Form **990**

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 7/1/2008 , and ending 6/30/2009

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: Shenandoah Valley Community Residences, In
Doing Business As: Shenandoah Valley Community Residences, Inc.
Number and street (or P O box if mail is not delivered to street address) / Room/suite: 20 East Piccadilly Street
City or town, state or country, and ZIP + 4: Winchester VA 22601

D Employer identification number: 54-1147961
E Telephone number: (540) 722-4900
G Gross receipts $ 1,767,211

F Name and address of principal officer: Ralph Combs 311 Hunting Ridge, Winchester, VA 22603

H(a) Is this a group return for affiliates? [ ] Yes [X] No
H(b) Are all affiliates included? [ ] Yes [X] No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status [X] 501(c) (3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ www.svcr.com

K Type of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 1980 M State of legal domicile VA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: Promoted, established, and maintained residential settings and associated support services for 31 adults with mental retardation and their families. These accomplishments were provided through the 24 hours management of 4 separate group homes and supervised apartments in Winchester, Virginia.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of employees (Part V, line 2a)	5	48
6	Total number of volunteers (estimate if necessary)	6	12
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	19,443	16,010
	9	Program service revenue (Part VIII, line 2g)	1,316,464	1,673,911
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	32,841	-44,891
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,886	17,258
	12	Total revenue–add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,392,634	1,662,288
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	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)	1,040,041	1,273,016
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	245,409	275,602
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,285,450	1,548,618
	19	Revenue less expenses Subtract line 18 from line 12	107,184	113,670

			Beginning of Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,202,029	1,270,029
	21	Total liabilities (Part X, line 26)	270,397	224,727
	22	Net assets or fund balances. Subtract line 21 from line 20	931,632	1,045,302

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SCANNED MAR 3 0 2010

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: [signature] Date: 2-26-10

▶ Tyler L. Thompson, Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ A.R. Hendrix, CPA
Date 2/15/2010
Check if self-employed ▶ [X]
Preparer's identifying number (see instructions) 410-78-7652

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ A.R. Hendrix, CPA, 35 Horner St., Warrenton, VA 20186
EIN ▶
Phone no ▶ (540) 347-7229

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2008)

(HTA)

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

To promote, establish and maintain residential settings and associated support services for adults with mental retardation and their families.

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 $ 300,922 including grants of $ 0) (Revenue $ 0)

Beechroft - Group home established, maintained and operated to provide housing and associated support services for individuals with mental retardation The Beechroft home supports 6 persons.

4b (Code:) (Expenses $ 297,474 including grants of $ 0) (Revenue $ 0)

Chelsea Road - Group home established, maintained and operated to provide housing and associated support services for individuals with mental retardation. The Chelsea Road home supports 7 persons

4c (Code) (Expenses $ 261,648 including grants of $ 0) (Revenue $ 0)

Fortress Drive - Group home established, maintained and operated to provide housing and associated support services for individuals with mental retardation. The Fortress Drive home supports 6 persons

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

(Expenses $ 409,696 including grants of $ 0) (Revenue $ 0)

4e **Total program service expenses** ► $ 1,269,740 *(Must equal Part IX, Line 25, column (B))*

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*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any 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*	6		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*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		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*	15		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*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23		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 questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? *If "Yes," complete Schedule L, Part I*	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		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*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		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*	32		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*	33		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*	34		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*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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*	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. 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	48			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a		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)?			4a		X
b	If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		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 provide goods or services in exchange for any quid pro quo contribution of more than $75?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		X
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		X
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				

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

			Yes	No
1a	Enter the number of voting members of the governing body . . . 1a 10			
b	Enter the number of voting members that are independent . . . 1b 0			
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?	2		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?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
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?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or 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*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14		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?	15a	X	
b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	15b	X	
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?	16a		X
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?	16b		

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 (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 ► Organization 540-722-4900
20 East Piccadilly Street, Winchester, VA 22601

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 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, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
Anna McDonald Immediate Past President	1.	X						0	0	0
Debbie Bonniwell Board of Director	1.	X						0	0	0
Bonnie Schwartzman Board of Director	1.	X						0	0	0
John R Thomas III Board of Director	1	X						0	0	0
Deanna Tubandt Board of Director	1.	X						0	0	0
A Katherine Gregg President	1.			X				0	0	0
Ellen Murphy First Vice President	1.			X				0	0	0
Steven Shafran Second Vice President	1			X				0	0	0
Matthew Bradley Secretary	1			X				0	0	0
Tyler L. Thompson Treasurer	1.			X				0	0	0
Ralph Combs Executive Director	40.				X			82,565	0	0
	0							0	0	0
	0							0	0	0
	0.							0	0	0
	0							0	0	0
	0.							0	0	0
	0.							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: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
	0							0	0	0
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0
	0							0	0	0
	0							0	0	0
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0
1b Total ▶								82,565	0	0

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 0

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 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*	4		X
5 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*	5		X

