.	
(13) KAREN SHIPP DIRECTOR	0.00	X					0.	0.	0.	
(14) DEBBIE WALKER DIRECTOR	0.00	X					0.	0.	0.	

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	32,822.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	60,467.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		93,289.			
	Program Service Revenue	2 a CLIENT FEES	Business Code			
		900099	233,348.	233,348.		
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		233,348.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,321.		2,321.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	28,379.			
		b Less: direct expenses	b	2,796.		
c Net income or (loss) from fundraising events			25,583.		25,583.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a						
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		354,541.	233,348.	0.	27,904.	

**ADULT CARE CENTER OF THE NORTHERN
SHENANDOAH VALLEY**

Form 990 (2012)

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	50,589.	43,507.	6,071.	1,011.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	157,283.	134,611.	17,602.	5,070.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	3,456.	3,080.	292.	84.
10 Payroll taxes	16,420.	14,629.	1,390.	401.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	8,207.		8,207.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	384.		384.	
13 Office expenses	840.	420.	420.	
14 Information technology				
15 Royalties				
16 Occupancy	49,842.	44,405.	4,221.	1,216.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,582.	9,149.		433.
23 Insurance	5,009.	3,394.	1,615.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEALS & SNACKS	21,129.	21,129.		
b RESPIRE CARE GRANT EXPE	12,349.	12,349.		
c SUPPLIES	5,861.	4,432.	1,429.	
d TELEPHONE	1,844.	922.	922.	
e All other expenses	4,242.	4,242.		
25 Total functional expenses. Add lines 1 through 24e	347,037.	296,269.	42,553.	8,215.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

**ADULT CARE CENTER OF THE NORTHERN
SHENANDOAH VALLEY**

Form 990 (2012)

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Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year		
Assets	1 Cash - non-interest-bearing	151,017.	1	133,745.		
	2 Savings and temporary cash investments	205,523.	2	206,367.		
	3 Pledges and grants receivable, net		3			
	4 Accounts receivable, net	6,952.	4	8,589.		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5			
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6			
	7 Notes and loans receivable, net		7			
	8 Inventories for sale or use		8			
	9 Prepaid expenses and deferred charges	4,679.	9	4,547.		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 85,606.				
	b Less: accumulated depreciation	10b 27,021.	52,926.	10c	58,585.	
	11 Investments - publicly traded securities	45,028.	11	46,806.		
	12 Investments - other securities. See Part IV, line 11		12			
	13 Investments - program-related. See Part IV, line 11		13			
	14 Intangible assets		14		0.	
	15 Other assets. See Part IV, line 11		15			
16 Total assets. Add lines 1 through 15 (must equal line 34)		466,125.	16	458,639.		
Liabilities	17 Accounts payable and accrued expenses	3,500.	17	1,557.		
	18 Grants payable		18			
	19 Deferred revenue		19			
	20 Tax-exempt bond liabilities		20			
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21			
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22			
	23 Secured mortgages and notes payable to unrelated third parties		23			
	24 Unsecured notes and loans payable to unrelated third parties		24			
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	34,447.	25	21,086.		
	26 Total liabilities. Add lines 17 through 25	37,947.	26	22,643.		
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27 Unrestricted net assets	386,940.	27	390,092.		
	28 Temporarily restricted net assets	11,549.	28	16,215.		
	29 Permanently restricted net assets	29,689.	29	29,689.		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30 Capital stock or trust principal, or current funds		30			
	31 Paid-in or capital surplus, or land, building, or equipment fund		31			
	32 Retained earnings, endowment, accumulated income, or other funds		32			
33 Total net assets or fund balances	428,178.	33	435,996.			
34 Total liabilities and net assets/fund balances	466,125.	34	458,639.			

