

Outside Agency Funding Application
July 1, 2014 through June 30, 2015
APPLICATION DUE FRIDAY, JANUARY 24, 2014 AT 5:00PM

Agency Name: Florence Gray Soltys Adult Day Health Program
 (Operated by: Senior Care of Orange County; Inc.)

Street Address: 105 Meadowland Drive, Hillsborough, NC 27278

Mailing Address: P.O. Box 8181, Hillsborough, NC 27278

Website Address: www.soltysdayhealth.org

Executive Director: Alvonia Baldwin

Telephone: 919-245-2017 E-Mail: albaldwin@orangecountync.gov

Contact Person: Alvonia Baldwin

Telephone: 919-245-2017 E-Mail: albaldwin@orangecountync.gov

Fax: 919-245-2018 Federal ID Number: 56-2460614

Funding Source Summary – Briefly state how any awarded funds would be used.	Current Funding (FY13-14)	Requested Funding (FY14-15)
Orange County Government	** Note** \$25,000	** Note** \$25,000
Summary of intended use of funds: This is a continuation of the financial support provided to the Florence Gray Soltys Adult Day Health Program under the auspices of Senior Care of Orange County, Inc. This program originally started by the County Dept. on Aging as a major Master Aging Plan funded initiative. County funds are critical for the continuation of this one of a kind program that serves the severely frail elderly and adults with special needs in Orange County. (Providing scholarships, supplies needed for programming and additional supported growth of the program.) (The program has expanded as of February 4, 2009 as a partnership with the county to continue to work towards meeting the goals of the Master Aging Plan of Orange County.)		
Note* Note: Since 2011-2013, The Orange County amount has included up to \$25,000 in participant meal credits. The above is not a reflection of the meal credit amount. The in-kind donation is still needed for the meals. (\$50,000 include the meals)		
Town of Chapel Hill	\$	\$
Summary of intended use of funds:		
Town of Carrboro	\$	\$

Alan Bulon

Executive Director

1/22/14
Date

Mary Ann Peters

Board Chair

1/22/14
Date

Section I: Agency and Program Overview

1. Please provide a brief history of the agency– including mission, date of incorporation and years of operation.
 - a. Date of Incorporation: Senior Care of Orange, Inc. was incorporated in March, 2004 to take over the operation of the Central Orange Adult Day Health Program from the Department on Aging. The program began offering services on March 28, 2003 until present. This Adult Day Health Program has served over 198 participants and their caregivers. The County of Commissioners passed a resolution of a name change for the DBA to Florence Gray Soltys Adult Day Health Program on April 20, 2010.
 - b. Years in Operation: The Adult Day Health Program has been in operation for over 10 years.
 - c. Mission or Vision Statement (if applicable): The mission of Senior Care of Orange County, Inc. is to advocate, establish and operate programs that provide services to frail or disabled older adults to help remain in their homes with family as long as possible. The 65 plus and older adult is the fastest growing population segment and is increasingly becoming frail and disabled.

Brief History of Agency: The program expansion took place on February 4, 2009 as a partnership with the County to continue to work towards meeting the goals of the Master Aging Plan of Orange County.

PLEASE ANSWER QUESTIONS 2 THROUGH 7 BELOW REGARDING THE SPECIFIC PROGRAM(S) FOR WHICH THE AGENCY IS REQUESTING FUNDING (NOT FOR THE ENTIRE AGENCY). **IF MORE THAN ONE PROGRAM IS REQUESTING FUNDING, PLEASE IDENTIFY EACH BY LABELING, IE: PROGRAM 1, PROGRAM 2, ETC. UNDER EACH QUESTION.**

2. Describe the identified community need(s) the Program(s) funded will address.

The Florence Gray Soltys Adult Day Health Program is a therapeutic, health-focused program for adults and seniors that offer a variety of services in a home-like setting that is open from 7:30am to 5:30pm, Monday-Friday.

The relocation of the program, to a new and larger location in close relation with the County Department on Aging has enabled the program to better serve families and participants help a lot. The need for this program is growing rapidly as more seniors age in place with various diagnosis ranging from, but not limited to dementia, Parkinson's, strokes, and diabetes. The existing space is bright, open, and modern which encourages the opportunities for families to feel reassured of the care and safety that their loved one receives. From over a year, the

numbers enrolled has doubled since 2012. Currently the program is maintaining a monthly average of 24 participants per day, with a capacity for up to 29.

The Senior Care Board and the Executive Director continue to work toward building stronger relationships with the Veteran's Administration Community referral program, and establishing a partnership with the local Veterans Affairs Office. Discharge Planners at the local Hospitals are critical in and local primary physicians' offices are critical referral sources.

Additional In-kind support still remains from Carol Woods Retirement Community and a representative which serves on the Senior Care Board of Directors.

The Adult Health Program efforts continues to recruit participants from the Department of Social Services (Medicaid CAP/DA) and the Veteran's Administration which who will financially supports the participants with low incomes and to encourages them to utilize the Day Health Program as an alternative option to home care. The program continues to reapply for the Home Community Care Block Grant from Triangle J Council of Governments.