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
		0
		0
		0
		0
		0

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 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
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a	0				
	b Membership dues	1b	0				
	c Fundraising events	1c	0				
	d Related organizations	1d	0				
	e Government grants (contributions)	1e	0				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	16,010				
	g Noncash contributions included in lines 1a-1f: $ 13,432						
	h **Total.** Add lines 1a–1f ▶			16,010			
Program Service Revenue		Business Code					
	2a Government Funding	900099		1,673,911	1,673,911		
	b						
	c						
	d			0			
	e			0			
	f All other program service revenue			0			
	g **Total.** Add lines 2a–2f ▶			1,673,911			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			1,673	1,673		
	4 Income from investment of tax-exempt bond proceeds ▶			0			
	5 Royalties ▶			0			
		(i) Real	(ii) Personal				
	6a Gross Rents	17,258					
	b Less: rental expenses						
	c Rental income or (loss)	17,258	0				
	d Net rental income or (loss) ▶			17,258	17,258		
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	58,359	0				
	b Less: cost or other basis and sales expenses	104,923	0				
	c Gain or (loss)	-46,564	0				
	d Net gain or (loss) ▶			-46,564	-46,564		
	8a Gross income from fundraising events (not including $ 0 of contributions reported on line 1c). See Part IV, line 18	a	0				
	b Less: direct expenses	b	0				
	c Net income or (loss) from fundraising events ▶			0			
	9a Gross income from gaming activities. See Part IV, line 19.	a	0				
	b Less: direct expenses	b	0				
	c Net income or (loss) from gaming activities ▶			0			
	10a Gross sales of inventory, less returns and allowances	a	0				
	b Less: cost of goods sold	b	0				
	c Net income or (loss) from sales of inventory ▶			0			
	Miscellaneous Revenue	Business Code					
	11a			0			
	b			0			
	c			0			
	d All other revenue			0			
	e **Total.** Add lines 11a–11d ▶			0			
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶			1,662,288	1,646,278	0	0

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).

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 U.S. See Part IV, line 21	0			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U S. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	82,565		82,565	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	897,002	783,403	113,599	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9 Other employee benefits	219,278	186,409	32,869	
10 Payroll taxes	74,171	59,264	14,907	
11 Fees for services (non-employees):				
a Management	0			
b Legal	180		180	
c Accounting	2,400		2,400	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other	0			
12 Advertising and promotion	0			
13 Office expenses	14,068	9,584	4,484	
14 Information technology	257		257	
15 Royalties	0			
16 Occupancy	27,730	20,775	6,955	
17 Travel	27,354	27,064	290	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	10,800	10,800		
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	51,666	49,334	2,332	0
23 Insurance	13,594	8,739	4,855	
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 Staff Development	3,187	1,840	1,347	
b Utilities	24,947	24,947		
c Entertainment	2,728	2,318	410	
d Repairs and Maintenance	23,174	20,836	2,338	
e Supplies	73,517	64,427	9,090	
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	1,548,618	1,269,740	278,878	0
26 **Joint Costs.** Check here ▶ ☐ 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
Assets	1	Cash–non-interest-bearing		52,487	1	154,009
	2	Savings and temporary cash investments		6,584	2	
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		0	4	0
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		0	5	0
	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		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost basis	10a 1,333,365			
	b	Less accumulated depreciation. Complete Part VI of Schedule D	10b 322,053	1,030,088	10c	1,011,312
	11	Investments–publicly traded securities		103,715	11	58,755
	12	Investments–other securities. See Part IV, line 11		0	12	0
	13	Investments–program-related. See Part IV, line 11		0	13	0
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		9,155	15	45,953
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,202,029	16	1,270,029
Liabilities	17	Accounts payable and accrued expenses		31,647	17	15,977
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow 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		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		238,750	23	208,750
	24	Unsecured notes and loans payable		0	24	0
	25	Other liabilities Complete Part X of Schedule D		0	25	0
	26	**Total liabilities.** Add lines 17 through 25		270,397	26	224,727
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		931,632	27	1,045,302
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] 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		931,632	33	1,045,302
	34	Total liabilities and net assets/fund balances		1,202,029	34	1,270,029

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [ ] Accrual [X] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to lines 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?	2c	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?	3a		
b	If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
Shenandoah Valley Community Residences, Inc.	54-1147961

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: (Please check only one organization.)

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).** (Attach Schedule H.)

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 [X] 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).** (see instructions)

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?

		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 organizations the organization supports.

(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? Yes	(iv) No	(v) Did you notify the organization in col.(i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S? Yes	(vi) No	(vii) Amount of support
									0
									0
									0
									0
									0
Total									0

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) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,047,021	1,206,161	1,189,491	1,335,907	1,689,921	6,468,501
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
4 **Total** Add lines 1-3	1,047,021	1,206,161	1,189,491	1,335,907	1,689,921	6,468,501
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.						6,468,501

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	1,047,021	1,206,161	1,189,491	1,335,907	1,689,921	6,468,501
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,623	4,675	19,667	32,841	-44,891	13,915
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0			0
11 **Total support.** Add lines 7 through 10						6,482,416

12 Gross receipts from related activities, etc. (see instructions) . . . 12 | 1,662,289

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 2008 (line 6, column (f) divided by line 11, column (f)) . . . 14 | 99.79%

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . 15 | 64 76%

16a **33 1/3% support test–2008.** 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–2007.** 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–2008.** 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–2007.** 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) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0			0
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	0	0	0			0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
6 **Total.** Add lines 1-5	0	0	0	0	0	0
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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 **Public support** (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0			0
13 **Total support.** (Add lines 9, 10c, 11, and 12)						0

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 2008 (line 8, column (f) divided by line 13, column (f))	15	0 00%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	0 00%
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	0 00%

19a **33 1/3% support tests–2008.** 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–2007.** 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)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: Shenandoah Valley Community Residences, Inc.

