

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).

OMB No. 1545-0047

2004

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 2004 calendar year, or tax year beginning 7/1/2004, and ending 6/30/2005

B Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

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

C Name of organization

Senior Citizens Inc

Number and street (or P.O. box if mail is not delivered to street address)

174 Rains Avenue

City or town

Nashville

State or country

TN

Room/suite

ZIP + 4

37203

D Employer identification number

62-0566419

E Telephone number

(615) 743-3400

F Accounting method: ☐ Cash ☒ Accrual☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) If "Yes," enter number of affiliates ▶ ☐ Yes ☐ NoH(c) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list. See instructions.)H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

G Website: ▶ scitn.org

J Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.M Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 3,797,827

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

1	Contributions, gifts, grants, and similar amounts received:			
a	Direct public support	1a	1,099,533	
b	Indirect public support	1b	613,816	
c	Government contributions (grants)	1c	831,389	
d	Total (add lines 1a through 1c) (cash \$ 2,544,738 noncash \$ 0)	1d	2,544,738	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	519,670	
3	Membership dues and assessments	3	126,023	
4	Interest on savings and temporary cash investments	4	103,231	
5	Dividends and interest from securities	5	0	
6a	Gross rents	6a		
b	Less: rental expenses	6b		
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	0	
7	Other investment income (describe ▶ Unrealized gains)	7	15,568	
8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
		0	500	
b	Less: cost or other basis and sales expenses	0	0	
c	Gain or (loss) (attach schedule)	0	500	
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	500	
9	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ <input type="checkbox"/>			
a	Gross revenue (not including \$ 1,099,533 of contributions reported on line 1a)	9a	488,097	
b	Less: direct expenses other than fundraising expenses	9b	126,782	
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	361,315	
10a	Gross sales of inventory, less returns and allowances	10a		
b	Less: cost of goods sold	10b		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	0	
11	Other revenue (from Part VII, line 103)	11	0	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	3,671,045	
13	Program services (from line 44, column (B))	13	3,177,883	
14	Management and general (from line 44, column (C))	14	680,843	
15	Fundraising (from line 44, column (D))	15	258,853	
16	Payments to affiliates (attach schedule)	16	0	
17	Total expenses (add lines 16 and 44, column (A))	17	4,117,579	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	-446,534	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	13,197,063	
20	Other changes in net assets or fund balances (attach explanation)	20	0	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	12,750,529	

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ <u>93,042</u> noncash \$ <u>0</u>)	22	93,042	93,042	
23	Specific assistance to individuals (attach schedule)	23	281,725	281,725	
24	Benefits paid to or for members (attach schedule)	24	0		
25	Compensation of officers, directors, etc.	25	211,205	211,205	
26	Other salaries and wages	26	1,620,233	1,285,873	198,944
27	Pension plan contributions	27	91,777	36,227	50,564
28	Other employee benefits	28	293,723	219,674	56,379
29	Payroll taxes	29	138,409	95,341	32,910
30	Professional fundraising fees	30	0		
31	Accounting fees	31	0		
32	Legal fees	32	0		
33	Supplies	33	169,438	157,390	6,838
34	Telephone	34	60,494	52,936	5,774
35	Postage and shipping	35	47,386	18,635	13,349
36	Occupancy	36	325,298	299,475	17,621
37	Equipment rental and maintenance	37	17,008	15,358	1,282
38	Printing and publications	38	62,877	15,774	32,691
39	Travel	39	85,344	81,111	3,849
40	Conferences, conventions, and meetings	40	14,839	8,459	5,005
41	Interest	41	0		
42	Depreciation, depletion, etc. (attach schedule)	42	379,044	379,044	
43	Other expenses not covered above (itemize): a Fees	43a	192,687	119,627	35,639
	b Dues	43b	18,102	6,897	5,891
	c Recognition	43c	12,554	9,746	2,155
	d Other	43d	2,394	1,549	747
	e	43e	0		
	f	43f	0		
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	4,117,579	3,177,883	680,843