Form 990 (2012)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	354,541.
2	Total expenses (must equal Part IX, column (A), line 25)	2	347,037.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,504.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	428,178.
5	Net unrealized gains (losses) on investments	5	314.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	435,996.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization **ADULT CARE CENTER OF THE NORTHERN SHENANDOAH VALLEY** Employer identification number **54-1617292**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 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 exempt 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)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	169,473.	106,030.	113,710.	120,448.	93,289.	602,950.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	120,170.	156,616.	220,679.	229,185.	233,348.	959,998.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	289,643.	262,646.	334,389.	349,633.	326,637.	1,562,948.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6.)						1,562,948.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	289,643.	262,646.	334,389.	349,633.	326,637.	1,562,948.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	20,613.	24,645.	28,225.	25,718.	28,218.	127,419.
13 Total support. (Add lines 9, 10c, 11, and 12.)	310,256.	287,291.	362,614.	375,351.	354,855.	1,690,367.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	92.46 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	92.61 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	.00 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Name of the organization

ADULT CARE CENTER OF THE NORTHERN
SHENANDOAH VALLEY

Employer identification number

54-1617292

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization ADULT CARE CENTER OF THE NORTHERN SHENANDOAH VALLEY	Employer identification number 54-1617292
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	F ALAN DULANEY & JANE F DULANEY CHARITABLE TRUST C/O BRANCH <hr/> 38 ROUSS AVENUE <hr/> WINCHESTER, VA 22601	\$ 41,979.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ADULT CARE CENTER OF THE NORTHERN SHENANDOAH VALLEY	Employer identification number 54-1617292
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization ADULT CARE CENTER OF THE NORTHERN SHENANDOAH VALLEY	Employer identification number 54-1617292
---	---

Part III *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization ADULT CARE CENTER OF THE NORTHERN SHENANDOAH VALLEY

Employer identification number
54-1617292

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	38,247.	35,518.	33,211.	31,084.	
b Contributions					29,689.
c Net investment earnings, gains, and losses	898.	2,729.	2,307.	2,127.	1,395.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	39,145.	38,247.	35,518.	33,211.	31,084.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment _____ %
 - b** Permanent endowment 75.90 %
 - c** Temporarily restricted endowment 24.10 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|------------------------------------|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		39,863.	5,045.	34,818.
d Equipment		45,743.	21,976.	23,767.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				58,585.

**ADULT CARE CENTER OF THE NORTHERN
SHENANDOAH VALLEY**

Schedule D (Form 990) 2012

54-1617292 Page **3**

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED WAGES	8,682.
(3) ACCRUED COMPENSATED ABSENCES	2,698.
(4) DEFERRED REVENUE	9,706.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	21,086.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	356,655.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	314.
b	Donated services and use of facilities	2b	1,800.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	2,114.
3	Subtract line 2e from line 1	3	354,541.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	354,541.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	348,837.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,800.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	1,800.
3	Subtract line 2e from line 1	3	347,037.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	347,037.

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

ADULT CARE CENTER OF THE NORTHERN

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		LUNCH 'N BID		3	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	15,039.		13,340.	28,379.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	15,039.		13,340.	28,379.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	1,571.		1,225.	2,796.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(2,796)
	11 Net income summary. Combine line 3, column (d), and line 10				25,583.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				()	
8 Net gaming income summary. Combine line 1, column d, and line 7					

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization	ADULT CARE CENTER OF THE NORTHERN SHENANDOAH VALLEY	Employer identification number	54-1617292
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SUPERVISED CARE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WHILE AT THE SAME TIME CREATING APPROPRIATE MENTAL AND PHYSICAL
ACTIVITIES AND SOCIALIZATION AND PEER INTERACTION TO MAXIMIZE THE
CLIENT'S CURRENT CAPABILITIES.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF FORM 990 IS PROVIDED TO
EACH BOARD MEMBER AND OFFICER FOR COMMENTS AND QUESTIONS.

FORM 990, PART VI, SECTION B, LINE 12C: EACH BOARD MEMBER AND OFFICER IS
REQUIRED TO DISCLOSE, AT LEAST ANNUALLY, ANY KNOWN CONFLICTS OF INTEREST IN
WRITING AND SUBMIT THEM TO THE ORGANIZATION'S PRESIDENT.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE
AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C: THE AUDIT OVERSIGHT COMMITTEE HAS NOT
CHANGED THEIR PROCESS FROM THE PREVIOUS YEAR.