3. Describe any operational and/or financial changes being considered in the Program(s) to be funded for FY 2014-15.

Operations changes being considered:

- Ongoing improvement for offering benefits for full time and part time service staff to encourage employee retention. Currently only (3) staff has benefits of (vacation and sick time). Would like to offer regular part-time staff some benefits.
 - Establishing a large year end fund balance to cover fixed operational expenses when there is a quick and dramatic reduction in number of participants such as when death occurs or when participants or move to a higher level of institutional care.
 - Continued support with Carol Woods assistance to better manage the program's finances. (Assisting with some bookkeeping of payables and receivables using QuickBooks for the operating account.)
 - Continue to work toward building a stronger referral program with the Veteran's Administration, the local Veterans Affairs Office, and discharge planners at local hospitals.
4. Outline anticipated internal or external revenue sources, for the program. Indicate whether these are ongoing or new sources.
 - Increasing annual or sustained gift programs is another revenue source. We have established the Florence Gray Soltys Memorial Scholarship fund where individuals can donate throughout the year. The way we generate this fund is through newsletters, postings on our website, direct mail lists, e-mail lists, phone lists, etc.
 - Continue to seek in kind gifts and work diligently on fundraising, which will develop these funding sources into a long-term support of the programs.
 - We will also include one or more fundraising programs that generate sustainable gift support on an annual basis.

- Ongoing external revenue sources i.e. Eldercare Respite through the Department on Aging, Home Community Care Block Grant (HCCBG) and Veteran's Administration funds to help subsidize low income and veteran clients.
- Additional resources are funding through the State Employee Combined Campaign, The Strowd Roses Foundation, private donations and the Triangle Community Foundation. In addition, we continue to seek and receive, CAP/DA an affiliate of Medicaid and the Dept. of Social Services.

5. Give specific examples of your agency's coordinated/collaborative efforts with other outside agencies which accomplish or enhance the Projected Results in the Program(s) to be funded. (if possible, please bullet list)

- We have established a relationship with the Veterans' Administration (hospital based in Durham, NC). This continues to become a stronger referral base for us.
- We also work closely with the Department on Aging's Eldercare Respite Program
- Collaborate with NC Alzheimer's Association which is ongoing.
- Contract with a community based physical and occupational Therapy Company.
- We continue to seek volunteers throughout the community – often being met through our relationship with other human services agencies (i.e. Central Orange Senior Center and Seymour Center).
- We periodically work with interns in various human services fields provided through UNC Hospital (i.e. occupational therapy, social work, and nursing students.)
- We have a continued relationship with the Orange County Department of Social Services and the Health Department in monitoring our program for quality assurance.

6. How does your agency reach out to various ethnic and minority groups in the community to accomplish or enhance the results of the Program(s) to be funded?

The Florence Gray Soltys Adult Day Health Program markets through our local senior centers, through the Department on Aging Eldercare Services, community churches and synagogues, various media by press releases, Department of Social Services and other community agencies that serve ethnic, minority groups as well as low income citizens. Our program beneficiary characteristics chart indicates that the Adult Day Health Program has been very successful in reaching and actually serving minority groups. In FY 2013-14 minorities comprised 45% of participants compared to 19% minority for the targeted service population of older adults age 60+.

7. Place an "X" in the box that best describes the category of Program(s) to be funded (multiple selections are permitted).

Category	Youth	Adult	Older Adults	Persons with Disability
Education				
Health and Nutrition			X	
Job Training				
Sports and Arts Activities				
Pre-School Activities				
After-School Activities				
Mentoring				
Transportation				
Housing				
Other (Adult Day Care/Health Program)		X	X	X

Section II: Program Results

A. FY 2012-13 Programs and Outcomes

If the Program is ongoing, show the results for the previous year (FY 2012-13). If you did not meet Projected Program Result(s) provide an explanation in the designated space situated below the chart.

If more than one program is requesting funding, provide a separate chart for each program.

Stated Program Goals	Program Activities	Actual Results for FY 12-13	Evaluation Method
<i>Example: 80% of after-school attendees will not be re-suspended</i>	<i>Counselor meets with students, as the first contact, for students referred for minor infractions.</i>	<i>Out of 100 students participating in the program, 90 remained in good standing with the school system. 90% result (above goal)</i>	<i>School records were checked to verify that students had not been suspended.</i>
To prevent/prolong 80% of participants with health conditions from becoming institutionalized during a one-year period of time.	Counsel and meet with caregivers as needed, provide a plan of care quarterly along with health care monitoring.	The Program provided a daily average range of 22 - 24 participants each day with a safe, enriching health care program.	Participant records maintained to verify reasons for discharge from the program. (i.e. to nursing home, in-home care and deceased).