Joint Costs. Check ☒ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ NoIf "Yes," enter (i) the aggregate amount of these joint costs \$ 0; (ii) the amount allocated to Program services \$;(iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$ **Part III Statement of Program Service Accomplishments** (See page 25 of the instructions.)What is the organization's primary exempt purpose? ☒ Operate senior citizen centers

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a Senior Citizen Centers: Operate six senior citizen centers providing recreational and educational activities and nutrition services to over 1,000 participants.	
(Grants and allocations \$ <u>93,042</u>)	1,693,757
b Living at Home: Provide services to enable senior adults to continue living at home including food services to over 1,000 adults.	
(Grants and allocations \$ <u> </u>)	767,250
c Foster Grand Parents Program: Match senior adults with disabled children with approximately 75 participants.	
(Grants and allocations \$ <u> </u>)	306,183
d Retired Senior Volunteer Program: Match senior adults to community activities. Approximately 48,000 volunteer hours provided.	
(Grants and allocations \$ <u> </u>)	198,090
e Other program services (attach schedule)	(Grants and allocations \$ <u> </u>)
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	3,177,883

Part IV Balance Sheets (See page 25 of the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	523,582	45	286,066
	46 Savings and temporary cash investments	291,827	46	395,696
	47 a Accounts receivable 47a 142,927			
	b Less: allowance for doubtful accounts . . . 47b 0	132,589	47c	142,927
	48 a Pledges receivable 48a 702,247			
	b Less: allowance for doubtful accounts . . . 48b 102,740	877,246	48c	599,507
	49 Grants receivable 49			
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) 50	0		0
	51 a Other notes and loans receivable (attach schedule) 51a 0			
	b Less: allowance for doubtful accounts . . . 51b 0	0	51c	0
	52 Inventories for sale or use 52			
	53 Prepaid expenses and deferred charges 53 18,819			9,600
	54 Investments—securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV 54 1,596,641			1,903,095
	55 a Investments—land, buildings, and equipment: basis 55a 0			
	b Less: accumulated depreciation (attach schedule) 55b 0	0	55c	0
56 Investments—other (attach schedule) 56	0		0	
57 a Land, buildings, and equipment: basis . . . 57a 12,284,790				
b Less: accumulated depreciation (attach schedule) 57b 2,692,471	9,891,835	57c	9,592,319	
58 Other assets (describe <input type="checkbox"/> See attached worksheet) 58	200,287		193,076	
59 Total assets (add lines 45 through 58) (must equal line 74) 59	13,532,826		13,122,286	
Liabilities	60 Accounts payable and accrued expenses 60	280,662		320,141
	61 Grants payable 61			
	62 Deferred revenue 62	21,760		15,756
	63 Loans from officers, directors, trustees, and key employees (attach schedule) 63	0		0
	64 a Tax-exempt bond liabilities (attach schedule) 64a	0		0
	b Mortgages and other notes payable (attach schedule) 64b	0		0
	65 Other liabilities (describe <input type="checkbox"/> Conservator trust funds liability) 65	33,341		35,860
66 Total liabilities (add lines 60 through 65) 66	335,763		371,757	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted 67	10,175,955		9,771,815
	68 Temporarily restricted 68	3,021,108		2,978,714
	69 Permanently restricted 69			
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds 70			
	71 Paid-in or capital surplus, or land, building, and equipment fund 71			
	72 Retained earnings, endowment, accumulated income, or other funds 72			
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) 73	13,197,063		12,750,529	
74 Total liabilities and net assets / fund balances (add lines 66 and 73) 74	13,532,826		13,122,286	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements . . . ▶	a	3,992,594
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$	121,113	
(3)	Recoveries of prior year grants \$		
(4)	Other (specify):		
	Spec events \$	126,782	
	Knowles Trust \$	73,654	
	Add amounts on lines (1) through (4) ▶	b	321,549
c	Line a minus line b ▶	c	3,671,045
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
 \$		
 \$		
	Add amounts on lines (1) and (2) . . ▶	d	0
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	3,671,045

