

**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 2009 calendar year, or tax year beginning **07/01/09**, and ending **06/30/10**

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

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization  
**New Perceptions, Inc.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1 Sperti Drive**

City or town, state or country, and ZIP + 4  
**Edgewood KY 41017**

**D** Employer identification number  
**61-0705047**

**E** Telephone number  
**859-344-9322**

**G** Gross receipts \$ **3,013,880**

**F** Name and address of principal officer:  
**Elizabeth A. Bernard**  
**1 Sperti Drive**  
**Edgewood KY 41017**

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

**H(b)** Are all affiliates included?  Yes  No

If "No," attach a list. (See instructions)

**I** Tax-exempt status:  501(c) ( **3** ) t (insert no.)  4947(a)(1) or  527

**J** Website: **www.newperceptions.org**

**H(c)** Group exemption number **u**

**K** Type of organization:  Corporation  Trust  Association  Other **u**

**L** Year of formation: **1952** **M** State of legal domicile: **KY**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>Provide services for mentally/physically disabled.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>15</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>15</b>
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<b>60</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year <b>842,455</b>	Current Year <b>817,281</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>1,318,131</b>	<b>1,535,757</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>-140,915</b>	<b>66,691</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>427,002</b>	<b>361,741</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>2,446,673</b>	<b>2,781,470</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>2,174,278</b>	<b>2,318,831</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b> <b>55,235</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>421,982</b>	<b>423,371</b>	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>2,596,260</b>	<b>2,742,202</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-149,587</b>	<b>39,268</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year <b>1,590,984</b>	End of Year <b>1,717,013</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>494,668</b>	<b>542,004</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>1,096,316</b>	<b>1,175,009</b>

**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: **Elizabeth Bernard** Date: \_\_\_\_\_  
Executive Director

Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: **11/11/10** Check if self-employed  Preparer's identifying number (see instructions): **P00996955**

Firm's name (or yours if self-employed), address, and ZIP + 4: **Stith, Wimsatt & Associates, CPA's**  
**P.O. Box 455**  
**Florence, KY 41022**

EIN **u** **47-0875069**

Phone no. **u** **859-283-5560**

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

**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission:

**Provide services for mentally/physically disabled.**

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ **1,257,346** including grants of \$ ) (Revenue \$ )

**Adult On-site Employment**

**Provides daily work in assembly and packaging and life skills training for over 112 adults every year who have developmental and physical disabilities.**

4b (Code: ) (Expenses \$ **437,567** including grants of \$ ) (Revenue \$ )

**Adult Community Employment**

**Provides job placement and training for over 227 adults with disabilities each year to work in long-term unsubsidized jobs with a wide variety of employers.**

4c (Code: ) (Expenses \$ **738,187** including grants of \$ ) (Revenue \$ )

**Child Home-based**

**Provides weekly developmental education and coordinated physical, occupational, and/or speech therapy to over 268 children with disabilities and over 36 intensive and/or primary evaluations of children birth to age 3 each year.**

4d Other program services. (Describe in Schedule O.)

(Expenses \$ **9,044** including grants of \$ ) (Revenue \$ )

4e Total program service expenses **u 2,442,144**

**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)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	<ul style="list-style-type: none"> <li>• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.</li> <li>• 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? If "Yes," complete Schedule D, Part VII.</li> <li>• 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? If "Yes," complete Schedule D, Part VIII.</li> <li>• Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.</li> <li>• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.</li> <li>• 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? If "Yes," complete Schedule D, Part X.</li> </ul>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part 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? If "Yes," complete Schedule F, Part II		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? If "Yes," complete Schedule F, Part III		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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		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? If "Yes," complete Schedule I, Parts I and III		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? If "Yes," complete Schedule J		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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		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? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.		X

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
<b>1a</b>	<b>0</b>		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1b</b>	<b>0</b>		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		<b>X</b>
<b>2a</b>	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		
<b>2a</b>	<b>60</b>		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		<b>X</b>
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<b>X</b>
<b>4b</b>	If "Yes," enter the name of the foreign country: <b>u</b> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	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?		<b>X</b>
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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?		<b>X</b>
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		<b>X</b>
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		<b>X</b>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		<b>X</b>
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		<b>X</b>
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		<b>X</b>
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

**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.

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body		
<b>1b</b>	Enter the number of voting members that are independent		
<b>2</b>	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?		<b>X</b>
<b>3</b>	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?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets?		<b>X</b>
<b>6</b>	Does the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		<b>X</b>
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	<b>X</b>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	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		<b>X</b>

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

		Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>10b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>11</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		<b>X</b>
<b>11a</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>12b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		<b>X</b>
<b>12c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	<b>X</b>	
<b>13</b>	Does the organization have a written whistleblower policy?		<b>X</b>
<b>14</b>	Does the organization have a written document retention and destruction policy?		<b>X</b>
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official		<b>X</b>
<b>15b</b>	Other officers or key employees of the organization		<b>X</b>
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>16b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 **u** **None**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website  Another's website  Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **u** **New Perceptions, Inc.** **1 Sperti Drive**