2012 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	PROGRAM SERVICES														
1	BIOFEEDBACK READER/BLOOD PRESSURE CUFF	11/02/02	SL	7.00		16	1,097.				1,097.	1,097.		0.	1,097.
2	CAMCORDER AND ACCESSORIES	11/02/02	SL	7.00		16	714.				714.	714.		0.	714.
3	4 DRAWER FILE CABINET	11/27/02	SL	7.00		16	180.				180.	180.		0.	180.
4	LARGE CAPACITY FILE CABINET	11/27/02	SL	7.00		16	225.				225.	225.		0.	225.
5	CLINICAL RECLINER EZ ACCESS	11/27/02	SL	7.00		16	2,852.				2,852.	2,849.		0.	2,849.
6	INSTRUMENTS - WEST MUSIC	12/04/02	SL	7.00		16	755.				755.	755.		0.	755.
7	INSTRUMENTS - SUZUKI	11/22/02	SL	7.00		16	109.				109.	109.		0.	109.
8	MUSIC BOOKS	11/22/02	SL	7.00		16	351.				351.	351.		0.	351.
9	SUZUKI INSTRUMENTS AND CART	01/16/03	SL	7.00		16	1,650.				1,650.	1,650.		0.	1,650.
10	DIGITAL PIANO WITH STAND	01/16/03	SL	7.00		16	599.				599.	599.		0.	599.
11	CD BURNER AND PLAYER WITH CASE	01/16/03	SL	7.00		16	1,050.				1,050.	1,050.		0.	1,050.
12	INSTRUMENTS - BROOK MAYS	01/16/03	SL	7.00		16	138.				138.	138.		0.	138.
13	Q CHORD SET AND CASE	01/16/03	SL	7.00		16	239.				239.	239.		0.	239.
14	ACOUSTIC GUITAR, BAG AND ACCESSORIES	07/31/03	SL	7.00		16	235.				235.	235.		0.	235.
15	2 CHAIRS	04/24/04	SL	7.00		16	251.				251.	251.		0.	251.
16	PEAVEY ESCORT PA SYSTEM	04/23/04	SL	5.00		16	869.				869.	869.		0.	869.
17	STORAGE CABINET	05/13/05	SL	7.00		16	260.				260.	247.		13.	260.

2012 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
18	DVD/VCR AND MOVIE PROJECTOR	05/29/05	SL	7.00		16	1,600.				1,600.	1,507.		93.	1,600.
19	LAPTOP COMPUTER	07/13/05	SL	5.00		16	1,526.				1,526.	1,526.		0.	1,526.
20	6 ARMCHAIRS	11/23/05	SL	7.00		16	612.				612.	529.		80.	609.
21	RECEIVER, DVD/VCR, DVD/CD	01/11/06	SL	7.00		16	340.				340.	294.		46.	340.
22	TRIPOD/SCREEN	01/12/06	SL	7.00		16	145.				145.	126.		19.	145.
23	AV CART	01/12/06	SL	7.00		16	135.				135.	114.		21.	133.
24	STORAGE CABINET/SHELVES	05/12/06	SL	7.00		16	450.				450.	363.		64.	427.
25	REFLECTION BENCH	06/02/06	SL	7.00		16	436.				436.	346.		62.	408.
26	CAMCORDER, DVD RECORDER	08/18/06	SL	7.00		16	733.				733.	560.		105.	665.
27	XEROX 7120PT MACHINE (AVOP)	09/27/11	SL	7.00		16	7,992.				7,992.			1,142.	1,142.
28	WORKSTATION (AVOP)	09/27/11	SL	5.00		16	811.				811.			162.	162.
29	23 INCH FLAT MONITOR (AVOP)	09/27/11	SL	5.00		16	200.				200.			40.	40.
31	AATR CENTER VIDEOS	09/29/11	SL	5.00		16	1,861.				1,861.			372.	372.
32	SHELVING UNITS (AMERICAN WOODMARK)	09/29/11	SL	7.00		16	1,370.				1,370.			196.	196.
33	LAPTOP COMPUTER (STAPLES)	02/02/11	SL	5.00		16	650.				650.	119.		130.	249.
34	FURNITURE (GRAND HOME FURNISHINGS)	10/03/11	SL	7.00		16	2,376.				2,376.			339.	339.
35	FURNITURE (MISC)	12/28/11	SL	7.00		16	238.				238.			34.	34.
36	5 COUCHES (SCHEWELS)	12/06/11	SL	7.00		16	1,955.				1,955.			279.	279.