If program(s) did not meet its stated goal(s), please explain:

B. FY 2014-15 Programs and Anticipated Outcomes

If more than one program is requesting funding, provide a separate chart for each program. N/A

Stated Program Goals	Program Activities	Anticipated Results for FY 14-15	Evaluation Method
<i>Example: 80% of after-school attendees will not be re-suspended</i>	<i>Counselor meets with students, as the first contact, for students referred for minor infractions.</i>	<i>Out of 100 students participating in the program, 90 remained in good standing with the school system. 90% result (above goal)</i>	<i>School records were checked to verify that students had not been suspended.</i>

**Section III. Program Information
Program Budget Worksheet**

AGENCY NAME: Senior Care of Orange County, Inc.

	Actual 2012-13	Estimated 2013-14	Projected 2014-15	Percent Change
PROGRAM REVENUE				
Private Donations	\$ 3,706	\$ 2,100	\$ 2,100	0%
Program Generated Revenue (fees)	\$ 298,802	\$ 288,897	\$ 288,897	0%
Local Government Grants:				
Orange County	\$ 20,000	\$ 25,000	\$ 25,000	0%
Town of Chapel Hill	\$ 1,500	\$ 1,500	\$ 3,000	100%
Town of Carrboro	\$ -	\$ -	\$ 1,500	0
Other Local: _____				0
Other Local: _____				0
Other Local: _____				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants: _____				0
Other Grants: _____				0
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellaneous sources:				
_____ \$ -				
_____ \$ -				
_____ \$ -				
Total Program Revenue	\$ 324,008	\$ 317,497	\$ 320,497	1%
PROGRAM EXPENSES				
Compensation	\$ 263,113	\$ 272,954	\$ 272,954	0%
Rent & Utilities	\$ 781	\$ 1,561	\$ 1,561	0%
Supplies & Equipment	\$ 14,953	\$ 15,000	\$ 15,000	0%
Travel & Training	\$ 520	\$ 920	\$ 920	0%
Other Expenses:	\$ 24,525	\$ 27,000	\$ 27,000	0%
Please list 3 largest "Other Expenses":				
Insurance \$ 12,944.00				
Participant Snacks \$ 6,897.00				
Transportation \$ 2,361.00				
Total Program Expenses	\$ 303,892	\$ 317,435	\$ 317,435	0%
SURPLUS/(DEFICIT) FOR PERIOD:	\$ 20,116	\$ 62	\$ 3,062	4839%

Section IV: Program Statistics and Costs

If you are seeking funding for more than one Program, please submit separate form for each.

**Define one unit of service⁺: One Full Day of Adult Day Care and or Health service
(6 – 10 hours/day)**

Fiscal Year	Total Program Units	Total Program Units that Met Program Goals	Total Program Cost	Program Unit Cost ⁺⁺ = Total Program Cost ÷ Total Program Units that Met Goal
Actual FY12-13	6401	6401	303,892	47.47
Estimated FY13-14	6498	6401	317,435	48.85
Projected FY14-15	6498	6401	317,435	48.85

Defining a Unit of Service⁺

- In a brief statement, define one unit of service for each program
Example: A Homeless Shelter may define a unit of service as one bed night provided to a homeless individual at the shelter or the placement of an individual into a permanent residence.

Notes regarding Program Unit Cost⁺⁺

- Units of cost are units of activity. The most inexpensive unit cost may be the most expensive program.

Example: Agency X provides training to reduce violence at a cost of \$10 per student (total cost of training is \$5,000 with 500 students participating). Follow up reveals that 5 students adopt the program recommendations. The unit of results, then, is \$1,000 (\$5,000/5=\$1,000)

Agency Y provides similar training to 500 students at a cost of \$40 (total cost of training is \$20,000). Follow up reveals that 40 students adopt the program recommendations. The unit of result in this case is \$500 (\$20,000/40=\$500).

- Unit costs are not always what they seem.

Example: If a high school drop-out prevention program has students who participate 5 days a week for 16 weeks at a daily cost of \$150, the cost per student is \$12,000. If we know, though, that the program serves only 20 students at a time and that 5 out of every 20 students do not graduate, the cost per graduate is \$16,000 (total cost of \$240,000 for 16 weeks/15=\$16,000).

Section V: Program Beneficiary Demographics

If you are seeking funding for more than one Program, please submit a separate form for each. Please use **real numbers**, not percentages, for all units. Additional notes can be provided below the chart if needed.

PROGRAM BENEFICIARY DEMOGRAPHICS								
Program:								
<i>Client characteristics</i>	Actual 2012-13	Estimated 2013-14	Projected 2014-15	<i>Client characteristics</i>	Actual 2012-13	Estimated 2013-14	Projected 2014-15	
1. Gender				4. Geographic Location(s)				
	Male	35	42		Durham City	1	1	1
	Female	27	34		Durham County	5	6	6
2. Ethnicity				Raleigh City				
	African-American	25	31	Wake County	2	3	6	
	Caucasian	35	40	Town of Chapel Hill	10	12	12	
	Hispanic	1	3	Town of Carrboro	4	6	6	
	Other	1	2	Orange County	37	44	41	
3. Age				Other (specify) Alamance	3	4	4	
	0-5 Years							
	6-18 Years			Per cent of clients at, or below, federal poverty level				
	19-50 Years	5	4					
	51+ Years	51	72			62	76	
Unknown				TOTAL # OF CLIENTS SERVED			76	

**Section VI. Financial Data
Comparative Budget for Entire Agency**

AGENCY NAME: Senior Care of Orange County; Inc.

