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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 JUL 1, 2008 and ending JUN 30, 2009

<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <b>DISC VILLAGE, INC.</b>		D Employer identification number <b>59-1491338</b>	
	Doing Business As		E Telephone number <b>(850) 575-4388</b>	
	Number and street (or P.O. box if mail is not delivered to street address) <b>3333 WEST PENSACOLA ST.</b>		Room/suite <b>300</b>	
	See Specific Instructions		G Gross receipts \$ <b>7,499,542.</b>	
	City or town, state or country, and ZIP + 4 <b>TALLAHASSEE, FL 32304-2867</b>		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	F Name and address of principal officer: <b>TOM OLK</b> <b>SAME AS C ABOVE</b>		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ►		
J Website: ► <b>WWW.DISCVILLAGE.COM</b>		K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		
		L Year of formation: <b>1975</b> M State of legal domicile: <b>FL</b>		

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>THE ORGANIZATION IS ENGAGED IN PROVIDING A COMPREHENSIVE ARRAY OF ALCOHOL, DRUG AND MENTAL HEALTH</b>		
	2 Check this box ► <input type="checkbox"/> 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	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of employees (Part V, line 2a)	5	205
	6 Total number of volunteers (estimate if necessary)	6	60
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C) b Net unrelated business taxable income from Form 990-T, line 34	7a	0.
	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	7,909,459.	7,179,117.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	767,398.	301,840.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c and 11e)	7,279.	2,481.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	44,710.	16,104.
	8,728,846.	7,499,542.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,505,239.	4,701,047.
	16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25)		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,467,498.	3,184,798.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,972,737.	7,885,845.
	19 Revenue less expenses. Subtract line 18 from line 12	<243,891. >	<386,303. >
Net Assets or Fund Balances	Beginning of Year	End of Year	
	20 Total assets (Part X, line 16)	1,533,249.	1,540,088.
	21 Total liabilities (Part X, line 26)	1,443,082.	1,975,467.
	22 Net assets or fund balances. Subtract line 21 from line 20	90,167.	<435,379. >

## Part II Signature Block

Sign Here	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			
	Signature of officer			
	Date <b>3/8/2010</b>			
► <b>TOM OLK, EXECUTIVE DIRECTOR</b>		Type or print name and title		
Paid Preparer's Use Only	Preparer's signature	Date <b>2-17-10</b>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN ►		
	<b>JAMES MOORE &amp; CO. P.L.</b> <b>2477 TIM GAMBLE PLACE, SUITE 200</b> <b>TALLAHASSEE, FL 32308-4386</b>			Phone no. ► <b>(850) 386-6184</b>

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes  No

**Part III Statement of Program Service Accomplishments (see instructions)**

**1 Briefly describe the organization's mission:**

## SUBSTANCE ABUSE SERVICES

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 \$ 4,083,050. including grants of \$ ) (Revenue \$ )  
**ADULT AND JUVENILE SUBSTANCE ABUSE**

## **ADULT AND JUVENILE SUBSTANCE ABUSE**

4b (Code: ) (Expenses \$ 1,445,534. including grants of \$ ) (Revenue \$ )  
**CHILD WELFARE**

## CHILD WELFARE

4c (Code: ) (Expenses \$ 675,881. including grants of \$ ) (Revenue \$ )  
**INTERVENTION JUVENILE SERVICES NON-SUBSTANCE ABUSE**

## **INTERVENTION JUVENILE SERVICES NON-SUBSTANCE ABUSE**

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

(Expenses \$ 225,222, including grants of \$

) (Revenue \$ )

**4e Total program service expenses ► \$ 6,429,687. (Must equal Part IX, Line 25, column (B).)**

## Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  
If "Yes," complete Schedule A
- 2 Is the organization required to complete Schedule B, Schedule of Contributors?
- 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
- 4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 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
- 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
- 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
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 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
- 10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V
- 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
- 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
- 13 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the U.S.?
  - 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
- 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
- 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
- 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I
- 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- 19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III
- 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H
- 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
- 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
- 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J
- 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
  - b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
  - c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?
  - d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?
- 25a **Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I
- 25b 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
- 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
- 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

## Part IV Checklist of Required Schedules (continued)

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
- b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV
- 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

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

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

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

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

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

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

	Yes	No
28a		X
28b		X
28c		X
29		X
30		X
31		X
32		X
33		X
34	X	
35	X	
36		X
37		X