**Edgewood**

**KY 41017**

**859-344-9322**

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

**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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
Elizabeth Bernard Exec Dir	35.00	X					76,031	0	0	
Cassie Forrester President		X					0	0	0	
Gene Kelly-Boone 1st V Pres		X					0	0	0	
Mark Exterkamp 2nd V Pres		X					0	0	0	
Ted Funk Treasurer		X					0	0	0	
Misty Haas Secretary		X					0	0	0	
Maryann Sander Member @ Lg		X					0	0	0	
Jim Garner Immed Past P		X					0	0	0	
William Aylor Member		X					0	0	0	
Jamie Burns Member		X					0	0	0	
Justin Duell Member		X					0	0	0	
Gary Garvin Member		X					0	0	0	
Bert Hehmen Member		X					0	0	0	
Juliana Kampinga Member		X					0	0	0	
Chris Montello Member		X					0	0	0	
Stephanie Murdock Member		X					0	0	0	
Kimberly Clements Assoc Member		X					0	0	0	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
Tara Dallmann, D.M.D. Assoc Member		X						0	0	0
Dennis Helmer, Esq. Assoc Member		X						0	0	0
Deanna Hengge Assoc Member		X						0	0	0
Ronald Hitzler Assoc Member		X						0	0	0
Mike Mabry Assoc Member		X						0	0	0
Lisa Moore, Esq. Assoc Member		X						0	0	0
Tim Schoonover Assoc Member		X						0	0	0
Jan Stacey Assoc Member		X						0	0	0
Mike Surrey Assoc Member		X						0	0	0
Stacey Ziegler Assoc Member		X						0	0	0
<b>1b Total</b>							<b>u</b>	<b>76,031</b>		

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **u 0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		<b>X</b>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		<b>X</b>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		<b>X</b>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **u 0**

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	<b>453,136</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	<b>364,145</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	<b>817,281</b>				
<b>Program Service Revenue</b>		<b>Busn. Code</b>					
	<b>2a</b> Adult-Site Based		<b>928,127</b>	<b>928,127</b>			
	<b>b</b> Child-Home		<b>446,601</b>	<b>446,601</b>			
	<b>c</b> Adult-Community		<b>161,029</b>	<b>161,029</b>			
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f	<b>u</b>	<b>1,535,757</b>					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	<b>16,114</b>			<b>16,114</b>	
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>					
	<b>5</b> Royalties	<b>u</b>					
	<b>6a</b> Gross Rents	(i) Real	<b>34,255</b>				
		(ii) Personal					
	<b>b</b> Less: rental exps.						
	<b>c</b> Rental inc. or (loss)	<b>34,255</b>					
	<b>d</b> Net rental income or (loss)	<b>u</b>	<b>34,255</b>			<b>34,255</b>	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	<b>282,987</b>				
		(ii) Other					
	<b>b</b> Less: cost or other basis & sales exps.	<b>232,017</b>	<b>393</b>				
	<b>c</b> Gain or (loss)	<b>50,970</b>	<b>-393</b>				
	<b>d</b> Net gain or (loss)	<b>u</b>	<b>50,577</b>	<b>50,577</b>			
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
		<b>b</b> Less: direct expenses	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events	<b>u</b>						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities	<b>u</b>						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	<b>286,748</b>					
	<b>b</b> Less: cost of goods sold	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>	<b>286,748</b>	<b>286,748</b>				
	Miscellaneous Revenue	<b>Busn. Code</b>					
<b>11a</b> Special Events			<b>33,330</b>	<b>33,330</b>			
<b>b</b> Miscellaneous			<b>7,408</b>	<b>7,408</b>			
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d	<b>u</b>		<b>40,738</b>				
<b>12 Total Revenue.</b> See instructions.	<b>u</b>		<b>2,781,470</b>	<b>1,913,820</b>	<b>0</b>	<b>50,369</b>	

**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) but are not required to complete columns (B), (C), and (D).**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	<b>1,965,696</b>	<b>1,772,807</b>	<b>150,965</b>	<b>41,924</b>
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	<b>39,939</b>	<b>33,364</b>	<b>5,388</b>	<b>1,187</b>
9 Other employee benefits	<b>184,332</b>	<b>165,664</b>	<b>14,989</b>	<b>3,679</b>
10 Payroll taxes	<b>128,864</b>	<b>112,491</b>	<b>13,229</b>	<b>3,144</b>
11 Fees for services (non-employees):				
a Management				
b Legal	<b>5,797</b>	<b>4,947</b>	<b>740</b>	<b>110</b>
c Accounting	<b>11,300</b>	<b>10,170</b>	<b>904</b>	<b>226</b>
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	<b>14,776</b>	<b>14,776</b>		
12 Advertising and promotion				
13 Office expenses	<b>18,390</b>	<b>15,831</b>	<b>1,784</b>	<b>775</b>
14 Information technology				
15 Royalties				
16 Occupancy	<b>79,241</b>	<b>63,480</b>	<b>15,105</b>	<b>656</b>
17 Travel	<b>67,565</b>	<b>66,373</b>	<b>961</b>	<b>231</b>
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	<b>12,908</b>	<b>10,624</b>	<b>2,173</b>	<b>111</b>
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	<b>65,426</b>	<b>54,652</b>	<b>10,774</b>	
23 Insurance	<b>14,365</b>	<b>11,646</b>	<b>2,719</b>	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>Supplies</b>	<b>22,612</b>	<b>22,598</b>	<b>6</b>	<b>8</b>
b <b>Direct program</b>	<b>20,986</b>	<b>20,119</b>	<b>702</b>	<b>165</b>
c <b>Miscellaneous</b>	<b>18,796</b>	<b>10,484</b>	<b>6,782</b>	<b>1,530</b>
d <b>Telephone</b>	<b>10,986</b>	<b>9,956</b>	<b>834</b>	<b>196</b>
e <b>Printing and publications</b>	<b>9,406</b>	<b>8,267</b>	<b>729</b>	<b>410</b>
f All other expenses	<b>50,817</b>	<b>33,895</b>	<b>16,039</b>	<b>883</b>
25 Total functional expenses. Add lines 1 through 24f	<b>2,742,202</b>	<b>2,442,144</b>	<b>244,823</b>	<b>55,235</b>
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest bearing	1,881	1	4,787
	2	Savings and temporary cash investments	9,507	2	18,383
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	214,462	4	248,210
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	66,475	8	117,213
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,019,142		
		<b>10a</b>			
	b	Less: accumulated depreciation	1,144,282	10c	874,860
		<b>10b</b>			
	11	Investments—publicly traded securities	396,095	11	439,375
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets	1,667	14	1,096	
15	Other assets. See Part IV, line 11	4,200	15	13,089	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,590,984	16	1,717,013	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	229,807	17	322,362
	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	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	262,659	23	213,246
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	2,202	25	6,396
	26	<b>Total liabilities.</b> Add lines 17 through 25	494,668	26	542,004
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	1,092,156	27	1,158,733
	28	Temporarily restricted net assets	4,160	28	16,276
	29	Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	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	<b>Total net assets or fund balances</b>	1,096,316	33	1,175,009	
34	<b>Total liabilities and net assets/fund balances</b>	1,590,984	34	1,717,013	