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements . . . ▶	a	4,365,474
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities . . . \$	121,113	
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify):		
	Spec events \$	126,782	
 \$		
	Add amounts on lines (1) through (4) ▶	b	247,895
c	Line a minus line b ▶	c	4,117,579
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
 \$		
 \$		
	Add amounts on lines (1) and (2) . . ▶	d	0
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	4,117,579

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name Janet Jernigan Str 174 Rains Ave City Nashville ST TN ZIP 37203	Title Executive Director Hr/WK 40	85,620	3,425	0
Name Fran Mezzafero Str 174 Rains Ave City Nashville ST TN ZIP 37203	Title Assist Exec Director Hr/WK 40	63,111	2,524	0
Name Doug Swann Str 174 Rains Ave City Nashville ST TN ZIP 37203	Title CFO Hr/WK 40	62,474	2,499	0
Name Board Members ar Str See listing City ST ZIP	Title See listing Hr/WK 1	0	0	0
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ☐ Yes ☒ No
If "Yes," attach schedule—see page 28 of the instructions.

Part VI Other Information (See page 28 of the instructions.)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b If "Yes," enter the name of the organization Knowles Trust Fund and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a Enter direct and indirect political expenditures. See line 81 instructions 81a 0		
b Did the organization file Form 1120-POL for this year?	81b	X
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b 121,113		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	
c Dues, assessments, and similar amounts from members 85c		
d Section 162(e) lobbying and political expenditures 85d		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e		
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f 0		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a		
b Gross receipts, included on line 12, for public use of club facilities 86b		
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b		
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0 ; section 4912 0 ; section 4955 0		
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0		
d Enter: Amount of tax on line 89c, above, reimbursed by the organization 0		
90 a List the states with which a copy of this return is filed TN		
b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.) 90b 76		
91 The books are in care of Name Doug Swann Telephone no. (615) 743-3400 Located at 174 Rains Avenue City Nashville ST TN ZIP + 4 37203		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A		

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

		Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93	Program service revenue:					
a	Rental income					65,607
b	Newspaper					63,330
c	Program fees					390,733
d						
e						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					
94	Membership dues and assessments					126,023
95	Interest on savings and temporary cash investments			14	103,231	
96	Dividends and interest from securities					
97	Net rental income or (loss) from real estate:					
a	debt-financed property					
b	not debt-financed property					
98	Net rental income or (loss) from personal property					
99	Other investment income			14	15,568	
100	Gain or (loss) from sales of assets other than inventory			19	500	
101	Net income or (loss) from special events					361,315
102	Gross profit or (loss) from sales of inventory					
103	Other revenue: a					
b						
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E))		0		119,299	1,007,008
105	Total (add line 104, columns (B), (D), and (E))					1,126,307

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93a	Rent from agencies supporting this agency's activities
93b	Newspaper essential to communicate agency activities to participants
93c	Fees essential to allow agency to provide services not covered by public support
101	Special events revenue essential to allow agency to provide services not covered by public support

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)


(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please 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 Doug Swann		Date CFO	
Paid Preparer's Use Only	Preparer's signature 	Date 10/25/2005	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W) 269-52-8534
	Firm's name (or yours if self-employed), address, and ZIP + 4 Joe Osterfeld CPA PO Box 807, Columbia, TN 38402-0807	EIN 62-1763210	Phone no 931-388-7144	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No. 1545-0047

2004

▶ **MUST** be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization

Senior Citizens Inc

Employer identification number

62-0566419

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name Rebecca M Perry Str 174 Rains Avenue City Nashville ST TN Zip 37203 Country	Title Devel Director Avg hr/wk 40	52,854	2,114	0
Name Donna P Clark Str 174 Rains Avenue City Nashville ST TN Zip 37203 Country	Title Commun Director Avg hr/wk 40	52,422	2,097	0
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Total number of other employees paid over \$50,000 ▶	None			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Name None Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Total number of others receiving over \$50,000 for professional services ▶	None	