	Actual 2012-13	Estimated 2013-14	Projected 2014-15	Percent Change
AGENCY REVENUE				
Private Donations	\$ 3,706	\$ 2,100	\$ 2,100	0%
Agency Generated Revenue (fees)	\$ 298,802	\$ 288,897	\$ 288,897	0%
Local Government Grants:				
Orange County	\$ 20,000	\$ 25,000	\$ 25,000	0%
Town of Chapel Hill	\$ 1,500	\$ 1,500	\$ 3,000	100%
Town of Carrboro	\$ -	\$ -	\$ 1,500	0
Other Local: _____				0
Other Local: _____				0
Other Local: _____				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way				0
State Government				0
Federal Government				0
Other Grants: _____				0
Other Grants: _____				0
Miscellaneous/Other Revenue				0
Please list 3 largest Miscellaneous sources:				
_____ \$ -				
_____ \$ -				
_____ \$ -				
Total Agency Revenue	\$ 324,008	\$ 317,497	\$ 320,497	1%
AGENCY EXPENSES				
Compensation	\$ 263,113	\$ 272,954	\$ 272,954	0%
Rent & Utilities	\$ 781	\$ 1,561	\$ 1,561	0%
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Other Expenses:	\$ 24,525	\$ 27,000	\$ 27,000	0%
Please list 3 largest "Other Expenses":				
Insurance \$ 12,944.00				
Participant Snacks \$ 6,897.00				
Transportation \$ 2,361.00				
Total Agency Expenses	\$ 303,892	\$ 317,435	\$ 317,435	0%
SURPLUS/(DEFICIT) FOR PERIOD:	\$ 20,116	\$ 62	\$ 3,062	4839%

Section VII: Schedule of Positions

Please include all paid staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

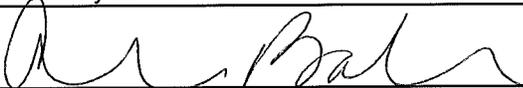
Agency Name: Senior Care of Orange County, Inc.

Position Titles * = Position Vacant	Full Time Equivalent**	Program Staff +	Actual 2012-13	Estimated 2013-14	Projected 2014-15	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
Program Director	1.00	1.0	64,888	64,888	64,888		n/a
Office Manager	.75	.75	n/a	28,000	28,000		n/a
Registered Nurses	1.00	1.0	32,026	38,000	38,000		n/a
Certified Nursing Assistants	3.50	3.50	81,050	81,050	81,050		n/a
Activity Coordinator	1.00	1.0	16,698	17,000	17,000		n/a
Social Worker	.50	.50	23,000	23,000	23,000		n/a
			\$223,938	\$251,938	\$251,938		

Notes:

- Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.
- ** Full time staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with program, if applicable. If applying for multiple programs, write the percentage followed by the program number in parentheses.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following: $\frac{\text{Total Volunteer Hours}}{1,960} = \text{Volunteer FTE}$

4. Expenditures		
Category		Dollar Amount
Personnel		228,601
Contracted Services		-
(a)Total Personnel/Contracted Services Costs:		\$ 228,601
Office Supplies & Materials		14,379
Service Related Supplies		-
(b)Total Supplies & Material Costs:		\$ 14,379
Travel		-
Communications & Postage		-
Utilities		-
Printing & Binding		-
Repair & Maintenance		-
Meeting/Conference Expense		-
Employee Training (no travel)		-
Classified Advertising		-
In-State Board Meeting Expenses		-
(c)Total Non-Fixed Operating Expense:		\$ -
Office Rent (Land, Buildings, etc.)		-
Furniture Rental		-
Equipment Rental (Phones, Computers, etc.)		780
Vehicle Rental		-
Dues & Subscriptions		-
Insurance & Bonding		12,944
Books/Library Reference Materials		-
Mortgage Principal, Interest and Bank Fees		-
(d)Total Fixed Charges & Other Expenses:		\$ 13,724
Buildings & Improvements		-
Leasehold Improvements		-
Furniture/Non-Computer Equip., \$500+ per item		-
Computer Equipment/Printers, \$500+ per item		-
Furniture/Equip., under \$500 per item		-
(e)Total Property & Equipment Outlay:		\$ -
Purchase of Services		-
Contracts with Service Providers		-
Stipends/Scholarships/Bonuses/Grants		-
(f)Total Services/Contracts:		\$ -
Food		
Other Expense (provide description here):	Description (Participant Snacks)	6,897
here):	Description (Transportation)	2,361
here):	Description (Payroll Taxes)	17,814
here):	Description	-
(g)Total Other Expenses:		\$ 27,072
Total Expenditures (Sum of subtotals a through g):		\$ 283,776
Unexpended cash balance (do NOT use with reimbursement grants)		
Beginning of the year cash balance		\$ -
End of the year cash balance		\$ 20,116