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990:  Cash  Accrual  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? .....

**b** Were the organization's financial statements audited by an independent accountant? .....

**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.

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis  Consolidated basis  Both consolidated and separate basis

**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? .....

**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. ....

	Yes	No
<b>2a</b>	<b>X</b>	
<b>2b</b>	<b>X</b>	
<b>2c</b>	<b>X</b>	
<b>3a</b>		<b>X</b>
<b>3b</b>		

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2009**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization

**New Perceptions, Inc.**

Employer identification number

**61-0705047**

**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—Other
- 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?

- (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? .....
- (ii) A family member of a person described in (i) above? .....
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....

	Yes	No
11g(i)		
11g(ii)		
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 support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6</b> Public support. Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> 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**

**Section C. Computation of Public Support Percentage**

**14** Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 %

**15** Public support percentage from 2008 Schedule A, Part II, line 14 15 %

**16a 33 1/3 % support test—2009.** 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

**b 33 1/3 % support test—2008.** 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

**17a 10%-facts-and-circumstances test—2009.** 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

**b 10%-facts-and-circumstances test—2008.** 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

**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

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					817,281	817,281
<b>2</b> 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					1,911,267	1,911,267
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5					2,728,548	2,728,548
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						2,728,548

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6					2,728,548	2,728,548
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					50,369	50,369
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b					50,369	50,369
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)					2,778,917	2,778,917

**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**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	98.19 %
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	2 %
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3 % support tests—2009.** 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—2008.** 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 D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

u Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2009

u Attach to Form 990. u See separate instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

New Perceptions, Inc.

61-0705047

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.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Question number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding 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.

Table with 3 columns: Question number, Description, Amount. Includes questions 1a, 1b, 2, a, b regarding art and historical treasures.

**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 XIV.

**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 XIV and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if 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
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

**2** Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment **u** \_\_\_\_\_ %
- b** Permanent endowment **u** \_\_\_\_\_ %
- c** Term endowment **u** \_\_\_\_\_ %

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		<b>96,232</b>		<b>96,232</b>
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> Other		<b>1,922,910</b>	<b>1,144,282</b>	<b>778,628</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)		<b>u</b>		<b>874,860</b>



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,781,470
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,742,202
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	39,268
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	572
9	Total adjustments (net). Add lines 4 through 8	9	572
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	39,840

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	2,781,470
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,781,470
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 XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,781,470

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	2,741,630
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,741,630
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 XIV.)	4b	572
c	Add lines 4a and 4b	4c	572
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,742,202

**Part XIV 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XI, Line 8 - Reconciliation of Changes - Other

Book / Tax Depreciation Difference \$ 572

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Part XIII, Line 4b - Expense Amounts Included on Return - Other

Book / Tax Depreciation Difference \$ 572



SCHEDULE O

(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.

u Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public  
Inspection

New Perceptions, Inc.

Employer identification number

61-0705047

Form 990, Part III, Line 4d - All Other Achievements

Children's Services - (Center-Based)

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990

No review was or will be conducted.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

New Perceptions, Inc. has a "Code of Ethics" Policy and compliance statement for all Board members and committee chairs (which includes Ad Hoc or other Committees established by the Board that may happen to have a chair who is not a voting Board member) that includes the Conflict of Interest Policy.

This Policy confirms that all members will adhere to the By-Laws, Articles of Incorporation, and Policies of the Agency, and that they "fully disclose", at the earliest opportunity, information that may result in a perceived or actual conflict of interest, or information of fact, that would have significance on Board decision-making.

The Policy also requires that each member "remain accountable for prudent fiscal management and exercise powers for the good of the Agency, rather than personal gain". Board members sign a form containing these requirements (and other requirements relating to Confidentiality, Equal Opportunity, and Integrity) immediately after election to the Board.

During Board and Committee meetings, members disclose any conflict, or potential perceived conflict, on any issue under discussion. When the vote is taken, these members do not vote and they are recorded as "present but

Name of the organization

New Perceptions, Inc.