Employer identification number: 54-1147961

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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ 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 pleasure)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 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	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 XIV, 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, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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 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 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 Trust, Escrow and Custodial Arrangements. Complete if 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:

			Amount
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	0

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
1a	Beginning of year balance					
b	Contributions					
c	Investment earnings or losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	0				

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

a Board designated or quasi-endowment ▶ ________%

b Permanent endowment ▶ ________%

c Term endowment ▶ ________%

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

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) Depreciation	(d) Book value
1a	Land	0	192,648		192,648
b	Buildings	0	844,114	121,470	722,644
c	Leasehold improvements	0	0	0	0
d	Equipment	0	296,603	201,409	95,194
e	Other	0	0	0	0
Total.	Add lines 1a–1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				1,010,486

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
Financial derivatives and other financial products	0	
Closely-held equity interests	0	
Other	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
Total *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	0	

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
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶	0	

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

(a) Description	(b) Book value
Time Share	7,500
Security Deposits	810
Construction in Progress	37,644
	0
	0
	0
	0
	0
	0
	0
Total. *(Column (b) should equal Form 990, Part X, col (B) line 15.)* ▶	45,954

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

(a) Description of liability	(b) Amount
Federal income taxes	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	0

In Part XIV, 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.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,662,288
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,549,445
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	112,843
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	
9	Total adjustments (net) Add lines 4–8	9	0
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	112,843

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	1,662,288
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	0
3	Subtract line **2e** from line **1**			3	1,662,288
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	0
5	Total revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12.)			5	1,662,288

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

1	Total expenses and losses per audited financial statements			1	1,549,445
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	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	1,549,445
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			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses. Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18.)			5	1,549,445

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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: Shenandoah Valley Community Residences, Inc.

Employer identification number: 54-1147961

Form 990 Part III Section 4 Line d Other Program Services - Expenses $409,696

Ridge Road - Expenses $308,822 home established, maintained and operated to provide housing and associated support services for individuals with mental retardation. The Ridge Road home supports 5 persons.

Supervised Apartments - Expenses $100,874

Lease to provide housing and other associate support services to individuals with mental retardation.

Form 990 Part VI Section A Line 10 The Form 990 is first reviewed by agency administrative staff, then submitted to the Budget & Finance Committee of the Board for their review. The Form 990 is presented by the Committee to the Board for their approval priot to being submitted to the Department of the Treasury, Internal Revenue Service.

Form 990 Part VI Section B Line 12c Policy requires Board members and staff to annually complete a "Conflict of Interest" questionnaire, making known their affiliations with individuals, businesses or organizations doing business with the agency. In addition, Board and staff must refrain from participation in decisions affecting transactions between the agency and individuals, businesses or organizations in which an affiliation has been identified

Form 990 Part VI Section B Line 15b The Executive Director's salary upon hire was established by comparison of salaries paid to executive directors of area non-profit organizations as well as a review of salaries paid across the state to executive direcotrs of programs similar to this organization. during the ensuing years, annual salary increases have been based upon performance evaluation and COLA. Evaluations are performed by members of the Personnel Committee and approval of salary action

Name of the organization	Employer identification number
Shenandoah Valley Community Residences, Inc.	54-1147961

is by vote of the Board

Form 990 Part VI Section C Line 19 The organization maintains governing documents, conflicts of interests policy and financial statements in its main office located at 20 East Piccadilly St., Winchester, VA. These documents are made available to the public upon request.

Form 990 Part VI Section C Line 12 The organization financial statements were audited for the year ending June 30, 2009. The organizations financial statments are prepared on a modified cash basis.

(Sch O (990)) - Supplemental Information

	Form	Part	Section	Line	Explanation
1	990	III	4	d	Other Program Services - Expenses $409,696
2					Ridge Road - Expenses $308,822 home established, maintained and operated to
3					provide housing and associated support services for individuals with mental
4					retardation The Ridge Road home supports 5 persons
5					
6					Supervised Apartments - Expenses $100,874
7					Lease to provide housing and other associate support services to individuals with mer
8					
9	990	VI	A	10	The Form 990 is first reviewed by agency administrative staff, then submitted
10					to the Budget & Finance Committee of the Board for their review The Form 990
11					is presented by the Committee to the Board for their approval priot to being
12					submitted to the Department of the Treasury, Internal Revenue Service
13					
14	990	VI	B	12c	Per policy, members of the Board and staff annually comlete a "Conflict of Interest"
15					questionnaire, making know their affiliations with individuals, businesses or
16					organization doing business with the agency In addition, Board and staff must
17					refrain from participation in decisions affecting transactions between the agency
18					and individuals, businesses or organizations in which an affiliation has been
19					
20	990	VI	B	15b	The Executive Director's salary upon hire was established by comparison of
21					salaries paid to executive directors of area non-profit organizations as well as
22					a review of salaries paid across the state to executive direcotrs of programs
23					similar to this organization during the ensuing years, annual salary increases
24					have been based upon performance evaluation and COLA Evaluations are
25					performed by members of the Personnel Committee and approval of salary action
26					is by vote of the Board
27					
28	990	VI	C	19	The organization maintains governing documents, conflicts of interests policy
29					and financial statements in its main office located at 20 East Piccadilly St, Winchester
30					These documents are made available to the public upon request
31					
32	990	VI	C	12	The organization financial statements were audited for the year ending
33					June 30, 2009 The organizations financial statments are prepared on a
34					modified cash basis
35					
36					