2012 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
37	KEE CONSTRUCTION (BUILD-OUT)	02/16/12		79M		HY42	18,592.				18,592.			2,353.	2,353.
38	65 PADDED FOLDING CHAIRS	04/04/12	SL	7.00		16	1,371.				1,371.			147.	147.
39	22 LIFE TIME TABLES	01/25/12	SL	7.00		16	1,751.				1,751.			229.	229.
40	5 ARM CHAIRS	02/07/12	SL	7.00		16	100.				100.			13.	13.
41	REFRIGERATOR AND FREEZER	02/23/12	SL	7.00		16	1,413.				1,413.			168.	168.
42	NEW PHONES	02/22/12	SL	5.00		16	140.				140.			23.	23.
43	STORAGE SHELVES AND MAILBOX	04/29/12	SL	7.00		16	335.				335.			32.	32.
44	WOODEN STORAGE CABINET	04/09/12	SL	7.00		16	189.				189.			20.	20.
45	WALL MOUNTED SHELVES	04/09/12	SL	7.00		16	116.				116.			12.	12.
46	20 BLACK VINYL CHAIRS	08/10/12	SL	7.00		16	514.				514.			31.	31.
47	BLACK VINYL CHAIRS	09/04/12	SL	7.00		16	820.				820.			39.	39.
48	PAMPHLET DISPLAY	08/24/12	SL	7.00		16	198.				198.			9.	9.
49	3 RECLINERS	05/31/12	SL	7.00		16	1,500.				1,500.			125.	125.
50	BUILDING IMPROVEMENTS	02/16/12		79M		HY42	7,735.				7,735.			979.	979.
51	BUILDING IMPROVEMENTS	02/16/12		79M		HY42	13,536.				13,536.			1,713.	1,713.
52	TABLES DONATED BY BB&T	07/16/12	SL	7.00		16	993.				993.			59.	59.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES						84,307.				84,307.	17,042.		9,149.	26,189.
	FUNDRAISING														

Depreciation and Amortization 990
 (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return ADULT CARE CENTER OF THE NORTHERN SHENANDOAH VALLEY	Business or activity to which this form relates FORM 990 PAGE 10	Identifying number 54-1617292
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Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a)	(b)
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	4,537.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2012	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	4,537.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**ADULT CARE CENTER OF THE NORTHERN
SHENANDOAH VALLEY**

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No		24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No						
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use.....								25
26 Property used more than 50% in a qualified business use:								
	:	:	%					
	:	:	%					
	:	:	%					
27 Property used 50% or less in a qualified business use:								
	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2012 tax year:					
SEE STATEMENT 1	:				5,045.
43 Amortization of costs that began before your 2012 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44
					5,045.

FORM 4562

PART VI - AMORTIZATION

STATEMENT 1

(A) DESCRIPTION OF COSTS	(B) DATE BEGAN	(C) AMORTIZABLE AMOUNT	(D) CODE SECTION	(E) PERIOD/ PERCENT	(F) AMORTIZATION THIS YEAR
KEE CONSTRUCTION (BUILD-OUT)	02/16/12	18,592.		79M	2,353.
BUILDING IMPROVEMENTS	02/16/12	7,735.		79M	979.
BUILDING IMPROVEMENTS	02/16/12	13,536.		79M	1,713.
TOTAL TO FORM 4562, LINE 42					5,045.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions ADULT CARE CENTER OF THE NORTHERN SHENANDOAH VALLEY	Employer identification number (EIN) or 54-1617292
	Number, street, and room or suite no. If a P.O. box, see instructions. C/O HOTTEL & WILLIS, P.C. - 314 N. BRADDOCK STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WINCHESTER, VA 22601	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

JANE BAUKNECHT

• The books are in the care of **411 N. CAMERON STREET, SUITE 100 - WINCHESTER, VA 22601**
Telephone No. **(540) 722-2273** FAX No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **NOVEMBER 15, 2013**.
- For calendar year **2012**, or other tax year beginning _____, and ending _____.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- State in detail why you need the extension
ADDITIONAL TIME IS NECESSARY TO COMPILE THE INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