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V Form 990	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **►** _____ City _____ ST _____ Country _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,835,080	4,807,040	3,365,751	4,781,962	15,789,833
16 Membership fees received	122,228	107,328	101,217	94,697	425,470
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	477,790	448,570	454,017	390,408	1,770,785
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	114,099	42,210	93,650	136,197	386,156
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	3,549,197	5,405,148	4,014,635	5,403,264	18,372,244
24 Line 23 minus line 17	3,071,407	4,956,578	3,560,618	5,012,856	16,601,459
25 Enter 1% of line 23	35,492	54,051	40,146	54,033	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					332,029
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					
c Total support for section 509(a)(1) test: Enter line 24, column (e)					16,601,459
d Add: Amounts from column (e) for lines:					
18 386,156 19 0					
22 0 26b 0					386,156
e Public support (line 26c minus line 26d total)					16,215,303
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					97.67%
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:					
(2003) (2002) (2001) (2000)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:					
(2003) (2002) (2001) (2000)					
c Add: Amounts from column (e) for lines:					
15 0 16 0					
17 0 20 0 21 0					0
d Add: Line 27a total and line 27b total					0
e Public support (line 27c total minus line 27d total)					0
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					0
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					0.00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					0.00%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31	
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)Check **a** ☐ if the organization belongs to an affiliated group.Check **b** ☐ if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	0 0
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0 0
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	If the amount on line 40 is—		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is—		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	0 0
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0 0
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0 0

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 11 of the instructions.)

		Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ►		(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45	Lobbying nontaxable amount					0
46	Lobbying ceiling amount (150% of line 45(e))					0
47	Total lobbying expenditures					0
48	Grassroots nontaxable amount					0
49	Grassroots ceiling amount (150% of line 48(e))					0
50	Grassroots lobbying expenditures					0

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Line 1a (990) - Direct public support

1	Contributions	1	1,099,533
2	Non Cash Contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 9 - Special Events)	6	0
7	-----	7	
8	-----	8	
9	-----	9	
10	Total	10	1,099,533

Line 8 (990) - Gain/loss from sale of assets other than inventory

Totals:										Gross sales	Cost, other basis and expenses
Public Securities										0	0
Non-Public Securities										0	0
Other sales										500	0

Index	Description	Check if gain/loss is from sale of public securities	Check if gain/loss is from sale of non public securities	Check if purchaser is a business	Purchaser	Date acquired	Acquisition method	Date sold	Gross sales price	Cost or other basis (Enter one field only)		Expense of sale and cost of improvements	Depreciation
										Cost	Donated value		
1	Minor equipment				private individuals	various	purchase	various	500	0			
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													

To add more lines to this schedule, press CTRL+Q.

Line 9 (990) - Special events and activities

	Event A	Event B	Event C	All others	Totals
1 Special event name	Crown Ball	Star Spangled Salute	Barbeque	Whistle Stop Golden Follies	
1a Number of special events	1	1	1	4	
2 Gross receipts	154,468	43,424	68,115	222,090	2 488,097
3 Less contributions					3 0
4 Gross revenue	154,468	43,424	68,115	222,090	4 488,097
5 Less direct expenses	24,245	17,818	10,771	73,948	5 126,782
6 Net income or (loss)	130,223	25,606	57,344	148,142	6 361,315

Check box if grantee is a business			Class of activity	Grantee's name	Address	City	State	Zip code	Amount given	Relationship
1			Charitable	Senior Citizens Foundation	174 Rains Ave	Nashville	TN	37203	93,042	
2	Totals:								93,042	

Line 47 (990) - Accounts receivable

		Accounts receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1	General receivables	132,589	142,927	0	0
2					
3					
4					
5					
6					
7					
8					
9					
10					
11	Total accounts receivable	132,589	142,927	0	0