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

	Category or Item	Land	Buildings	Leasehold Improve-ments	Equipment	Other	Check if Investment Asset	Check if Asset Disposed	Cost/Other Basis	Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Disposals/ Adjustments	Beginning Balance	Ending Balance
									1,333,365	303,277	322,053	0	1,030,088	1,011,312
1	Land	X							192,648	0	0		192,648	192,648
2	Building and Improvements		X						844,114	99,961	121,470		744,153	722,644
3	Corporate Vehicles				X				175,393	135,489	122,965		39,904	52,428
4	Furniture and Fixtures				X				58,881	34,727	37,937		24,154	20,944
5	Computers and Equipment				X				62,329	33,100	39,681		29,229	22,648
6									0	0			0	0
7									0	0			0	0
8									0	0			0	0
9									0	0			0	0
10									0	0			0	0
11									0	0			0	0
12									0	0			0	0
13									0	0			0	0
14									0	0			0	0
15									0	0			0	0
16									0	0			0	0
17									0	0			0	0
18									0	0			0	0
19									0	0			0	0
20									0	0			0	0

Part X, Lines 11 and 12 (990) - Investments - Securities

Check one box below to indicate how securities are reported

[X] Cost

[ ] End of year market value (FMV)

	Securities at end of year	Publicly Traded Securities?	Financial Derivatives	Closely-Held Equity Interests	Number of Shares/ Face Value	Value at Time of Donation	Beginning Balance Book Value Cost	Ending Balance Book Value Cost
						0	103,715	58,755
1	Mutual Funds	X			0 00	0	103,715	58,755
2					0 00	0	0	0
3					0 00	0	0	0
4					0 00	0	0	0
5					0 00	0	0	0
6					0 00	0	0	0
7					0 00	0	0	0
8					0 00	0	0	0
9					0 00	0	0	0
10					0 00	0	0	0
11					0 00	0	0	0
12					0 00	0	0	0
13					0 00	0	0	0
14					0.00	0	0	0
15					0 00	0	0	0
16					0 00	0	0	0
17					0 00	0	0	0
18					0 00	0	0	0
19					0 00	0	0	0
20					0 00	0	0	0

Part X, Line 15 (990) - Other Assets

	Description	Beginning	End
		9,155	45,953
1	Time Share	7,500	7,500
2	Deposits	1,655	810
3	Construction in Progress		37,643
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

		Cash		Non Cash
1	Federated Campaigns		1	
2	Membership dues		2	
3	Fundraising events		3	
4	Related organizations		4	
5	Government grants (contributions)		5	
6	All other contributions, gifts, grants, and similar amounts not included above:			
	Contributions	2,578		13,432
	Other contributions total	2,578	6	13,432
7	Total	2,578	7	13,432

Part III, Line 4d (990) - Program Service Accomplishments

(Code:) (Expenses $ 308,822 including grants of $ 0) (Revenue $ 0)

Ridge Road - Group home established, maintained and operated to provide housing and associated support services for individuals with mental retardation. The Ridge Road home supports 5 persons.

(Code) (Expenses $ 100,874 including grants of $ 0) (Revenue $ 0)

Supervised Apartments - Leased to provide housing and other associate support services to individuals with mental retardation

(Code) (Expenses $ 0 including grants of $ 0) (Revenue $ 0)

(Code) (Expenses $ 0 including grants of $ 0) (Revenue $ 0)

(Code) (Expenses $ 0 including grants of $ 0) (Revenue $ 0)

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

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

OMB No 1545-0172

2008

Attachment Sequence No 67

Name(s) shown on return	Business or activity to which this form relates	Identifying number
Shenandoah Valley Community Residences, In	990	54-1147961

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	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
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	250,000

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	0
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2007 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	0
13	Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 ▶	13	0

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 instructions.)

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	

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 2008	17	48,992
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 ▶ ☐		

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property		1,990	3 yrs	MM	SL	249
b 5-year property		25,285	5 yrs	MM	SL	2,132
c 7-year property		2,236	7 yrs	MM	SL	184
d 10-year property						
e 15-year property		2,795	15 yrs	MM	SL	109
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 2008 Tax Year Using the Alternative Depreciation System

20 a 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	51,666
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	