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

Signature Title Date

For calendar year 2012, or fiscal year beginning _____, 2012, and ending _____, 20____

2012

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

Name of exempt organization ADULT CARE CENTER OF THE NORTHERN SHENANDOAH VALLEY	Employer identification number 54-1617292
---	---

Name and title of officer
**JANE BAUKNECHT
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>354541</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize HOTTEL & WILLIS, P.C. to enter my PIN 00700
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

54096645771
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

2012 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - ADULT CARE CENTER OF THE NORTHERN SHENANDOAH VALLEY

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	PROGRAM SERVICES											
	BIOFEEDBACK											
1	READER/BLOOD PRESSURE	110202	SL	7.00	16	1,097.			1,097.	1,097.		0.
	CAMCORDER AND											
2	ACCESSORIES	110202	SL	7.00	16	714.			714.	714.		0.
	4 DRAWER FILE											
3	CABINET	112702	SL	7.00	16	180.			180.	180.		0.
	LARGE CAPACITY FILE											
4	CABINET	112702	SL	7.00	16	225.			225.	225.		0.
	CLINICAL RECLINER											
5	EZ ACCESS	112702	SL	7.00	16	2,852.			2,852.	2,849.		0.
	INSTRUMENTS - WEST											
6	MUSIC	120402	SL	7.00	16	755.			755.	755.		0.
	INSTRUMENTS -											
7	SUZUKI	112202	SL	7.00	16	109.			109.	109.		0.
8	MUSIC BOOKS	112202	SL	7.00	16	351.			351.	351.		0.
	SUZUKI INSTRUMENTS											
9	AND CART	011603	SL	7.00	16	1,650.			1,650.	1,650.		0.
	DIGITAL PIANO WITH											
10	STAND	011603	SL	7.00	16	599.			599.	599.		0.
	CD BURNER AND											
11	PLAYER WITH CASE	011603	SL	7.00	16	1,050.			1,050.	1,050.		0.
	INSTRUMENTS - BROOK											
12	MAYS	011603	SL	7.00	16	138.			138.	138.		0.
	Q CHORD SET AND											
13	CASE	011603	SL	7.00	16	239.			239.	239.		0.
	ACOUSTIC GUITAR,											
14	BAG AND ACCESSORIES	073103	SL	7.00	16	235.			235.	235.		0.
15	2 CHAIRS	042404	SL	7.00	16	251.			251.	251.		0.
	PEAVEY ESCORT PA											
16	SYSTEM	042304	SL	5.00	16	869.			869.	869.		0.
17	STORAGE CABINET	051305	SL	7.00	16	260.			260.	247.		13.

2012 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - ADULT CARE CENTER OF THE NORTHERN SHENANDOAH VALLEY

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
18	DVD/VCR AND MOVIE PROJECTOR	052905	SL	7.00	16	1,600.			1,600.	1,507.		93.
19	LAPTOP COMPUTER	071305	SL	5.00	16	1,526.			1,526.	1,526.		0.
20	6 ARMCHAIRS	112305	SL	7.00	16	612.			612.	529.		80.
21	RECEIVER, DVD/VCR, DVD/CD	011106	SL	7.00	16	340.			340.	294.		46.
22	TRIPOD/SCREEN	011206	SL	7.00	16	145.			145.	126.		19.
23	AV CART STORAGE	011206	SL	7.00	16	135.			135.	114.		21.
24	CABINET/SHELVES	051206	SL	7.00	16	450.			450.	363.		64.
25	REFLECTION BENCH	060206	SL	7.00	16	436.			436.	346.		62.
26	CAMCORDER, DVD RECORDER	081806	SL	7.00	16	733.			733.	560.		105.
27	XEROX 7120PT MACHINE (AVOP)	092711	SL	7.00	16	7,992.			7,992.			1,142.
28	WORKSTATION (AVOP)	092711	SL	5.00	16	811.			811.			162.
29	23 INCH FLAT MONITOR (AVOP)	092711	SL	5.00	16	200.			200.			40.
31	AATR CENTER VIDEOS SHELVING UNITS	092911	SL	5.00	16	1,861.			1,861.			372.
32	(AMERICAN WOODMARK) LAPTOP COMPUTER	092911	SL	7.00	16	1,370.			1,370.			196.
33	(STAPLES) FURNITURE (GRAND	020211	SL	5.00	16	650.			650.	119.		130.
34	HOME FURNISHINGS)	100311	SL	7.00	16	2,376.			2,376.			339.
35	FURNITURE (MISC) 5 COUCHES	122811	SL	7.00	16	238.			238.			34.
36	(SCHEWELS)	120611	SL	7.00	16	1,955.			1,955.			279.