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## 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	81
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	X
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	205
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)</i>	2b	X
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	X
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	
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?	6a	X
6a Did the organization solicit any contributions that were not tax deductible?	6b	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7a	X
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?	7b	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d If "Yes," indicate the number of Forms 8282 filed during the year	7e	X
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7h	X
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	8	
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?	9a	
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966?	9b	
b Did the organization make a distribution to a donor, donor advisor, or related person?	10a	
10 Section 501(c)(7) organizations. Enter: N/A a Initiation fees and capital contributions included on Part VIII, line 12	10b	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11a	
11 Section 501(c)(12) organizations. Enter: N/A a Gross income from members or shareholders	11b	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	12a	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	N/A	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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**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

	Yes	No
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.		
1a Enter the number of voting members of the governing body	1a	5
b Enter the number of voting members that are independent	1b	5
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?	15b	X
Describe the process in Schedule O. (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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 ► <b>NONE</b>
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
<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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: ► <b>THE ORGANIZATION - (850) 575-4388</b>
<b>3333 WEST PENSACOLA ST., NO. 300, TALLAHASSEE, FL 32304-2867</b>

## **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.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

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

**1b Total**

163,245.	513,814.	7,828.
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**2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization**

0

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.

	Yes	No
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.

1 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

**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 company. **NONE**

the organization	<b>NONE</b>		
	<b>(A)</b> Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
<b>2</b>	Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ►	0	

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ► 0

8  
2008 05050 DISC VILLAGE INC

## 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	1 a Federated campaigns . . . b Membership dues . . . c Fundraising events . . . d Related organizations . . . e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above . . . g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f ►	1a 1b 1c 1d <b>877,055.</b> 1e <b>6,261,207.</b> 1f <b>40,855.</b>			
Program Service Revenue	2 a CLIENT SERVICE REVENUE b c d e f All other program service revenue g Total. Add lines 2a-2f ►	Business Code <b>624100</b>	<b>301,840.</b>	<b>301,840.</b>	
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . 4 Income from investment of tax-exempt bond proceeds ► 5 Royalties ► 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ► 7 a Gross amount from sales of assets other than inventory b Less. cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) ► 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events ► 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities ► 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory ► Miscellaneous Revenue	(i) Real  (i) Securities	(ii) Personal  (ii) Other	2,481.	<b>2,481.</b>
	11 a OTHER MISCELLANEOUS b c d All other revenue e Total. Add lines 11a-11d ►	Business Code <b>624100</b>	<b>16,104.</b>	<b>16,104.</b>	
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ►		<b>7499542.</b>	<b>317,944.</b>	<b>0.</b>
					<b>2,481.</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).

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				
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	88,313.		88,313.	
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	3,957,023.	3,446,832.	510,191.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	365,526.	321,665.	43,861.	
10 Payroll taxes	290,185.	246,657.	43,528.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	51,627.	51,627.		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	172,142.	163,522.	8,620.	
12 Advertising and promotion	41,627.	37,258.	4,369.	
13 Office expenses	121,907.	69,099.	52,808.	
14 Information technology				
15 Royalties				
16 Occupancy	305,787.	274,995.	30,792.	
17 Travel	71,384.	63,466.	7,918.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,183.	638.	7,545.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	286,422.	226,322.	60,100.	
23 Insurance				
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>CONTRIBUTIONS</b>	1,052,176.	618,231.	433,945.	
b <b>FOOD, HOUSEHOLD, AND ME</b>	457,273.	456,425.	848.	
c <b>MISCELLANEOUS</b>	206,441.	99,153.	107,288.	
d <b>INSURANCE</b>	162,193.	135,477.	26,716.	
e <b>CONTRACTUAL SERVICES</b>	148,054.	135,643.	12,411.	
f All other expenses	99,582.	82,677.	16,905.	
25 Total functional expenses. Add lines 1 through 24f	7,885,845.	6,429,687.	1,456,158.	0.
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
Assets	1 Cash - non-interest-bearing	304,438.	1	398,201.
	2 Savings and temporary cash investments	73,510.	2	
	3 Pledges and grants receivable, net	733,887.	3	
	4 Accounts receivable, net	55,161.	4	76,339.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. 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		8	
	9 Prepaid expenses and deferred charges	2,380.	9	8,994.
	10a Land, buildings, and equipment: cost basis	1,529,006.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	1,223,971.	10c	305,035.
	11 Investments - publicly traded securities	348,071.	11	735,717.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	15,802.	15	15,802.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	1,533,249.	16	1,540,088.
Liabilities	17 Accounts payable and accrued expenses	1,181,707.	17	1,173,166.
	18 Grants payable		18	
	19 Deferred revenue	26,102.	19	77,785.
	20 Tax-exempt bond liabilities		20	
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	350,000.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	235,273.	25	374,516.
	26 Total liabilities. Add lines 17 through 25	1,443,082.	26	1,975,467.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	90,167.	27	<435,379.>
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	90,167.	33	<435,379.>
	34 Total liabilities and net assets/fund balances	1,533,249.	34	1,540,088.

## Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other

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 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?

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?

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

# 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.

**2008**  
Open to Public  
Inspection

Name of the organization

**DISC VILLAGE, INC.**

Employer identification number

**59-1491338**

**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  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 the 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?  
 (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?  
 h Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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>									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

**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") ..	14,689,230	6,053,119	6,494,466	8,676,857	7,179,117	43,092,789
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	14,689,230	6,053,119	6,494,466	8,676,857	7,179,117	43,092,789
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)						
<b>6 Public Support.</b> Subtract line 5 from line 4						43,092,789

**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	14,689,230	6,053,119	6,494,466	8,676,857	7,179,117	43,092,789
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,394,933	481,934	29,862	7,279	2,481	1,916,489
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			66,073	44,710	16,104	126,887
<b>11 Total support.</b> Add lines 7 through 10						45,136,165
<b>12 Gross receipts from related activities, etc (see instructions)</b>				12		3,748,471
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

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

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	95.47	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	93.06	%
<b>16a 33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2008

**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")						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 - 5 . . . . .						
<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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<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						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<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)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

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

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

**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

**DISC VILLAGE, INC.**

Employer identification number  
**59-1491338**

**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).	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of certified historic structure
	<input type="checkbox"/> 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	
a Total number of conservation easements	<b>Held at the End of the Year</b>
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►	2d
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? ►	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.

1b 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
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part 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					

## 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:

(i) unrelated organizations  
 (ii) related organizations

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.

	Yes	No
3a(i)		
3a(ii)		
3b		

**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				
b Buildings				
c Leasehold improvements				
d Equipment	1,503,075.	1,223,971.	279,104.	
e Other		25,931.		25,931.
<b>Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)</b>			►	305,035.

Schedule D (Form 990) 2008

**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		
Closely-held equity interests		
Other _____		

**Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ►**

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

**Total.** (Col (b) should equal Form 990, Part X, col (B) line 13.) ►

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

**Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)**

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

(a) Description of liability	(b) Amount
Federal income taxes	
<b>INTEREST RATE SWAP AGREEMENT</b>	<b>374,516.</b>

**Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)**

374.516.

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)	7,499,542.
2	Total expenses (Form 990, Part IX, column (A), line 25)	7,885,845.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	<386,303. >
4	Net unrealized gains (losses) on investments	<139,243. >
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4-8	<139,243. >
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	<525,546. >

## 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	7,861,299.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	<139,243. >
b	Donated services and use of facilities	2b	501,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	361,757.
3	Subtract line 2e from line 1	3	7,499,542.
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	7,499,542.

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

1	Total expenses and losses per audited financial statements	1	8,386,845.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	501,000.
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	501,000.
3	Subtract line 2e from line 1	3	7,885,845.
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	7,885,845.

**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 J**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

OMB No 1545-0047

**2008**Open to Public  
Inspection

Name of the organization

**DISC VILLAGE, INC.**

Employer identification number

**59-1491338****Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

**a** Receive a severance payment or change of control payment?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization?

**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization?

**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in **Schedule J**, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that are not listed on Form 990. Part VII.