SVCR
Master Depreciation Schedule
Asset Number Sequence
6/30/2009

Asset No.	Description	Date Acquired	Date Sold Disposed	Cost/ Basis	Depreciable Basis	06/30/08 Accum. Depreciation	Method	Life	Current Depreciation	06/30/09 Accum. Depreciation
3	Fax	04/06/99		$ 282	$ 282	$ 282	SL	5	$ -	$ 282
5	Printer	01/01/02		$ 300	$ 300	$ 300	SL	5	$ -	$ 300
6	Ladder	01/01/02		$ 132	$ 132	$ 123	SL	5	$ 9	$ 132
8a	Daiwoo Monitor	06/06/03		$ 1,303	$ 1,303	$ 1,303	SL	5	$ -	$ 1,303
8b	Daiwoo Monitor	06/06/03		$ 1,302	$ 1,302	$ 1,302	SL	5	$ -	$ 1,302
9	Computer	04/17/03		$ 350	$ 350	$ 350	SL	5	$ -	$ 350
10	Okidata Printer	10/02/03		$ 915	$ 915	$ 915	SL	5	$ -	$ 915
12	Carpet Cleaner	06/18/04		$ 193	$ 193	$ 191	SL	5	$ 2	$ 193
13	Digital Camera	05/14/04		$ 169	$ 169	$ 153	SL	5	$ 16	$ 169
15	Folding Chairs	06/30/93		$ 403	$ 403	$ 403	SL	12	$ -	$ 403
17	House	09/06/06		$ 127,127	$ 127,127	$ 37,475	SL	40	$ 3,178	$ 40,653
18	Improvements	12/31/96		$ 14,779	$ 14,779	$ 4,262	SL	40	$ 369	$ 4,631
19	Improvements	09/22/00		$ 6,068	$ 6,068	$ 1,183	SL	40	$ 152	$ 1,335
20	Improvements	12/31/04		$ 5,091	$ 5,091	$ 1,187	SL	15	$ 339	$ 1,526
21	Office Equipment	12/31/81		$ 760	$ 760	$ 760	SL	12	$ -	$ 760
23	Answering Machine	03/01/91		$ 137	$ 137	$ 137	SL	12	$ -	$ 137
25	Lawnmover	05/14/93		$ 190	$ 190	$ 190	SL	12	$ -	$ 190
26	VCR	06/30/94		$ 215	$ 215	$ 215	SL	5	$ -	$ 215
28	Vacuum	09/13/04		$ 160	$ 160	$ 160	SL	10	$ -	$ 160
32	Fax Machine	04/06/99		$ 282	$ 282	$ 282	SL	5	$ -	$ 282
33	Water Heaters	01/07/97		$ 514	$ 514	$ 514	SL	10	$ -	$ 514
34	Whirlpool Stove	02/18/00		$ 419	$ 419	$ 351	SL	10	$ 42	$ 393
35	Computer - Donated	06/20/01		$ 998	$ 998	$ 998	SL	5	$ -	$ 998
36	Refrigerator	06/28/02		$ 879	$ 879	$ 755	SL	7	$ 124	$ 879

SVCR
Master Depreciation Schedule
Asset Number Sequence
6/30/2009

Asset No.	Description	Date Acquired	Date Sold Disposed	Cost/ Basis	Depreciable Basis	06/30/08 Accum. Depreciation	Method	Life	Current Depreciation	06/30/09 Accum. Depreciation
37	Sharp Copier	03/31/03		$ 500	$ 500	$ 231	SL	12	$ 42	$ 273
38b	Dryer	05/16/03		$ 332	$ 332	183	SL	10	$ 33	$ 216
39	Goodwill Beds	11/14/03		$ 323	$ 323	$ 230	SL	7	$ 46	$ 276
40	Defibulator	02/20/04		$ 1,150	$ 1,150	$ 1,031	SL	5	$ 119	$ 1,150
42	Dishwasher	11/14/03		$ 460	$ 460	$ 325	SL	7	$ 65	$ 390
43	Furniture	06/30/98		$ 5,971	$ 5,971	$ 5,971	SL	12	$ -	$ 5,971
44	Appliances	06/30/80		$ 2,594	$ 2,594	$ 2,594	SL	12	$ -	$ 2,594
45	Cookware	10/08/80		$ 311	$ 311	$ 311	SL	12	$ -	$ 311
46	Fire Extinguisher	12/18/80		$ 88	$ 88	$ 88	SL	12	$ -	$ 88
47	Office Furniture	03/14/81		$ 155	$ 155	$ 155	SL	12	$ -	$ 155
48	Donated Furniture	06/01/80		$ 2,820	$ 2,820	$ 2,820	SL	12	$ -	$ 2,820
49	Donated Furniture	07/31/81		$ 265	$ 265	$ 265	SL	12	$ -	$ 265
50	Office Furniture	12/31/81		$ 821	$ 821	$ 821	SL	12	$ -	$ 821
51	Furniture	01/05/84		$ 589	$ 589	$ 589	SL	12	$ -	$ 589
52	File Cabinet	13/31/83		$ 182	$ 182	$ 182	SL	12	$ -	$ 182
53	Furniture	01/05/85		$ 297	$ 297	$ 297	SL	12	$ -	$ 297
55	Lawn Mower	01/05/85		$ 183	$ 183	$ 183	SL	12	$ -	$ 183
57	Furniture	04/18/86		$ 1,160	$ 1,160	$ 1,160	SL	12	$ -	$ 1,160
60	Bedroom Furniture	06/22/90		$ 1,337	$ 1,337	$ 1,337	SL	12	$ -	$ 1,337
61	Lamps and End Tables	06/29/90		$ 230	$ 230	$ 230	SL	12	$ -	$ 230
62	Lawn Furniture	06/30/92		$ 968	$ 968	$ 968	SL	12	$ -	$ 968
63	File Cabinet	06/30/92		$ 189	$ 189	$ 189	SL	12	$ -	$ 189
64	Dining Room Set	06/30/93		$ 1,560	$ 1,560	$ 1,560	SL	12	$ -	$ 1,560
65	Furniture	06/25/97		$ 1,911	$ 1,911	$ 1,911	SL	10	$ -	$ 1,911