2012 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - ADULT CARE CENTER OF THE NORTHERN SHENANDOAH VALLEY

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
37	KEE CONSTRUCTION (BUILD-OUT)	021612		79M	42	18,592.			18,592.			2,353.
38	65 PADDED FOLDING CHAIRS	040412	SL	7.00	16	1,371.			1,371.			147.
39	22 LIFE TIME TABLES	012512	SL	7.00	16	1,751.			1,751.			229.
40	5 ARM CHAIRS	020712	SL	7.00	16	100.			100.			13.
41	REFRIGERATOR AND FREEZER	022312	SL	7.00	16	1,413.			1,413.			168.
42	NEW PHONES	022212	SL	5.00	16	140.			140.			23.
43	STORAGE SHELVES AND MAILBOX	042912	SL	7.00	16	335.			335.			32.
44	WOODEN STORAGE CABINET	040912	SL	7.00	16	189.			189.			20.
45	WALL MOUNTED SHELVES	040912	SL	7.00	16	116.			116.			12.
46	20 BLACK VINYL CHAIRS	081012	SL	7.00	16	514.			514.			31.
47	BLACK VINYL CHAIRS	090412	SL	7.00	16	820.			820.			39.
48	PAMPHLET DISPLAY	082412	SL	7.00	16	198.			198.			9.
49	3 RECLINERS	053112	SL	7.00	16	1,500.			1,500.			125.
50	BUILDING IMPROVEMENTS	021612		79M	42	7,735.			7,735.			979.
51	BUILDING IMPROVEMENTS	021612		79M	42	13,536.			13,536.			1,713.
52	TABLES DONATED BY BB&T	071612	SL	7.00	16	993.			993.			59.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES					84,307.			84,307.	17,042.		9,149.
	FUNDRAISING											

2013 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

ADULT CARE CENTER OF THE NORTHERN
SHENANDOAH VALLEY

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	PROGRAM SERVICES								
	BIOFEEDBACK READER/BLOOD PRESSURE								
1	CUFF	110202	SL	7.00	1,097.		1,097.	1,097.	0.
2	CAMCORDER AND ACCESSORIES	110202	SL	7.00	714.		714.	714.	0.
3	4 DRAWER FILE CABINET	112702	SL	7.00	180.		180.	180.	0.
4	LARGE CAPACITY FILE CABINET	112702	SL	7.00	225.		225.	225.	0.
5	CLINICAL RECLINER EZ ACCESS	112702	SL	7.00	2,852.		2,852.	2,849.	0.
6	INSTRUMENTS - WEST MUSIC	120402	SL	7.00	755.		755.	755.	0.
7	INSTRUMENTS - SUZUKI	112202	SL	7.00	109.		109.	109.	0.
8	MUSIC BOOKS	112202	SL	7.00	351.		351.	351.	0.
9	SUZUKI INSTRUMENTS AND CART	011603	SL	7.00	1,650.		1,650.	1,650.	0.
10	DIGITAL PIANO WITH STAND	011603	SL	7.00	599.		599.	599.	0.
11	CD BURNER AND PLAYER WITH CASE	011603	SL	7.00	1,050.		1,050.	1,050.	0.
12	INSTRUMENTS - BROOK MAYS	011603	SL	7.00	138.		138.	138.	0.
13	Q CHORD SET AND CASE	011603	SL	7.00	239.		239.	239.	0.
14	ACOUSTIC GUITAR, BAG AND ACCESSORIES	073103	SL	7.00	235.		235.	235.	0.
15	2 CHAIRS	042404	SL	7.00	251.		251.	251.	0.
16	PEAVEY ESCORT PA SYSTEM	042304	SL	5.00	869.		869.	869.	0.
17	STORAGE CABINET	051305	SL	7.00	260.		260.	260.	0.
18	DVD/VCR AND MOVIE PROJECTOR	052905	SL	7.00	1,600.		1,600.	1,600.	0.
19	LAPTOP COMPUTER	071305	SL	5.00	1,526.		1,526.	1,526.	0.
20	6 ARMCHAIRS	112305	SL	7.00	612.		612.	609.	0.
21	RECEIVER, DVD/VCR, DVD/CD	011106	SL	7.00	340.		340.	340.	0.
22	TRIPOD/SCREEN	011206	SL	7.00	145.		145.	145.	0.
23	AV CART	011206	SL	7.00	135.		135.	133.	2.
24	STORAGE CABINET/SHELVES	051206	SL	7.00	450.		450.	427.	23.
25	REFLECTION BENCH	060206	SL	7.00	436.		436.	408.	28.
26	CAMCORDER, DVD RECORDER	081806	SL	7.00	733.		733.	665.	68.
27	XEROX 7120PT MACHINE (AVOP)	092711	SL	7.00	7,992.		7,992.	1,142.	1,142.
28	WORKSTATION (AVOP)	092711	SL	5.00	811.		811.	162.	162.
29	23 INCH FLAT MONITOR (AVOP)	092711	SL	5.00	200.		200.	40.	40.
31	AATR CENTER VIDEOS	092911	SL	5.00	1,861.		1,861.	372.	372.
32	SHELVING UNITS (AMERICAN WOODMARK)	092911	SL	7.00	1,370.		1,370.	196.	196.
33	LAPTOP COMPUTER (STAPLES)	020211	SL	5.00	650.		650.	249.	130.