 Signature - Agency's Executive Director

1/22/14
 Date

Alvonia Baldwin
 Print Name

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning 07/01, 2011, and ending 06/30, 20 12

B Check if applicable: Address change Name change Initial return Terminated Amended return Application pending

C Name of organization SENIOR CARE OF ORANGE COUNTY INC
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) PO Box 8181 105 Meadowlands Drive Room/suite _____
 City or town, state or country, and ZIP + 4 Hillsborough, NC 27278

D Employer identification number 56-2460614

E Telephone number 919-245-2017

F Name and address of principal officer: Alvonia Baldwin
PO Box 8181, 105 Meadowlands Drive, Hillsborough, NC 27278

G Gross receipts \$ 280,768

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

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

J Website: ▶ _____

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: 2004 **M** State of legal domicile: NC

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>Senior Care of Orange County operates a licensed adult day health center that provides care to frail adults allowing them to remain at home rather than live in nursing homes. Center is licensed to care for 29 adults each day. Many participants pay on a deep sliding fee basis, if not covered by Medicaid or VA.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>9</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>9</u>
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<u>5</u>	<u>21</u>
	6	Total number of volunteers (estimate if necessary)	<u>6</u>	<u>12</u>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	<u>0</u>
b	Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>	<u>0</u>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	<u>Prior Year</u> 86,587	<u>Current Year</u> 54,531
	9	Program service revenue (Part VIII, line 2g)	199,028	225,791
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8	254
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	192
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	285,623	280,768
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)	202,222	215,189
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>0</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	48,377	34,420
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	250,599	249,609	
19	Revenue less expenses. Subtract line 18 from line 12	35,024	31,159	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	<u>Beginning of Current Year</u> 43,599	<u>End of Year</u> 73,707
	21	Total liabilities (Part X, line 26)	2,051	1,000
	22	Net assets or fund balances. Subtract line 21 from line 20	41,548	72,707

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer _____ Date _____
David Wilkerson, Treasurer
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check if self-employed PTIN _____
 Firm's name ▶ _____ Firm's EIN ▶ _____
 Firm's address ▶ _____ Phone no. _____

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

Senior Care of Orange County operates a licensed adult day health center that provides care to frail adults allowing them to remain at home rather than live in nursing homes. Center is licensed to care for 29 adults each day. Many participants pay on a deep sliding fee basis, if not covered by Medicaid or VA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 238,957 including grants of \$ 0) (Revenue \$ 280,588)

We provided adult day health services to 73 seniors that allowed them to remain living at home rather than moving to a nursing home.

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

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

4d Other program services (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses 238,957

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	✓	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		✓
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		✓
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? <i>If "Yes," complete Schedule D, Part IV</i>		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		✓
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		✓
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		✓
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		✓
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		✓

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O response

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a through 14b regarding Form 1096, Form W-2G, Form W-3, and various tax compliance issues.

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► NC
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Alvonnia Baldwin, (919)245-2017

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Jack Chestnut President	1	✓		✓				0	0	0
Gwen Harvey Director	1	✓						0	0	0
Karen McCall Director	1	✓						0	0	0
Janice Tyler Director	1	✓						0	0	0
David Wilkerson Treasurer	2	✓		✓				0	0	0
Jerry Passmore Director	1	✓						0	0	0
Ed Flowers Secretary	2	✓		✓				0	0	0
Mary Ann Peter Vice President	1	✓		✓				0	0	0
Elaine Holmes Director	1	✓						0	0	0
Alvonia Baldwin Program Director	40				✓	✓	66,359	0	0	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	49,741					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,790					
	g Noncash contributions included in lines 1a-1f: \$		0					
	h Total. Add lines 1a-1f ▶		54,531					
Program Service Revenue			Business Code					
	2a Veterans Administration		624120	113,749	113,749	0	0	
	b Resident Fees - Private Pay Sliding		624120	84,737	84,737	0	0	
	c Orange County Eldercare and DSS		624120	14,772	14,772	0	0	
	d CAP -DA		624120	11,608	11,608	0	0	
	e Orange Eldercare Respite		624120	843	843	0	0	
	f All other program service revenue .			82	82	0	0	
g Total. Add lines 2a-2f ▶			225,791					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			254	254	0	0	
	4 Income from investment of tax-exempt bond proceeds ▶			0	0	0	0	
	5 Royalties ▶			0	0	0	0	
	6a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)		0	0			
		d Net rental income or (loss) ▶						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less: cost or other basis and sales expenses						
		c Gain or (loss)		0	0			
		d Net gain or (loss) ▶						
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
		b Less: direct expenses	b					
		c Net income or (loss) from fundraising events . ▶						
	9a Gross income from gaming activities. See Part IV, line 19	a						
		b Less: direct expenses	b					
		c Net income or (loss) from gaming activities . . ▶						
	10a Gross sales of inventory, less returns and allowances	a						
		b Less: cost of goods sold	b					
		c Net income or (loss) from sales of inventory . . ▶						
Miscellaneous Revenue		Business Code						
11a _____								
b _____								
c _____								
d All other revenue			192	192	0	0		
e Total. Add lines 11a-11d ▶			192					
12 Total revenue. See instructions. ▶			280,768	226,237	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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22 . . .				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . .				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	71,824	71,824	0	0
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	123,967	123,967	0	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	19,398	19,398	0	0
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting	2,201	0	2,201	0
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	13,126	11,355	1,771	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	1,953	1,953		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	6,288	0	6,288	0
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	Participant Meals and Snacks	10,006	10,006	0	0
b	Recreational Outings	454	454	0	0
c	Miscellaneous	392	0	392	0
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	249,609	238,957	10,652	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	33,835	1	64,033
	2 Savings and temporary cash investments	9,764	2	9,674
	3 Pledges and grants receivable, net	0	3	
	4 Accounts receivable, net	0	4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0	6	
	7 Notes and loans receivable, net	0	7	
	8 Inventories for sale or use	0	8	
	9 Prepaid expenses and deferred charges	0	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	0	10c
	11 Investments—publicly traded securities	0	11	
	12 Investments—other securities. See Part IV, line 11	0	12	
	13 Investments—program-related. See Part IV, line 11	0	13	
	14 Intangible assets	0	14	
	15 Other assets. See Part IV, line 11	0	15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	43,599	16	73,707	
Liabilities	17 Accounts payable and accrued expenses	0	17	0
	18 Grants payable	1,000	18	1,000
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	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	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	1,051	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	2,051	26	1,000
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	41,548	27	72,707
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	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	41,548	33	72,707
34 Total liabilities and net assets/fund balances	43,599	34	73,707	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	280,768
2	Total expenses (must equal Part IX, column (A), line 25)	2	249,609
3	Revenue less expenses. Subtract line 2 from line 1	3	31,159
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	41,548
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	72,707