Employer identification number

61-0705047

not voting" in the Board meeting minutes.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

No documents available to the public



For calendar year 2009, or tax year beginning **07/01/09**, and ending **06/30/10**

Name

Employer Identification Number

**New Perceptions, Inc.**

**61-0705047**

**Form 990, Part X, Line 23 - Additional Information**

Name of lender	Relationship to disqualified person
(1) <b>5/3 Bank</b>	
(2) <b>The Bank of Kentucky</b>	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) <b>825,000</b>	<b>05/18/92</b>	<b>05/01/12</b>	<b>5544/month</b>	<b>5.857</b>
(2) <b>225,000</b>	<b>02/01/09</b>	<b>02/01/10</b>	<b>at maturity</b>	<b>4.000</b>
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) <b>Building</b>	<b>Mortgage</b>
(2) <b>Building and Land</b>	<b>Line of Credit</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1) <b>Cash</b>	<b>177,751</b>	<b>120,237</b>
(2) <b>Cash</b>	<b>84,908</b>	<b>93,009</b>
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	<b>262,659</b>	<b>213,246</b>

Form **4562**

Department of the Treasury  
Internal Revenue Service

(99)

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

**u** See separate instructions.

**u** Attach to your tax return.

OMB No. 1545-0172

**2009**

Attachment  
Sequence No. **67**

Name(s) shown on return

**New Perceptions, Inc.**

Identifying number

**61-0705047**

Business or activity to which this form relates

**Indirect Depreciation**

**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 the instructions for a higher limit for certain businesses	1	<b>250,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>800,000</b>
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) 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 <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	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 2010. 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.) (See instr.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>59,582</b>

**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 2009	17	<b>5,270</b>
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 <b>u</b>		

**Section B—Assets Placed in Service During 2009 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 2009 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	<b>Total.</b> 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 instructions	22	<b>64,852</b>
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	

**For Paperwork Reduction Act Notice, see separate instructions.**

Form **4562** (2009)

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, 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.)**

<b>24a</b> Do you have evidence to support the business/investment use claimed?				<b>Yes</b>	<b>No</b>	<b>24b</b> If "Yes," is the evidence written?				<b>Yes</b>	<b>No</b>
(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		
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) .....									<b>25</b>		
<b>26</b> Property used more than 50% in a qualified business use:											
		%									
		%									
<b>27</b> Property used 50% or less in a qualified business use:											
		%					S/L-				
		%					S/L-				
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .....									<b>28</b>		
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 .....										<b>29</b>	

**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.

<b>30</b> Total business/investment miles driven during the year ( <b>do not</b> include commuting miles) .....	<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>	<b>(e)</b>	<b>(f)</b>
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6
<b>31</b> Total commuting miles driven during the year .....						
<b>32</b> Total other personal (noncommuting) miles driven .....						
<b>33</b> Total miles driven during the year. Add lines 30 through 32 .....						
<b>34</b> Was the vehicle available for personal use during off-duty hours? .....	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? .....	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>36</b> Is another vehicle available for personal use? .....	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>

**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 (see instructions).

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....	<b>Yes</b>	<b>No</b>
<b>38</b> 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 .....		
<b>39</b> Do you treat all use of vehicles by employees as personal use? .....		
<b>40</b> 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? .....		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) .....		

**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	
<b>42</b> Amortization of costs that begins during your 2009 tax year (see instructions):						
<b>43</b> Amortization of costs that began before your 2009 tax year .....					<b>43</b>	<b>572</b>
<b>44</b> <b>Total.</b> Add amounts in column (f). See the instructions for where to report .....					<b>44</b>	<b>572</b>