SVCR

Master Depreciation Schedule

Asset Number Sequence

6/30/2009

Asset No.	Description	Date Acquired	Date Sold Disposed	Cost/ Basis	Depreciable Basis	06/30/08 Accum. Depreciation	Method	Life	Current Depreciation	06/30/09 Accum. Depreciation
66	Yard Furniture	06/27/97		$ 136	$ 136	$ 136	SL	10	$ -	$ 136
69	Dehumidifier	08/15/03		$ 154	$ 154	$ 154	SL	5	$ -	$ 154
70	TV	07/18/03		$ 280	$ 280	$ 280	SL	5	$ -	$ 280
71	House Furniture	12/24/04		$ 2,244	$ 2,244	$ 448	SL	10	$ 112	$ 560
72	Land	09/06/96		$ 23,497	$ -	$ -			$ -	$ -
73	1997 Plymouth Voyager	06/07/00		$ 16,661	$ 16,661	$ 16,661	SL	5	$ -	$ 16,661
75	2005 Chevy Astro Van	05/09/05		$ 23,490	$ 23,490	$ 14,251	SL	5	$ 4,698	$ 18,949
76	House	05/08/95		$ 80,634	$ 80,634	$ 26,207	SL	40	$ 2,016	$ 28,223
77	Improvements	01/26/96		$ 1,480	$ 1,480	$ 461	SL	40	$ 37	$ 498
78	Improvements	04/12/01		$ 1,880	$ 1,880	$ 339	SL	40	$ 47	$ 386
79	Improvements	06/28/02		$ 3,344	$ 3,344	$ 503	SL	40	$ 84	$ 587
80	Improvements	06/01/05		$ 3,113	$ 3,113	$ 251	SL	40	$ 78	$ 329
81	Printer	04/06/99		$ 200	$ 200	$ 200	SL	5	$ -	$ 200
83	Computer	06/03/02		$ 580	$ 580	$ 580	SL	5	$ -	$ 580
84	HEPA Filter	01/01/02		$ 139	$ 139	$ 139	SL	7	$ -	$ 139
86	Freezer	03/14/03		$ 347	$ 347	$ 209	SL	10	$ 35	$ 244
87	Dehumidifier	03/14/03		$ 268	$ 268	$ 162	SL	10	$ 27	$ 189
88	Lawnmower	05/16/03		$ 146	$ 146	$ 60	SL	12	$ 12	$ 72
89	TV	06/13/03		$ 259	$ 259	$ 259	SL	5	$ -	$ 259
90	Defibulator	02/20/04		$ 1,150	$ 1,150	$ 977	SL	5	$ 173	$ 1,150
91	Water Softner	03/19/04		$ 510	$ 510	$ 229	SL	10	$ 51	$ 280
92	Stove	02/20/04		$ 591	$ 591	$ 295	SL	10	$ 59	$ 354
93	Estudio Copier	09/29/04		$ 919	$ 919	$ 690	SL	5	$ 184	$ 874
94	Desk Furniture	06/30/05		$ 392	$ 392	$ 392	SL	10	$ -	$ 392
95	Furniture	08/31/95		$ 12,647	$ 12,647	$ 12,647	SL	10	$ -	$ 12,647

SVCR

Master Depreciation Schedule

Asset Number Sequence

6/30/2009

Asset No.	Description	Date Acquired	Date Sold Disposed	Cost/ Basis	Depreciable Basis	06/30/08 Accum. Depreciation	Method	Life	Current Depreciation	06/30/09 Accum. Depreciation
96	Rug	08/23/02		$ 218	$ 218	$ 132	SL	10	$ 22	$ 154
98	Land	05/08/95		$ 28,917	$ -	$ -			$ -	$ -
99	2002 Dodge Caravan	06/26/02		$ 17,939	$ 17,939	$ 17,939	SL	5	$ -	$ 17,939
100	1996 Dodge Minivan	06/03/03	06/08/09	$ 3,555	$ 3,555	$ 3,199	SL	5	$ 356	$ 3,555
101	2003 Chevrolet Tracker	09/30/03		$ 18,346	$ 18,346	$ 16,511	SL	5	$ 1,835	$ 18,346
102	House	07/28/04		$ 237,676	$ 237,676	$ 23,273	SL	40	$5,942	$ 29,215
103	Improvements	12/31/04		$ 4,661	$ 4,661	$ 1,088	SL	15	$311	$ 1,399
104	Defibulator	02/18/05		$1,145	$1,145	$763	SL	5	$ 229	$ 992
105	Kitchen Equipment	08/31/04		$ 1,800	$ 1,800	$ 690	SL	10	$ 180	$ 870
106	Cabinet	09/15/04		$ 839	$ 839	$ 315	SL	10	$ 84	$ 399
107	Living and Dining Room	09/17/04		$ 2,279	$ 2,279	$ 855	SL	10	$ 228	$ 1,083
108	Fortress Drive-Land	07/28/04		$ 45,000	$ -	$ -			$ -	$ -
109	Chevy 8 Pass Van	12/20/04		$ 22,882	$ 22,882	$ 16,016	SL	5	$4,576	$ 20,592
112	Phones	06/19/89		$ 241	$ 241	$ 241	SL	12	$ -	$ 241
113	Vacuums	06/21/89		$ 244	$ 244	$ 244	SL	12	$ -	$ 244
114	Phones	06/22/89		$ 203	$ 203	$ 203	SL	12	$ -	$ 203
115	Phone Install	06/27/89		$ 103	$ 103	$ 103	SL	12	$ -	$ 103
116	Microwave & TV	06/22/90		$ 300	$ 300	$ 300	SL	12	$ -	$ 300
117	Telephone System	05/08/91		$ 61	$ 61	$ 61	SL	12	$ -	$ 61
119	Alarm for Deaf	11/06/92		$ 155	$ 155	$ 155	SL	12	$ -	$ 155
120	Mower	05/14/93		$ 190	$ 190	$ 190	SL	12	$ -	$ 190
121	Electrolux Vacuum	06/30/93		$ 150	$ 150	$ 150	SL	12	$ -	$ 150
122	Television	06/30/94		$ 225	$ 225	$ 225	SL	5	$ -	$ 225
123	From Baker House	12/13/89		$ 366	$ 366	$ 366	SL	12	$ -	$ 366