**Note.** The sum of columns (B)–(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

**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

DISC VILLAGE, INC.Employer identification number  
59-1491338**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**REHABILITATION SERVICES TO RESIDENTS OF NORTH FLORIDA.**FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:****OTHER PROGRAMS**EXPENSES \$ 225222. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.**FORM 990, PART VI, SECTION A, LINE 8B: N/A****FORM 990, PART VI, SECTION A, LINE 10: THE BOARD REVIEWS THE 990 AT A MEETING PRIOR TO IT BEING FILED.**

FORM 990, PART VI, SECTION B, LINE 12C: DISC VILLAGE HAS ESTABLISHED A COMPREHENSIVE CONFLICT OF INTEREST POLICY THAT DEFINES FOR MEMBERS OF THE BOARD OF DIRECTORS AND EMPLOYEES OF THE AGENCY WHAT ACTIVITIES ARE CONSIDERED A CONFLICT OF INTEREST. WE ALSO HAVE DEVELOPED A CORPORATE COMPLIANCE POLICY AND PROTOCOL FOR ADDRESSING SUCH ISSUES. THE DESIGNATED CORPORATE COMPLIANCE OFFICER IS AVAILABLE TO FIELD REPORTS AND INQUIRIES RELATED TO CONFLICTS OF INTEREST, AMONG OTHER THINGS. REPORTS CAN BE MADE ANONYMOUSLY AT ANY TIME AND EACH REPORT IS INVESTIGATED AND RESOLVED WITH APPROPRIATE LEVELS OF MANAGEMENT.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTOR'S APPOINTS THE CONTROLLER TO RESEARCH OTHER NON PROFITS APPROXIMATELY THE SAME SIZE AND IN THE SAME INDUSTRY TO DETERMINE WHAT THEY PAY IN EXECUTIVE COMPENSATION. THE CONTROLLER REPORTS BACK TO THE BOARD AT A REGULARLY

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  
832211  
12-18-08

Schedule O (Form 990) 2008

**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

DISC VILLAGE, INC.Employer identification number  
59-1491338

SCHEDULED BOARD MEETING WITH HIS FINDINGS. THE BOARD THEN DETERMINES IF THE CEO IS BEING FAIRLY COMPENSATED BASED ON THE MARKET AND FACTORING THIS ALONG WITH THE CEO JOB PERFORMANCE DETERMINES HIS ANNUAL COMPENSATION.

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

FORM 990, PART XI, LINE 2C:

NO CHANGE FROM THE PRIOR YEAR.



## **Part III Identification of Related Organizations Taxable as a Partnership**

## Identification of Related Organizations Taxable as a Partnership

## **Part IV Identification of Related Organizations Taxable as a Cormorant or Trust**

**Part V Transactions With Related Organizations****Note.** Complete line 1 if any entity is listed in Parts II, III, or IV.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- l Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
	Q	618,231.
	R	447,500.
	Q	433,945.
	R	429,555.
(5)		
(6)		

Yes	No
1a	X
1b	X
1c	X
1d	X
1e	X
1f	X
1g	X
1h	X
1i	X
1j	X
1k	X
1l	X
1m	X
1n	X
1o	X
1p	X
1q	X
1r	X

## Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

*Reviewed  
by KPD*

DISC Village, Inc.  
Depreciation Calculation - Depreciation Sch  
COMP HARDWARE & SOFTWARE