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Prior MACRS:</b>									
113	ELEVATOR	12/31/98	96,357			96,357	20 HY S/L	50,587	4,818
199	Toilet partitions in mens rm off dwnstr hall	9/30/07	2,157			2,157	15 HY S/L	216	144
200	Kitchen Cabinets(upper),lower painted	11/01/07	4,627			4,627	15 HY S/L	463	308
			<u>103,141</u>			<u>103,141</u>		<u>51,266</u>	<u>5,270</u>
<b>Other Depreciation:</b>									
1	Office Equipment	3/01/82	5,136			5,136	5 MO S/L	5,136	0
2	Air Conditioner	2/01/83	1,450			1,450	5 MO S/L	1,450	0
4	#13057	1/01/84	250			250	5 MO S/L	250	0
5	Book Case	1/01/84	383			383	5 MO S/L	383	0
6	Mimeograph	1/01/84	1,289			1,289	10 MO S/L	1,289	0
7	Deluxe Projector	11/01/84	795			795	7 MO S/L	795	0
8	Impedence Analyzer	5/15/85	1,456			1,456	7 MO S/L	1,456	0
9	CCAWAC Scale	6/30/85	1,400			1,400	7 MO S/L	1,400	0
10	Washer	8/29/86	489			489	7 MO S/L	489	0
11	Pneumatic Forklift	10/23/86	10,375			10,375	7 MO S/L	10,375	0
12	Weldtro Machine	1/01/87	4,500		X	0	7 MO S/L	4,500	0
13	Wheelchair	1/01/87	500			500	7 MO S/L	500	0
14	Salad Bar Table	1/01/87	2,000			2,000	7 MO S/L	2,000	0
15	Ceiling Fans (6)	6/01/88	1,837			1,837	7 MO S/L	1,837	0
16	Shelving	6/01/88	2,261			2,261	7 MO S/L	2,261	0
17	Air Conditioner	8/01/88	779			779	7 MO S/L	779	0
18	Copiers	2/01/89	9,063			9,063	7 MO S/L	9,063	0
19	Audiometer	5/15/85	850			850	7 MO S/L	850	0
20	Air Compressor	6/30/85	398			398	7 MO S/L	398	0
21	Furniture	1/01/84	2,132			2,132	10 MO S/L	2,132	0
22	Computer	10/03/89	22,215			22,215	7 MO S/L	22,215	0
23	Printer	3/30/90	1,230			1,230	7 MO S/L	1,230	0
24	Camcorder	7/23/90	890			890	7 MO S/L	890	0
25	Typewriter	1/31/91	628			628	7 MO S/L	628	0
26	Chairs (2)	4/30/93	180			180	7 MO S/L	180	0
27	Chairs (20)	4/30/91	200			200	7 MO S/L	200	0
28	Electrical Work	5/15/91	529			529	7 MO S/L	529	0
29	Strapping Machine	1/01/92	2,235			2,235	7 MO S/L	2,235	0
30	Shelving	1/01/92	2,885			2,885	7 MO S/L	2,885	0
31	Boat Table	1/01/92	250			250	7 MO S/L	250	0
32	Board Room Table	1/01/92	2,300			2,300	7 MO S/L	2,300	0
33	Floor Buffer & Dispenser	1/01/92	300			300	7 MO S/L	300	0
34	File Cabinets (2)	1/01/92	120			120	7 MO S/L	120	0
35	Software	1/01/92	6,500			6,500	5 MO S/L	6,500	0
36	Computer WYSE60	1/01/93	595			595	5 MO S/L	595	0
37	Refrigerator & Glass Door	1/01/92	1,740			1,740	7 MO S/L	1,740	0
38	Printer/Okidata321	1/01/93	748			748	5 MO S/L	748	0
39	Vacuum Machine/Electric	1/01/93	370			370	7 MO S/L	370	0
40	Spork Machine/Andrew	1/01/93	700			700	7 MO S/L	700	0
41	Cabinets (2)	1/01/93	305			305	7 MO S/L	305	0
42	Fax Machine/HP	1/01/93	954			954	5 MO S/L	954	0
43	Tables Walnut (16)	1/01/93	2,451			2,451	7 MO S/L	2,451	0
44	Appliance/Laundry Room	1/01/93	2,943			2,943	7 MO S/L	2,943	0
45	File Cabinets (6)	1/01/93	1,200			1,200	7 MO S/L	1,200	0
46	Chairs (15)	1/01/93	575			575	7 MO S/L	575	0
47	Computer WYSE60	1/01/93	1,495			1,495	5 MO S/L	1,495	0
48	Computer (Used)	12/01/93	1,200			1,200	5 MO S/L	1,200	0
49	S&S Machine	4/15/94	2,250			2,250	7 MO S/L	2,250	0
50	Stites Scale	5/01/94	549			549	7 MO S/L	549	0
51	A&S Computer	6/30/94	12,499			12,499	5 MO S/L	12,499	0
52	Equipment	11/01/93	270			270	5 MO S/L	270	0
53	S&S Machine	9/26/94	750			750	5 MO S/L	750	0
54	Saw	11/30/94	330			330	5 MO S/L	330	0
55	Furniture - Computer	1/09/95	906			906	5 MO S/L	906	0
56	Desk - Computer	1/09/95	950			950	5 MO S/L	950	0
57	A&S Computer	1/16/95	10,175			10,175	5 MO S/L	10,175	0
58	S&S Machine	1/31/95	900			900	5 MO S/L	900	0
59	Furniture	2/01/95	269			269	5 MO S/L	269	0
60	S&S Machine	4/30/95	900			900	5 MO S/L	900	0
61	S&S Machine	4/30/95	900			900	5 MO S/L	900	0
62	S&S Machine	5/25/95	1,800			1,800	5 MO S/L	1,800	0
63	S&S Machine	6/20/95	1,860			1,860	5 MO S/L	1,860	0