2013 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

ADULT CARE CENTER OF THE NORTHERN
SHENANDOAH VALLEY

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
34	FURNITURE (GRAND HOME FURNISHINGS)	100311	SL	7.00	2,376.		2,376.	339.	339.
35	FURNITURE (MISC)	122811	SL	7.00	238.		238.	34.	34.
36	5 COUCHES (SCHEWELS)	120611	SL	7.00	1,955.		1,955.	279.	279.
37	KEE CONSTRUCTION (BUILD-OUT)	021612		79M	18,592.		18,592.	2,353.	2,824.
38	65 PADDED FOLDING CHAIRS	040412	SL	7.00	1,371.		1,371.	147.	196.
39	22 LIFE TIME TABLES	012512	SL	7.00	1,751.		1,751.	229.	250.
40	5 ARM CHAIRS	020712	SL	7.00	100.		100.	13.	14.
41	REFRIGERATOR AND FREEZER	022312	SL	7.00	1,413.		1,413.	168.	202.
42	NEW PHONES	022212	SL	5.00	140.		140.	23.	28.
43	STORAGE SHELVES AND MAILBOX	042912	SL	7.00	335.		335.	32.	48.
44	WOODEN STORAGE CABINET	040912	SL	7.00	189.		189.	20.	27.
45	WALL MOUNTED SHELVES	040912	SL	7.00	116.		116.	12.	17.
46	20 BLACK VINYL CHAIRS	081012	SL	7.00	514.		514.	31.	73.
47	BLACK VINYL CHAIRS	090412	SL	7.00	820.		820.	39.	117.
48	PAMPHLET DISPLAY	082412	SL	7.00	198.		198.	9.	28.
49	3 RECLINERS	053112	SL	7.00	1,500.		1,500.	125.	214.
50	BUILDING IMPROVEMENTS	021612		79M	7,735.		7,735.	979.	1,175.
51	BUILDING IMPROVEMENTS	021612		79M	13,536.		13,536.	1,713.	2,056.
52	TABLES DONATED BY BB&T	071612	SL	7.00	993.		993.	59.	142.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES				84,307.		84,307.	26,189.	10,226.
	FUNDRAISING								
30	CASCADE DONOR SOLUTIONS SOFTWARE	020111	SL	3.00	1,299.		1,299.	830.	433.
	* 990 PAGE 10 TOTAL FUNDRAISING				1,299.		1,299.	830.	433.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT				85,606.		85,606.	27,019.	10,659.