Line 48 (990) - Pledges receivable

		Pledges receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1	Capital Campaign	549,669	115,771	246,228	102,740
2	United Way	483,805	473,629		
3	Senior Foundation	90,000	112,847		
4					
5					
6					
7					
8					
9					
10					
11	Total pledges receivable	1,123,474	702,247	246,228	102,740

Line 54 (990) - Investments - Securities

Check one box below to indicate how securities are report:

☐ Cost☒ End of year market value (FMV)

		Number of shares/ face value	Value at time of donation	Beginning balance book value FMV	Ending balance book value FMV
Securities at end of year					
1	Certificates of Deposit			1,500,000	1,800,000
2	Mutual Funds			96,641	103,095
3	Common stocks			0	0
4				0	0
5				0	0
6				0	0
7				0	0
8				0	0
9				0	0
10				0	0
11				0	0
12				0	0
13				0	0
14				0	0
15				0	0
16				0	0
17				0	0
18				0	0
19				0	0
20				0	0
21	Totals	0	0	1,596,641	1,903,095

Line 57 (990) - Land, buildings, and equipment

Land (net of any amortization)				Land (net of any amortization)			
				Beginning		End	
1	Land	1		1,620,440		1,620,440	
2		2					
3		3					
4		4					
5		5					
6	Total land (net of any amortization)	6		1,620,440		1,620,440	

Buildings and equipment				Buildings and equipment				Accumulated depreciation			
				Beginning		End		Beginning		End	
7	Buildings and improvements	7		9,198,522		9,200,990		1,399,163		1,644,375	
8	Construction in progress	8		34,837		34,837		0		0	
9	Furniture and equipment	9		1,112,173		1,163,356		694,772		820,313	
10	Vehicles	10		239,290		265,167		219,492		227,783	
11		11									
12		12									
13		13									
14		14									
15		15									
16		16									
17	Total buildings and equipment	17		10,584,822		10,664,350		2,313,427		2,692,471	
18	Buildings and equipment (less accumulated depreciation)	18						8,271,395		7,971,879	
19	Total land, buildings and equipment	19						9,891,835		9,592,319	

Category or Item				Cost/Other Basis		Accumulated Depreciation		Book Value
1		1						
2		2						
3		3						
4		4						
5		5						
6		6						
7		7						
8		8						
9		9						
10		10						
11	Total	11		0		0		0

Line 58 (990) - Other assets

				Beginning		End	
1	Conservator trust accounts	1		33,341		35,860	
2	Pension plan intangible asset	2		166,946		157,216	
3		3					
4		4					
5		5					
6		6					
7		7					
8		8					
9		9					
10		10					
11	Total other assets	11		200,287		193,076	

Line 65 (990) - Other liabilities

		Beginning	End
1	Conservator trust funds liability	33,341	35,860
2			
3			
4			
5			
6			
7			
8			
9			
10			
11	Total other liabilities	33,341	35,860

Part III Line e		Total:	212,603
1	Adult day care	1	212,603
2		2	
3		3	
4		4	
5		5	

SENIOR CITIZENS, INC.
E.I.N.: 62-0566419
TAX YEAR ENDED: JUNE 30, 2005

PAGE 2, PART II, LINE 22 GRANTS AND ALLOCATIONS

Grant to Senior Citizens Foundation for support of senior citizen center activities EIN: 62-1202660	\$93,042
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PAGE 2, PART II, LINE 23 SPECIFIC ASSISTANCE TO INDIVIDUALS:

<u>CLASS</u>	
STIPENDS	\$215,695
FOOD	10,653
TRAVEL	55,377
TOTAL SPECIFIC ASSISTANCE	<u>\$281,725</u>

PAGE 2, PART II, LINE 42 DEPRECIATION METHODS:

<u>CLASS</u>	<u>METHOD</u>	<u>USEFUL LIFE</u>
BUILDING & IMPROVEMENTS	STRAIGHT LINE	10-40 YEARS
EQUIPMENT	STRAIGHT LINE	5-10 YEARS
VEHICLES	STRAIGHT LINE	5 YEARS