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
64	S&S Machine	6/30/95	2,700			2,700	5 MO S/L	2,700	0
65	S&S Machine	6/30/95	3,600			3,600	5 MO S/L	3,600	0
66	Telephone System	5/14/96	17,642			17,642	5 MO S/L	17,642	0
67	Chairs (4)	12/01/96	636			636	5 MO S/L	636	0
68	Computer, Monitor, & Printer	1/01/97	2,735			2,735	3 MO S/L	2,735	0
69	Chair	3/01/97	150			150	5 MO S/L	150	0
70	Audiometer	8/01/96	1,495			1,495	3 MO S/L	1,495	0
71	Microaudiometric	8/01/96	2,425			2,425	3 MO S/L	2,425	0
72	Audiometer	8/01/96	1,495			1,495	3 MO S/L	1,495	0
73	Copier-Konica	9/01/96	9,445			9,445	5 MO S/L	9,445	0
74	DuplicatorVT2200	10/01/96	4,995			4,995	5 MO S/L	4,995	0
75	Opening Balance	5/30/90	5,604			5,604	40 MO S/L	2,699	140
76	Building	10/01/90	882,082			882,082	40 MO S/L	418,796	22,052
77	Improvements	1/01/92	27,391			27,391	31 MO S/L	15,220	869
78	Improvements	1/01/93	151,582			151,582	31 MO S/L	79,514	4,812
79	Improvements	1/01/94	6,094			6,094	31 MO S/L	2,998	193
80	Improvements	1/16/95	850			850	31 MO S/L	390	27
81	Improvements	6/30/95	7,118			7,118	31 MO S/L	2,981	230
82	Imp - HV/AC	6/30/96	6,086			6,086	20 MO S/L	3,651	305
Out Of Service:									
83	Imp - Ballast	6/30/96	5,447			5,447	20 MO S/L	3,540	273
84	Auto Sliding Doors	6/01/97	25,966			25,966	7 MO S/L	25,966	0
85	Security System	7/01/96	2,314			2,314	7 MO S/L	2,314	0
86	Furnace	11/01/96	2,530			2,530	7 MO S/L	2,530	0
87	Electrical Work	1/01/97	1,700			1,700	7 MO S/L	1,700	0
88	Carpeting	3/01/97	4,518			4,518	7 MO S/L	4,518	0
89	Carpeting	4/01/97	3,006			3,006	7 MO S/L	3,006	0
90	W.Gen Construction	6/01/97	3,102			3,102	7 MO S/L	3,102	0
91	Land	10/01/90	61,969			61,969	0 -- Land	0	0
92	Computer System	8/21/97	26,273			26,273	5 MO S/L	26,273	0
93	A S Agency - Software	9/30/97	2,820			2,820	5 MO S/L	2,820	0
94	Computer System	10/13/97	28,313			28,313	5 MO S/L	28,313	0
95	25 Spork Machines	10/13/97	3,955			3,955	5 MO S/L	3,955	0
96	A S Agency - Software	10/13/97	1,230			1,230	5 MO S/L	1,230	0
97	Cafeteria Chairs	10/31/97	320			320	7 MO S/L	320	0
98	Computer Tech Support	10/31/97	1,646			1,646	5 MO S/L	1,646	0
99	Furniture	10/31/97	685			685	7 MO S/L	685	0
100	A S Agency - Tech Support	11/04/97	525			525	5 MO S/L	525	0
101	Computer System	11/04/97	3,000			3,000	5 MO S/L	3,000	0
102	Computer Equipment	1/05/98	826			826	5 MO S/L	826	0
103	Computer Support	1/05/98	245			245	5 MO S/L	245	0
104	Equipment	6/30/98	1,282			1,282	5 MO S/L	1,282	0
105	Bathroom Tile Work	1/07/98	4,245			4,245	31 MO S/L	1,550	135
106	Spork Adaption Device	1/30/98	150			150	5 MO S/L	150	0
107	Spork Machine	4/06/98	438			438	5 MO S/L	438	0
108	CBIS Computer Software	4/08/98	4,500			4,500	5 MO S/L	4,500	0
109	Spork Machines	4/23/98	1,188			1,188	5 MO S/L	1,188	0
110	Spork Lever Machine	5/11/98	766			766	5 MO S/L	766	0
111	Spork Ultra Cap	6/24/98	850			850	5 MO S/L	850	0
112	CBIS Computer Software	6/30/98	4,500			4,500	5 MO S/L	4,500	0
114	ELEVATOR-ARCH FEES	12/31/98	2,353			2,353	20 MO S/L	1,235	118
115	BUILDING AIR CONDITIONERS	5/04/99	6,944			6,944	20 MO S/L	3,530	347
116	NEW ROOF	10/29/98	38,863			38,863	20 MO S/L	20,727	1,943
117	COMPUTER	6/30/99	1,794			1,794	5 MO S/L	1,794	0
119	Improvements	3/15/00	2,822			2,822	20 MO S/L	1,317	141
120	Equipment	12/31/99	8,235			8,235	7 MO S/L	8,235	0
121	Software	2/29/00	4,060			4,060	3 MO S/L	4,060	0
122	Telephone System	4/01/00	5,237			5,237	7 MO S/L	5,237	0
123	BATHROOM REMODEL	3/01/01	34,629			34,629	20 MO S/L	14,429	1,731
124	LOCKERS	10/18/00	2,985			2,985	7 MO S/L	2,852	0
Retired									
125	COMPUTER	2/06/01	1,735			1,735	5 MO S/L	1,735	0
126	Garage Door	10/16/01	1,545			1,545	20 MO S/L	592	78
127	Gutters	12/27/00	7,850			7,850	5 MO S/L	7,850	0
128	Survery for improvements	4/09/01	500			500	20 MO S/L	200	25
129	Computer	7/19/01	1,615			1,615	7 MO S/L	1,365	0
Retired									
130	Compressor	8/31/01	1,698			1,698	7 MO S/L	1,658	0
Retired									
131	Computer Firewall	2/14/02	790			790	7 MO S/L	724	0
Retired									
132	Spork Machine	6/12/02	59,555			59,555	20 MO S/L	21,092	2,978