SVCR
Master Depreciation Schedule
Asset Number Sequence
6/30/2009

Asset No.	Description	Date Acquired	Date Sold Disposed	Cost/ Basis	Depreciable Basis	06/30/08 Accum. Depreciation	Method	Life	Current Depreciation	06/30/09 Accum. Depreciation
124	Microwave	06/25/97		$ 180	$ 180	$ 180	SL	10	$ -	$ 180
125	Washer	06/27/97		$ 349	$ 349	$ 349	SL	10	$ -	$ 349
126	Washer	04/16/98		$ 450	$ 450	$ 450	SL	10	$ -	$ 450
127	Washer	05/18/01		$ 330	$ 330	$ 235	SL	10	$ 33	$ 268
129	Printer	04/06/99		$ 200	$ 200	$ 200	SL	5	$ -	$ 200
131	Dryer	06/30/92		$ 269	$ 269	$ 269	SL	12	$ -	$ 269
132	Dryer	09/04/91		$ 302	$ 302	$ 294	SL	7	$ 8	$ 302
133	Lawn Mower	01/01/02		$ 139	$ 139	$ 130	SL	7	$ 9	$ 139
134	Defibulator	02/20/04		$ 1,150	$ 1,150	$ 1,035	SL	5	$ 115	$ 1,150
135	Furniture	06/27/97		$ 932	$ 932	$ 932	SL	12	$ -	$ 932
136	Curtains & Rods	06/27/97		$ 456	$ 456	$ 456	SL	12	$ -	$ 456
138	Table and Chairs	05/31/94		$ 150	$ 150	$ 150	SL	12	$ -	$ 150
139	Sofa	06/30/95		$ 50	$ 50	$ 50	SL	10	$ -	$ 50
140	Chair	06/30/95		$ 35	$ 35	$ 35	SL	10	$ -	$ 35
141	Loveseat	06/30/95		$ 25	$ 25	$ 25	SL	10	$ -	$ 25
142	1998 Plymouth Voyager	06/14/01		$ 13,927	$ 13,927	$ 13,927	SL	5	$ -	$ 13,927
143	PC Tower (Black)	02/17/06		$ 558	$ 558	$ 336	SL	5	$ 112	$ 448
144	Stair Chair	07/22/05		$ 670	$ 670	$ 168	SL	12	$ 56	$ 224
145	Stair Lift	07/29/05		$ 2,014	$ 2,014	$ 504	SL	12	$ 168	$ 672
146	HP Computer	11/11/05		$ 657	$ 657	$ 393	SL	5	$ 131	$ 524
147	Washer (Front Loader)	05/05/06		$ 949	$ 949	$ 237	SL	12	$ 79	$ 316
148	Entertainment Center (Don	12/22/05		$ 750	$ 750	$ 189	SL	12	$ 63	$ 252
149	Washer	05/05/06		$ 949	$ 949	$ 237	SL	12	$ 79	$ 316

SVCR

Master Depreciation Schedule

Asset Number Sequence

6/30/2009

Asset No.	Description	Date Acquired	Date Sold Disposed	Cost/ Basis	Depreciable Basis	06/30/08 Accum. Depreciation	Method	Life	Current Depreciation	06/30/09 Accum. Depreciation
150	Dryer	06/09/06		$ 725	$ 725	$ 180	SL	12	$ 60	$ 240
151	eStudio Copier	06/30/06		$ 700	$ 700	$ 174	SL	12	$ 58	$ 232
152	Toshiba eStudio Copier	02/27/06		$ 9,720	$ 9,720	$ 4,536	SL	5	$ 1,944	$ 6,480
153	Dishwasher	04/06/07		$ 570	$ 570	$ 24	SL	12	$ 12	$ 36
154	Shed	01/19/07		$ 2,566	$ 2,566	$ 178	SL	12	$ 89	$ 267
155	Sofa and Loveseat	04/06/07		$ 1,350	$ 1,350	$ 68	SL	10	$ 34	$ 102
156	Dryer	07/07/06		$ 725	$ 725	$ 146	SL	10	$ 73	$ 219
157	Computer HP	08/04/06		$ 555	$ 555	$ 222	SL	5	$ 111	$ 333
158	Washer	09/15/06		$ 969	$ 969	$ 162	SL	10	$ 81	$ 243
159	Water Softner	12/09/06		$ 1,645	$ 1,645	$ 192	SL	10	$ 96	$ 288
160	Matress Set	06/15/07		$ 527	$ 527	$ 8	SL	10	$ 53	$ 61
161	Patio Table and Chairs	06/29/07		$ 723	$ 723	$ 60	SL	12	$ 60	$ 120
162	2003 Chevy Astro	07/20/07		$ 16,259 12	$ 16,259 12	$ 2,709 85	SL	5	$ 3,252 00	$ 5,961.85
163	2004 Toyota Siena	07/12/07		$ 21,354 27	$ 21,354 27	$ 3,914 95	SL	5	$ 4,271.00	$ 8,185 95
164	Toshiba Copier	11/30/07		$ 675 00	$ 675 00	$ 78 75	SL	5	$ 135 00	$ 213 75
165	Dell Computer	01/11/08		$ 776 36	$ 776 36	$ 77 64	SL	5	$ 155 00	$ 232 64