*Posted by  
KPD  
7/15/13*

Calculation Date	Asset ID	Description	Cost or Basis	Life	Deprecia. Code	Accumulated Depreciation Amount	Amount
6/30/2009	0417	Opuplex GX270T - 4 Computers	4,558.32	60	SL	4,178.44	379.88
6/30/2009	0419	Dell Poweredge 2600	5,237.06	60	SL	4,626.06	611.00
6/30/2009	0422	Allied 12 PT 100 BTX Wdv CH	2,165.00	60	SL	1,804.17	360.83
6/30/2009	0423	Latitude X300 Notebook - Medicaid	1,977.28	60	SL	1,614.79	362.49
6/30/2009	0424	Xerox Phaser 8400 - SFI	1,590.00	60	SL	1,298.50	291.50
6/30/2009	0448	Acer Computers Wdv (14)	11,284.28	60	SL	7,334.79	2,256.86
6/30/2009	0450	Dell 370 Mini Tower	2,781.67	60	SL	1,993.52	556.33
6/30/2009	0451	Dell Poweredge 2800	6,547.36	60	SL	4,692.27	1,309.47
6/30/2009	0463	DELL 510 LAPTOP COMPUTER	2,172.67	36	SL	1,750.20	422.47
6/30/2009	0464	Dell - Latitude D420	1,809.05	36	SL	954.78	603.02
6/30/2009	0467	Dell - Latitude D620	1,583.58	36	SL	1,055.72	527.86
6/30/2009	0468	PC Surveillance System for JAC	2,499.00	60	SL	833.00	499.80
6/30/2009	0469	Printer for Live Scan System	2,095.00	60	SL	453.92	419.00
6/30/2009	0477	2 OptiPlex 745 Minitowers	2,009.10	36	SL	613.89	669.70
6/30/2009	0478	3 Dell Latitude D830 PC's	3,162.15	36	SL	878.38	1,054.05
6/30/2009	0479	1 OptiPlex 745 Minitower	1,382.25	36	SL	345.56	460.75
6/30/2009	0480	Dell Application Server-Quad Core Xeon	9,959.86	60	SL	1,161.98	1,991.97
6/30/2009	0487	LH905 - Norstar BCM400 system w/ (10) T7316 p	18,500.00	36	SL	0.00	4,111.11
6/30/2009	0488	Versadial Call Recording System	12,200.00	36	SL	0.00	2,711.11
6/30/2009	0489	LH905 - Call Reporting Server and 1200VA UPS	3,050.00	36	SL	0.00	677.78
6/30/2009	0490	LH905 - DELL LATITUDE D530	1,380.41	36	SL	0.00	306.76
6/30/2009	0491	LH905 - DELL LATITUDE D530	1,380.41	36	SL	0.00	306.76
6/30/2009	0492	LH905 - DELL LATITUDE D530	1,380.41	36	SL	0.00	306.76
6/30/2009	0493	LH905 - DELL LATITUDE D530	1,380.41	36	SL	0.00	306.76
6/30/2009	0494	LH905 - DELL LATITUDE D530	1,380.41	36	SL	0.00	306.76
6/30/2009	0495	LH905 - DELL LATITUDE D530	1,380.41	36	SL	0.00	306.76
6/30/2009	0496	LH905 - DELL LATITUDE D530	1,380.41	36	SL	0.00	306.76
6/30/2009	0497	LH905 - DELL LATITUDE D530	1,380.41	36	SL	0.00	306.76
6/30/2009	0498	LH905 - DELL LATITUDE D530	1,380.41	36	SL	0.00	306.76
6/30/2009	0499	LH905 - DELL LATITUDE D530	1,380.41	36	SL	0.00	306.76
6/30/2009	0500	LH905 - DELL LATITUDE D530	1,380.41	36	SL	0.00	306.76
6/30/2009	0501	LH905 - DELL LATITUDE D530	1,380.41	36	SL	0.00	306.76
6/30/2009	0502	LH905 - DELL LATITUDE D530	1,380.41	36	SL	0.00	306.76
6/30/2009	0503	LH905 - DELL LATITUDE D530	1,380.41	36	SL	0.00	306.76
6/30/2009	0504	LH905 - DELL LATITUDE D530	1,380.41	36	SL	0.00	306.76
6/30/2009	0505	LH905 - DELL LATITUDE D530	1,380.41	36	SL	0.00	306.76
6/30/2009	0506	LH905 - DELL LATITUDE D530	1,380.41	36	SL	0.00	306.76

**DISC Village, Inc.**  
**Depreciation Calculation - Depreciation Sch**  
**COMP HARDWARE & SOFTWARE**

Calculation Date	Asset ID	Description	Cost or Basis	Life	Deprecia. Code	Accumulated Depreciation Amount	Amount
6/30/2009	0507	LH905 - DELL LATITUDE D530	1,380.41	36	SL	0.00	306.76
6/30/2009	0508	LH905 - DELL LATITUDE D530	1,380.41	36	SL	0.00	306.76
6/30/2009	0509	LH905 - DELL LATITUDE D530	1,380.41	36	SL	0.00	306.76
6/30/2009	0510	1-GATM8 Module - E-Therapy LH905	1,060.00	36	SL	0.00	176.67