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
133	Electrical Work	9/25/01	1,025			1,025	20 MO S/L	397	51
134	Spork Room Modifications	3/04/03	7,741			7,741	20 MO S/L	2,451	387
135	Server	4/25/03	4,968			4,968	5 MO S/L	4,140	0
	Retired								
136	Sony CDRW Hard Drives	4/15/03	490			490	5 MO S/L	416	0
	Retired								
137	Air Conditioner	4/10/03	1,105			1,105	7 MO S/L	987	0
	Retired								
138	Laminator 25"	1/23/03	1,206			1,206	5 MO S/L	1,065	0
	Retired								
139	Software CC	1/22/03	1,143			1,143	3 MO S/L	1,143	0
140	Conpaq EVO#4720	1/17/03	1,600			1,600	3 MO S/L	1,600	0
141	4720 / BJ Computer	12/18/02	800			800	3 MO S/L	800	0
142	Spork Stites Scale	10/22/02	240			240	5 MO S/L	224	0
	Retired								
143	Digital Camera	9/13/02	550			550	5 MO S/L	532	0
	Retired								
144	Ice Machine	7/31/02	1,090			1,090	7 MO S/L	1,077	0
	Retired								
145	Spork Machine Mod.	7/29/02	200			200	5 MO S/L	197	0
	Retired								
146	Equipment	4/04/03	200			200	0 -- Memo	0	0
147	Windows for Warehouse	7/25/03	13,363			13,363	20 MO S/L	3,953	668
148	Lockers for Clients	12/15/03	1,549			1,549	10 MO S/L	865	155
149	Dishwasher	3/03/04	484			484	5 MO S/L	419	0
	Retired								
150	Telephone	3/11/04	499			499	5 MO S/L	432	0
	Retired								
151	Bathroom Renovation	9/01/04	1,460			1,460	20 MO S/L	353	73
152	Handycap Ramp w/Railing	9/10/04	2,813			2,813	20 MO S/L	680	140
153	Air System/Air Dryer	12/19/04	1,155			1,155	7 MO S/L	743	165
154	3com network &PCI Adapter	9/02/04	1,103			1,103	5 MO S/L	1,066	0
	Retired								
155	HP Printer/minitower/c-mon.	9/08/04	4,798			4,798	5 MO S/L	4,638	0
	Retired								
156	3 Cabinets	3/02/05	993			993	7 MO S/L	615	141
157	18 Button display Phone	3/15/05	720			720	5 MO S/L	624	0
	Retired								
158	New Furniture/Development Off.	4/09/05	810			810	5 MO S/L	688	0
	Retired								
159	Kitchen Remodeling	5/03/05	4,500			4,500	20 MO S/L	938	225
160	1992 Plymouth Voyager	9/15/04	2,100			2,100	3 MO S/L	1,983	0
	Retired								
161	Central Air Compressor	7/25/04	1,918			1,918	5 MO S/L	1,622	0
	Retired								
162	HP Business Mini-Tower	5/13/05	637			637	5 MO S/L	531	0
	Retired								
163	Consulting-New System	9/17/04	1,400			1,400	5 MO S/L	1,330	0
	Retired								
164	New Window	10/07/05	750			750	20 MO S/L	141	37
165	Flooring	11/23/05	6,604			6,604	20 MO S/L	1,183	330
166	Remodel Ebay Room	11/30/05	500			500	20 MO S/L	90	25
167	Exhaust Duct Material	12/23/05	525			525	20 MO S/L	92	26
168	Common Entry Door	3/24/06	1,441			1,441	20 MO S/L	234	72
169	Concrete/painting/work	9/12/05	3,000			3,000	20 MO S/L	575	150
170	Downspout Work	11/30/05	450			450	20 MO S/L	81	22
171	Software	7/01/05	7,860			7,860	3 MO S/L	7,860	0
172	Air Compressor	7/27/05	2,110			2,110	5 MO S/L	1,653	422
173	HP Business Computer	8/03/05	1,139			1,139	7 MO S/L	637	163
174	Hard Drive	9/09/05	146			146	7 MO S/L	80	21
175	Micro Tower	12/23/05	867			867	5 MO S/L	607	174
176	20 Lockers	1/17/06	1,400			1,400	10 MO S/L	478	140
177	Jet Printers	2/12/06	524			524	7 MO S/L	256	75
178	Fork Lift	3/29/06	768			768	7 MO S/L	357	109
179	2-Dell Projectors	5/11/06	1,988			1,988	5 MO S/L	1,259	398
180	Oak Secretarial Desk	9/12/05	600			600	7 MO S/L	329	85
181	2000 Ford Windstar	2/10/06	6,900			6,900	3 MO S/L	5,558	0
	Retired								
182	Pallet Jack	7/17/06	4,763			4,763	7 MO S/L	1,985	680
183	Slite Scale	7/31/06	595			595	7 MO S/L	248	85
184	Shelves-Lab Safety Supply	11/01/06	884			884	7 MO S/L	337	126
185	Stamper Blinds-BB's Office	11/15/06	1,016			1,016	5 MO S/L	542	203

# Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current	
186	Chairs-Office Max	11/15/06	720			720	7 MO S/L	274	103	
187	Picnic Table/Umbrellas (Barco)	12/12/06	3,802			3,802	7 MO S/L	1,403	543	
188	Duplicator-(Duplicator Sales)	3/19/07	1,500			1,500	5 MO S/L	675	300	
189	Mahogany Desk/Cred (Sharon)	8/29/06	1,000			1,000	7 MO S/L	405	143	
190	52 In. TV	9/22/06	500			500	5 MO S/L	275	100	
191	New Computer	2/26/07	735			735	5 MO S/L	343	147	
192	Office Equipment(Hemmer Corp)	2/26/07	1,460			1,460	5 MO S/L	681	292	
193	Heaters/Fans & Installation	3/12/07	3,559			3,559	7 MO S/L	1,186	509	
194	Central Air/Furnace/Coil	5/11/07	6,400			6,400	10 MO S/L	1,387	640	
196	HP 4700 DN Color Printer	6/23/06	2,500			2,500	5 MO S/L	1,625	500	
197	Dell Computers	6/01/06	865			865	5 MO S/L	562	173	
198	2006 Chev Uplander	7/02/07	15,282			15,282	5 MO S/L	6,113	3,056	
201	Laptop-Exec Director	1/02/08	496			496	5 MO S/L	149	99	
202	Credit Card Machine	1/02/08	638			638	5 MO S/L	191	128	
203	Excavtn, storm sewer,concrete work-dock d	1/21/08	34,264			34,264	15 MO S/L	3,236	2,284	
204	Laptop-Childrens Serv#1	3/03/08	590			590	5 MO S/L	157	118	
205	Laptop-Children's Serv#2	3/03/08	590			590	5 MO S/L	157	118	
206	Laptop-Childrens Serv#3	3/03/08	590			590	5 MO S/L	157	118	
207	Laptop-Childrens Serv#4	3/03/08	590			590	5 MO S/L	157	118	
208	Laptop- Childrens Serv#5	3/03/08	590			590	5 MO S/L	157	40	
	Sold/Scrapped: 11/01/09									
209	Laptop-Childrens Serv#6	3/03/08	590			590	5 MO S/L	157	118	
210	Laptop-Childrens Serv#7	3/03/08	590			590	5 MO S/L	157	118	
211	Laptop-Childrens Serv#8	3/03/08	590			590	5 MO S/L	157	118	
212	Laptop-Childrens Serv#9	3/03/08	590			590	5 MO S/L	157	118	
213	Laptop-SuppEmp	3/03/08	590			590	5 MO S/L	157	118	
214	Maytag stove/rangehood	3/12/08	633			633	7 MO S/L	121	90	
215	Hi-speed Floor Burnisher	5/15/08	963			963	7 MO S/L	160	138	
216	Floor Scrubber	5/15/08	685			685	7 MO S/L	114	98	
217	A/C unit on work floor w/ductwork	11/01/07	11,639			11,639	15 MO S/L	1,293	776	
218	Furnace in Laundry Room	11/01/07	2,894			2,894	10 MO S/L	482	290	
219	2002 Ford E150 van w/lift	7/01/08	12,500			12,500	5 MO S/L	2,500	2,500	
220	Water Heater-EJC 6 gallon electric	7/03/08	567			567	10 MO S/L	57	56	
221	Toshiba Notebook Laptop	12/09/08	500			500	5 MO S/L	58	100	
222	Ice Machine (Scotsman)	3/03/09	1,655			1,655	7 MO S/L	79	236	
223	A.O.Smith GPVH 50 gallon water heater	7/14/09	1,100			1,100	10 MO S/L	0	110	
224	6 Hand Dryers for Bathrms	7/17/09	1,620			1,620	7 MO S/L	0	212	
225	Trane XB Air Conditioner	8/11/09	2,700			2,700	15 MO S/L	0	165	
226	Trane Furnace (donation)	8/25/09	11,900			11,900	10 MO S/L	0	992	
227	Kyocera Mita KM4530 copier	9/09/09	3,815			3,815	7 MO S/L	0	454	
228	HP Color LaserJet 5500 printer	10/01/09	2,500			2,500	5 MO S/L	0	375	
229	20EP72 Mech Dock Leveler	9/09/09	1,763			1,763	10 MO S/L	0	147	
230	Refrig/cooler, 2 sliding gls doors	10/15/09	2,619			2,619	7 MO S/L	0	281	
231	10 Spork Machines (NHB)	10/26/09	1,200			1,200	5 MO S/L	0	160	
232	Sanuvox Air Purifier	11/01/09	725			725	5 MO S/L	0	97	
233	HP Compaq Business Notebk PC	11/01/09	811			811	5 MO S/L	0	108	
234	12 Spork Machines	3/08/10	2,280			2,280	5 MO S/L	0	152	
235	Tile flooring-Slip Grip,Room 217	5/01/10	765			765	7 MO S/L	0	18	
236	Tile Flooring-SlipGrip-Rm 224	5/01/10	1,900			1,900	7 MO S/L	0	45	
237	HP Notebook PC	5/01/10	827			827	5 MO S/L	0	28	
238	Bean bag musical chair	6/15/10	1,784			1,784	5 MO S/L	0	30	
239	5 Tables (white)	6/15/10	2,200			2,200	7 MO S/L	0	26	
240	Two Supply cabinets (black)	6/15/10	1,416			1,416	7 MO S/L	0	17	
241	3 Blue Leather chairs/arms	6/15/10	612			612	7 MO S/L	0	7	
242	3 Black recliners	6/15/10	873			873	7 MO S/L	0	10	
243	Kiln etc from Rising Star	6/30/10	1			1	0 -- Memo	0	0	
	<b>Total Other Depreciation</b>		<u>1,916,591</u>			<u>1,912,091</u>		<u>1,028,356</u>	<u>59,582</u>	
	<b>Total ACRS and Other Depreciation</b>		<u>1,916,591</u>			<u>1,912,091</u>		<u>1,028,356</u>	<u>59,582</u>	
<b>Amortization:</b>										
118	BOND COSTS	6/30/92	11,435			11,435	20 MO Amort	9,767	572	
			<u>11,435</u>			<u>11,435</u>		<u>9,767</u>	<u>572</u>	

# Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	<b>Grand Totals</b>		2,031,167			2,026,667		1,089,389	65,424
	<b>Less: Dispositions and Transfers</b>		590			590		157	40
	<b>Less: Start-up/Org Expense</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>2,030,577</u>			<u>2,026,077</u>		<u>1,089,232</u>	<u>65,384</u>

61-0705047

# Depreciation Adjustment Report

## All Business Activities

Form Unit Asset

Description

Tax

AMT

AMT  
Adjustments/  
Preferences

**There are no assets that meet the criteria of this report**