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2011

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
SENIOR CARE OF ORANGE COUNTY INC

Employer identification number
56-2460614

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
 - e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

(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	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	75,715	87,408	88,525	86,587	54,531	392,766
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	56,022	83,105	154,986	199,028	225,983	719,124
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	131,737	170,513	243,511	285,615	280,514	1,111,890
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	5,000	2,260	595	5,375	765	13,995
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0	0	0
c Add lines 7a and 7b	5,000	2,260	595	5,375	765	13,995
8 Public support (Subtract line 7c from line 6.)						1,097,895

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	131,737	170,513	243,511	285,615	280,514	1,111,890
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			164	8	254	426
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	0	0	164	8	254	426
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	131,737	170,513	243,675	285,623	280,768	1,112,316
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	98.7 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	98.44 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	0.04 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	0.02 %
19a 33 1/3% support tests—2011. 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 <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2010. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization SENIOR CARE OF ORANGE COUNTY INC	Employer identification number 56-2460614
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Form 990, Part VI, Section A, Line 7a - Orange County, North Carolina appoints 2 members of the Board. UNC Hospitals appoints 1 member. Carol Woods Retirement Community appoints one member.

Form 990, Part VI, Section B, Line 11b - Because of the lateness of the filing, no review was conducted. A review will be conducted post-filing.

Form 990, Part VI, Section C, Line 19 - No documents available to the public.

Reasonable Cause Explanations

Explanation

Our volunteer treasurer, preparing 990s for the first time, misjudged the amount of time the process would take. As a result of this process, we will have our financials reviewed and our return prepared by an independent accountant beginning with our 2012 fiscal year filing.

Schedule of Contributors

2011

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

Name of the organization SENIOR CARE OF ORANGE COUNTY INC	Employer identification number 56-2460614
---	---

Organization type (check one):

- | | |
|--------------------|---|
| Filers of: | Section: |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation |

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

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

General Rule

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

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

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

Name of organization SENIOR CARE OF ORANGE COUNTY INC	Employer identification number 56-2460614
---	---

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Orange County Government ----- 200 South Cameron St PO Box 8181 ----- Hillsborough, NC 27278 -----	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Triangle J Council of Governments ----- 4307 Emperor Blvd Suite 110 ----- Durham, NC 27703 -----	\$ 34,741	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SENIOR CARE OF ORANGE COUNTY INC	Employer identification number 56-2460614
---	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization SENIOR CARE OF ORANGE COUNTY INC	Employer identification number 56-2460614
--	--

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	

*Florence Gray Soltys adult day health program
Senior Care of orange County, Inc.
105 Meadowland Drive
P.O. Box 8181
Hillsborough, North Carolina 27278*

*Mary Ann Peter, President
John Hammond, Vice President
David Wilkerson, Treasurer
Elaine Holmes, Secretary*

Tel. (919) 245-2017

January 16, 2014

Re: Requested Supplemental Funding Information

On behalf of **The Florence Gray Soltys Adult Day Health Program**, operated by the Senior Care of Orange County, Inc., Please note that we are in the process of having an audit of our organizations finances. A financial review of our organization occurs at every board meeting with a monthly income statement and balance sheet review. This being a cash-based system, it is accounted and updated through Quicken and Quick books. (2014-15 preparing to merge to one accounting system). Internal controls are processed through the Treasurer and Director. Information is then reviewed with board members and is incorporated in with the minutes. On an average, twenty-five checks and eight deposits are made per month. The 990 is prepared by the Treasurer on an annual basis and submitted to the IRS.