Total COMP  
HARDWARE &  
SOFTWARE

26,588.85

**DISC Village, Inc.**  
**Depreciation Calculation - Depreciation Sch**  
**FURN & EQUIP FACILITIES**

Calculation Date	Asset ID	Description	Cost or Basis	Life	Deprecia... Code	Accumulated Depreciation Amount	Amount
6/30/2009	0150	RENOVATIONS	11,097.46	300	SL	8,878.00	443.90
6/30/2009	0151	MISC EQUIP	4,105.43	300	SL	2,955.96	164.22
6/30/2009	0312	ALARM SYSTEM	3,312.24	120	SL	2,566.96	331.22
6/30/2009	0313	FIRE ALARM SYSTEM	10,500.00	120	SL	7,787.50	1,050.00
6/30/2009	0316	250KW GENERATOR	81,401.41	120	SL	60,372.71	8,140.14
6/30/2009	0351	Welding Equipment	2,542.18	84	SL	2,390.87	151.31
6/30/2009	0353	Security System 85 High Drive	1,990.00	84	SL	1,847.84	142.16
6/30/2009	0355	Rugs & Carpet	7,773.47	84	SL	7,033.17	740.30
6/30/2009	0357	Cushions for Couches - 10914 Recovery	922.50	84	SL	812.70	109.80
6/30/2009	0358	Office Furniture - 10914 Recovery	5,678.38	84	SL	4,934.80	743.58
6/30/2009	0371	Exam Table	1,503.94	84	SL	1,271.19	214.85
6/30/2009	0375	Generator	9,780.00	84	SL	8,033.56	1,397.14
6/30/2009	0378	Covered Tool Trailer	3,696.90	84	SL	2,948.72	528.13
6/30/2009	0381	Couch Cushions-5 Couchs	1,820.80	84	SL	1,278.88	260.11
6/30/2009	0382	Refrigerator	596.97	84	SL	469.04	85.28
6/30/2009	0384	Fax Machine	1,303.00	84	SL	1,008.26	186.14
6/30/2009	0390	GE REFRIGIRATOR	447.00	84	SL	340.59	63.86
6/30/2009	0395	Dump Trailer	7,980.00	84	SL	5,890.00	1,140.00
6/30/2009	0409	Tractor - Dual Trim Deck & Blades	3,832.64	84	SL	2,691.97	547.52
6/30/2009	0410	Nova Paint Sprayer	1,569.00	84	SL	952.60	224.14
6/30/2009	0411	Gutter Machine & Trailer	10,857.50	84	SL	6,592.05	1,551.07
6/30/2009	0415	Salvita Fire Alarm	4,749.00	84	SL	2,770.26	678.43
6/30/2009	0436	Champion Compressor	3,599.00	84	SL	1,970.87	514.14
6/30/2009	0437	200 Amp Wire Feed	1,599.00	84	SL	875.65	228.43
6/30/2009	0438	Car Lift 7223	1,799.00	84	SL	985.17	257.00
6/30/2009	0439	Paint Booth SDD 1000	7,499.00	84	SL	4,106.61	1,071.29
6/30/2009	0442	Camcorders AG-DVC30 (2)	4,300.10	60	SL	3,081.74	860.02
6/30/2009	0443	Dell 2300MP Projector	1,306.20	60	SL	870.80	261.24
6/30/2009	0444	Phone System Adult Services	6,747.00	84	SL	3,293.19	963.86
6/30/2009	0445	Plumbing Snake	1,489.19	84	SL	726.86	212.74
6/30/2009	0446	Sign WCHS	1,930.00	84	SL	919.03	275.71
6/30/2009	0447	Buffet Table/Sneeze Guard	1,466.00	84	SL	645.74	209.43
6/30/2009	0453	A.B. Dick Offset Press	37,076.90	120	SL	9,887.17	3,707.69
6/30/2009	0454	A.B. Dick Platesetter	8,338.71	120	SL	2,223.65	833.87
6/30/2009	0455	Programmable Cutter	7,925.25	120	SL	2,113.41	792.53
6/30/2009	0456	206 A Folder	3,425.41	120	SL	913.44	342.54
6/30/2009	0457	Bookletmaking System	13,432.79	120	SL	3,582.08	1,343.28
6/30/2009	0458	Spiral Binder Drill	4,630.56	120	SL	1,234.82	463.06
6/30/2009	0459	Risograph Digital Printer	11,587.98	120	SL	3,090.13	1,158.80
6/30/2009	0460	XEROX 8550DP PRINTER	1,149.00	120	SL	239.38	114.90
6/30/2009	0461	GRAPHIC WHIZARD NUMBERING MACHINE	5,995.00	120	SL	1,248.96	599.50
6/30/2009	0462	ECONOLINE PACKAGER	3,795.00	120	SL	790.63	379.50
6/30/2009	0465	Shredder MBM 2603	1,132.50	60	SL	358.63	226.50
6/30/2009	0466	Shelving for Records Management-DHS Worldwide	5,978.00	84	SL	1,565.67	854.00
6/30/2009	0470	4 TON Condenser Heat Pump	1,704.54	120	SL	340.90	170.45
6/30/2009	0471	Single Spindle Drill	2,449.00	120	SL	469.39	244.90
6/30/2009	0476	Steel Shelving	18,132.49	120	SL	3,173.19	1,813.25
6/30/2009	0481	Video Conferencing Equipment	25,912.35	120	SL	2,591.24	2,591.24
6/30/2009	0482	3 Ton Condenser Unit	1,339.43	120	SL	122.78	133.94
6/30/2009	0483	Cleantrack Carpet Extractor	1,997.00	120	SL	183.06	199.70
6/30/2009	0484	Color Printer - OKI C6100DTN	1,539.00	36	SL	427.50	513.00
6/30/2009	0485	Auto Attendant Voice Mail System	2,500.00	120	SL	125.00	250.00
6/30/2009	0486	Shredder - MBM4107	8,995.00	60	SL	899.50	1,799.00