SVCR
Master Depreciation Schedule
Asset Number Sequence
6/30/2009

Asset No.	Description	Date Acquired	Date Sold Disposed	Cost/ Basis	Depreciable Basis	06/30/08 Accum. Depreciation	Method	Life	Current Depreciation	06/30/09 Accum. Depreciation
166	Dishwasher	02/22/08		$ 724 00	$ 724 00	$ 34.48	SL	7	$ 103 00	$ 137 48
167	Grand Home - Furniture	03/07/08		$ 1,669 85	$ 1,669 85	$ 79 52	SL	7	$ 238 00	$ 317 52
168	Dining Room Table	03/14/08		$ 979 07	$ 979 07	$ 65.27	SL	5	$ 196 00	$ 261 27
169	Defibirlator	04/18/08		$ 1,245 00	$ 1,245 00	$ 41 00	SL	5	$ 249 00	$ 290 00
170	Area Rugs	05/13/08		$ 10,000 00	$ 10,000 00	$ 333 33	SL	5	$ 2,000 00	$ 2,333 33
171	House - Chelsea	01/18/08		$ 358,260 99	$ 358,260 99	$ 3,731 89	SL	40	$ 8,957 00	$ 12,688 89
172	Land - Chelsea	01/18/08		$ 95,233.94	$ -	$ -			$ -	$ -
173	Refrigerator	09/12/08		$ 614 96	$ 614 96	$ -	SL	7	$ 73 21	$ 73 21
174	Freezer	09/12/08		$ 568 97	$ 568 97	$ -	SL	7	$ 67 73	$ 67 73
175	Toshiba 126 Copier	12/10/08		$ 750 00	$ 750 00	$ -	SL	5	$ 87 50	$ 87 50
176	Amish Shed	12/19/08		$ 2,795 00	$ 2,795 00	$ -	SL	15	$ 108 69	$ 108 69
177	Water Softner	01/16/09		$ 514 50	$ 514 50	$ -	SL	7	$ 36 75	$ 36 75
178	2009 Toyota Van	02/21/09		$ 24,534 62	$ 24,534 62	$ -	SL	5	$ 2,044 55	$ 2,044 55
152a	Toshiba eStudio Copier	03/20/09		$ 1,990 20	$ 1,990 20	$ -	SL	2	$ 249 00	$ 249 00
179	TV	06/19/09		$ 538 00	$ 538 00	$ -	SL	7	$ 6 40	$ 6 40
Total				**$ 1,335,669.85**	**$ 1,143,021.91**	**$ 274,768.68**			**$ 51,665.99**	**$ 326,434.67**

Form **8868** (Rev April 2008) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension, complete only Part** I and check this box ► [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ► [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (*e-file*). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print	Name of Exempt Organization Shenandoah Valley Community Residences, Inc.		Employer identification number 54-1147961
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P O box, see instructions 20 East Piccadilly Street		
	City, town or post office, state, and ZIP code For a foreign address, see instructions Winchester	VA	22601

Check type of return to be filed (file a separate application for each return):

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ► See attached worksheet

Telephone No. ► (540) 722-4900 FAX No ► 540-722-4909

- 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 will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15/2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► [ ] calendar year ____ or

► [X] tax year beginning 7/1/2008, and ending 6/30/2009.

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3 a	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.	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ 0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- 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.** You must file original and one copy

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization Shenandoah Valley Community Residences, Inc.	**Employer identification number** 54-1147961
	Number, street, and room or suite no. If a P.O. box, see instructions. 20 East Piccadilly Street	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions. Winchester VA 22601	

Check type of return to be filed (File a separate application for each return):

[X] Form 990 [ ] Form 990-PF [ ] Form 1041-A [ ] Form 6069
[ ] Form 990-BL [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 4720 [ ] Form 8870
[ ] Form 990-EZ [ ] Form 990-T (trust other than above) [ ] Form 5227

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

- The books are in the care of ▶ See attached worksheet
  Telephone No. ▶ (540) 722-4900 FAX No. ▶ 540-722-4909
- 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.

4 I request an additional 3-month extension of time until 5/15/2010.

5 For calendar year ______, or other tax year beginning 7/1/2008, and ending 6/30/2009.

6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension Awaiting completion of audit by CPA in order to file complete and accurate return

8 a	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	$
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	$
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	$ 0

Signature and Verification

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 ▶ CPA Date ▶ 2/12/2010

Part I (8868) - Books in care of

Name

[ ] Person [X] Business	Shenandoah Valley Community Residences, Inc.			
Address 20 East Piccadilly Street			Fax no. 540-722-4909	Telephone no. (540) 722-4900
City Winchester	State VA	Zip code 22601	Foreign country	