- The Most recent 990 is our 2011. The Treasurer has requested another extension which will be completed in 2014.
- Our Charitable Solicitation License (Lic# SL006544) is pending completion on our (2012) 990.
- EIN 56-2460614
- County 3-R fee: The Florence Gray Soltys Adult Day Health Program leases space in a county facility and the 3-R fee is paid through the Department on Aging.

If additional information is needed, please contact me at 919-245-2017.

Thank you,



Alvon Baldwin, Director



EVANSTON INSURANCE COMPANY

Policy No. SM-895158
Prev. No. SM-888119
Prod. No. CN200

DECLARATIONS – SPECIFIED MEDICAL PROFESSIONS PROFESSIONAL LIABILITY INSURANCE – CLAIMS MADE COVERAGE

SPECIFIED MEDICAL PROFESSIONS GENERAL LIABILITY (INCLUDING PRODUCTS AND COMPLETED OPERATIONS LIABILITY) INSURANCE - CLAIMS MADE COVERAGE

Claims Made Coverage: The coverage afforded by this policy is limited to liability for only those Claims that are first made against the Insured during the Policy Period or the Extended Reporting Period, if exercised.

Notice: This is a duty to defend policy. Additionally, this policy contains provisions that reduce the limits of liability stated in the policy by the costs of legal defense and permit legal defense costs to be applied against the deductible, unless the policy is amended by endorsement. Please read the policy carefully.

1. **NAMED INSURED:** Senior Care of Orange County, Inc.
2. **BUSINESS ADDRESS:**
105 Meadowland Dr.
Hillsborough, NC 27278
3. **POLICY PERIOD:** From July 13, 2013 to July 13, 2014
12:01 A.M. Standard Time at address of Insured stated above
4. **PROFESSIONAL SERVICES:**
Adult Day Care
5. **SPECIFIED PRODUCTS, GOODS, OPERATIONS AND PREMISES COVERED:**
Adult Day Care Services; all related premises and operations of the Insured
6. **LIMITS OF LIABILITY:**
 - I. For Professional Liability:
 - A. Each Claim: \$ 1,000,000
 - B. Aggregate: \$ 3,000,000
 - II. For General Liability:
 - A. For Coverage A. (Bodily Injury and Property Damage Liability):
 - (i) Each Occurrence: \$ 1,000,000
 - (ii) Damage to Premises – Any One Premises: \$ 50,000
 - B. For Coverage B. (Personal Injury and Advertising Injury Liability):
 - (i) Each Person or Organization: \$ 1,000,000
 - C. For Coverage C. (Medical Payments):
 - (i) Each Injured Person: \$ 5,000
 - D. Aggregate – All Coverages: \$ 3,000,000

SECTION III
BUSINESS AUTOMOBILE COVERAGE
CONTRACT DECLARATIONS

Participant **SENIOR CARE OF ORANGE CO., INC.**

Contract Number **LP-SE-525-13**

Contract Period **July 1, 2013 to July 1, 2014**

Effective Time **12:01 A.M., Eastern Daylight Time**

SCHEDULE OF COVERAGES AND COVERED AUTOMOBILES		
COVERAGE	COVERED AUTOMOBILES	LIMIT (per accident)
Automobile Liability	Any Covered Automobile	\$2,000,000
Out of State No-Fault	Any Covered Automobile	State Law Minimum
Comprehensive and Collision	Automobiles shown on schedule of vehicles to include Automobile Physical Damage coverage	Actual Cash Value of Vehicle unless otherwise indicated
Comprehensive and Collision	Fire Trucks, Ambulances and other Specialized Vehicles where a Replacment Cost value is shown on the Schedule of Vehicles	\$0
Uninsured/Underinsured Motorist Coverage	Any Covered Automobile	\$1,000,000 (see endorsement)

DEDUCTIBLES	
Automobile Liability	\$0
Out of State No-Fault	\$1,000
Comprehensive and Collision	\$1,000

SECTION I
PROPERTY & INLAND MARINE COVERAGE
CONTRACT DECLARATIONS

Participant **SENIOR CARE OF ORANGE CO., INC.**

Contract Number **LP-SE-525-13**

Contract Period **July 1, 2013 to July 1, 2014**

Effective Time **12:01 A.M., Eastern Daylight Time**

SCHEDULE OF PROPERTY AND INLAND MARINE LIMITS	
Real and Personal Property coverage: Blanket Limit	\$8,000
Inland Marine coverage: Blanket Limit (including, but not limited to: Mobile equipment, voting machines, mobile radios, telephone equipment, communications towers, landfill equipment, and miscellaneous equipment.	\$0
Dogs or Horses: Declared and Schedule values)	\$0

DEDUCTIBLES	
Real and Personal Property per Occurrence	\$1,000
Inland Marine per Occurrence	\$1,000
Flood per Occurrence	\$25,000
Earthquake per Occurrence	\$25,000
Terrorism per Occurrence	\$10,000
Mold per Occurrence	\$10,000
2% Wind Deductible	NO

The following conditions apply to certain property and inland marine:
Any building over \$1,000,000 in value and over fifty (50) years old requires an appraisal if replacement cost is to apply. Otherwise, coverage shall be made on an actual cash value basis.