DISC Village, Inc.  
Depreciation Calculation - Depreciation Sch  
FURN & EQUIP FACILITIES

Calculation Date	Asset ID	Description	Cost or Basis	Life	Deprecia... Code	Accumulated Depreciation Amount	Amount
Total FURN & EQUIP FACILITIES						42,278.81	

**DISC Village, Inc.**  
**Depreciation Calculation - Depreciation Sch**  
**FURN & EQUIP OFFICE**

**DISC Village, Inc.**  
**Depreciation Calculation - Depreciation Sch**  
**VEHICLES**

Calculation Date	Asset ID	Description	Cost or Basis	Life	Deprecia... Code	Accumulated Depreciation Amount	Amount
6/30/2009	0425	2004 Nissan Sentra White	14,267.85	60	SL	12,365.47	1,902.38
6/30/2009	0426	2004 Ford Freestar White	19,340.00	60	SL	16,439.00	2,901.00
6/30/2009	0428	2004 Ford Freestar	19,890.00	60	SL	15,912.00	3,978.00
6/30/2009	0429	2004 Ford Taurus	15,363.00	60	SL	12,034.35	3,072.60
6/30/2009	0431	2005 Ford Econoline	22,261.00	60	SL	16,695.75	4,452.20
6/30/2009	0432	1995 Ford Taurus	1,330.00	60	SL	975.33	266.00
6/30/2009	0452	2006 NISSAN SENTRA	13,900.00	60	SL	5,791.67	2,780.00
6/30/2009	LH905-1	Ford 08 E150 VIN# 1FMNE11W48DA58399 DCF	20,136.50	60	SL	0.00	2,684.87
6/30/2009	LH905-2	Ford 08 E150 VIN#1FMNE11W78DA58400 DCF	20,136.50	60	SL	0.00	2,684.87
6/30/2009	LH905-3	FORD FOCUS V#FAHP34N19W122615 OWNER DCF	14,409.24	60	SL	0.00	1,921.23
6/30/2009	LH905-4	2009 FORD FOCUS V#1FAHP34N09W111802 OWNER DCF	14,409.24	60	SL	0.00	1,921.23
						Total VEHICLES	28,564.38
							97,436.66

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  ►
- 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 III: Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

<b>Type or print</b>  File by the extended due date for filing the return. See instructions.	<b>Name of Exempt Organization</b>  <b>DISC VILLAGE, INC.</b>	<b>Employer identification number</b>  <b>59-1491338</b>
	<b>Number, street, and room or suite no. If a P.O. box, see instructions.</b>  <b>3333 WEST PENSACOLA ST., NO. 300</b>	<b>For IRS use only</b>
	<b>City, town or post office, state, and ZIP code. For a foreign address, see instructions.</b>  <b>TALLAHASSEE, FL 32304-2867</b>	

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

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

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

THE ORGANIZATION - 3333 WEST PENSACOLA ST. - NO. 300 -

**ADDITIONAL TIME NEEDED TO FILE A COMPLETE AND ACCURATE RETURN**

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
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	\$ <span style="float: right;">N/A</span>

## 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 ► mark morgan

Title ► *clea*

Date  2-9-10

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Form 8868 (Rev. 4-2009)

B23832  
05-28-09