With regard to Law Enforcement Dogs & Horses values must be declared for coverage to apply.

If a new exposure is acquired by the Participant/Member during the year, such new exposure must be reported for coverage to apply. This applies to exposures for which a limit is not already shown on this Property and Inland Marine Contract Declarations page of automatically covered in the Property Coverage document.

Any single item of Fine Arts valued over \$250,000 must be scheduled and have a recent appraisal.

Coverage Extensions

Senior Care of Orange County, Inc.
Board of Directors
July, 2013 through June, 2014

1. Jack Chestnut, Retired
Director of Community Contacts/Special Projects
Carol Woods Retirement Community
4303 Hope Valley Drive
Hillsborough, N.C. 27278
H – (919) 732-1242
Email: jackchestnut@aol.com
(At-Large Representative, Term ending June 30, 2015)

2. Jerry M. Passmore, Retired Director
Orange County Department on Aging
623 Copperline Drive
Chapel Hill, N.C. 27516
H - (919) 933-8220
Cell – (919) 423-1555
Home Email: jerrypassmore@aol.com
(At-Large Representative – Term ending June 30, 2015)

3. Mary Ann Peter, **President**
PhD, Retired UNC School of Nursing
118 W. Tryon Street
Hillsborough, NC 27278
H- (919) 732-6073
Email: maryannpeter@earthlink.net
(At-Large Representative – Term ending June 30, 2014)

4. David Wilkerson, **Treasurer**
Vice-President of Operations, Carol Woods Retirement Community
750 Weaver Dairy Road
Chapel Hill, NC 27514
W- (919) 918-3321
Email: dwickerson@carolwoods.org
(Carol Woods Representative – No ending term)

5. Elaine Holmes, **Secretary**
Retired County Human Resources Director
824 Providence Glen Dr.
Chapel Hill, N.C. 27514
H – (919) 929-1246
Email: eholmes18@nc.rr.com
(At-Large Representative – Term ending June 30, 2015)

6. Janice Tyler, Department on Aging Director
Orange County Department on Aging
Robert and Pearl Seymour Center
1551 Homestead Road
Chapel Hill, NC 27516
W-(919) 968-2071
Fax ((1) 968-2093
Email: jtyler@co.orange.nc.us
(County Dept. on Aging Representative – No ending term)
7. Joe Crews, Retired Owner/Operator
McDonald's Restaurants
5717 Country Lane Drive
Durham, N.C. 27705
H – (919) 383-9389
Cell – (919) 818-5863
Email: crewserjoe@aol.com
(At-Large Representative – Term ending June 30, 2015)
8. Karen Daniel
2328 Bane Road
Efland, N.C. 27243
Hm – (919) 732-9478
Cell –(919) 201-1347
Email: karenbaird@hotmail.com
(At-Large Representative – Term ending June 30, 2015)
9. Tom Maltais, Assistant Director, External Affairs
UNC Health Care
1101 Weaver Dairy Road, Suite 100
Chapel Hill, N.C. 27514
W- (919) 966-0257
Fax (919) 966-3850
Cell (919) 370-1621
Email: tmaltais@unch.unc.edu
(UNC Hospitals Representative – No ending term)
10. John Hammond, **Vice-President**
114 Essex Drive
Chapel Hill, N.C. 27514
Cell (919) 210-5250
Email: djcat@mindspring.com
(At-Large Representative – Term ending June 30, 2014)

11. VACANT
(At-Large Representative – Term ending June 30, 2015)
12. VACANT
(At-Large Representative – Term ending June 30, 2015)
13. VACANT
(At-Large Representative, Term ending June 30, 2015)

Senior Care Staff and Consultant Resources:

Alvonia Baldwin, Program Director
Florence Soltys Adult Day Health Prog.
105 Meadowland Drive
Hillsborough, N.C. 27278
W- (919) 245-2024
Cell- (919) 585-3425
Fax – (919) 245-2018
Main- (919) 245-2017

Kathie Kearns, Fin. Administrator
Orange County Dept. on Aging
2551 Homestead Road
Chapel Hill, N.C 27516
W- (919) 968-2076
Fax (919) 968-2093
Email: kkearns@co.orange.nc.us

Steve Lackey, Attorney
410 Airport Road
Chapel Hill, N.C. 27514
W – (919) 929-0323
Email: steve_lackey@excite.com

Dr. George Sheldon, Emeritus
UNC School of Medicine
709 Greenwood Road
Chapel Hill, NC 27514
H- (919) 967-4066
Email: gsheldon@med.unc.edu

Ken Reeb, Treasurer
Vice President of Finance & Planning
Carol Wood Retirement Community
750 Weaver Dairy Road
Chapel Hill, N.C. 27514
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