

Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

OMB No 1545-0047

2006**Open to Public
Inspection**

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

A For the 2006 calendar year, or tax year beginning **7/1/2006**, and ending **6/30/2007****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
Instruc-
tions**C** Name of organization

Maury County Senior Citizens, Inc.

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

PO Box 993

City or town

Columbia

State or country

TN

Room/suite

ZIP + 4

38402-0993

D Employer identification number

62-1004235

E Telephone number

(931) 388-9595

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 ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(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: ▶ N/A**J** Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross
receipts are normally not more than \$25,000. A return is not required, but if the organization chooses
to file a return, be sure to file a complete return**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 542,319**M** Check ☐ if the organization is not required
to attach Sch. B (Form 990, 990-EZ, or 990-PF)**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)****1** Contributions, gifts, grants, and similar amounts received:**a** Contributions to donor advised funds**1a** 0**b** Direct public support (not included on line 1a)**1b** 18,656**c** Indirect public support (not included on line 1a)**1c** 7,667**d** Government contributions (grants) (not included on line 1a)**1d** 282,163**e** Total (add lines 1a through 1d) (cash \$ 308,486 noncash \$ 0)**1e** 308,486**2** Program service revenue including government fees and contracts (from Part VII, line 93)**2** 134,025**3** Membership dues and assessments**3** 0**4** Interest on savings and temporary cash investments**4** 1,185**5** Dividends and interest from securities**5** 0**6 a** 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 ▶)**7** 0**8 a** Gross amount from sales of assets other
than inventory

(A) Securities

(B) Other

0 **8a** 8,114**b** Less: cost or other basis and sales expenses0 **8b** 0**c** Gain or (loss) (attach schedule)0 **8c** 8,114**d** Net gain or (loss). Combine line 8c, columns (A) and (B)**8d** 8,114**9** Special events and activities (attach schedule). If any amount is from gaming, check here ☐**a** Gross revenue (not including \$ 0 of
contributions reported on line 1b)**9a** 90,509**b** Less: direct expenses other than fundraising expenses**9b** 86,056**c** Net income or (loss) from special events. Subtract line 9b from line 9a**9c** 4,453**10 a** Gross sales of inventory, less returns and allowances**10a** 0**b** Less: cost of goods sold**10b** 0**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 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11**12** 456,263**13** Program services (from line 44, column (B))**13** 435,796**14** Management and general (from line 44, column (C))**14** 0**15** Fundraising (from line 44, column (D))**15** 0**16** Payments to affiliates (attach schedule)**16** 0**17** Total expenses. Add lines 13 and 14, column (A)**17** 435,796**18** Excess or (deficit) for the year. Subtract line 17 from line 12**18** 20,467**19** Net assets or fund balances at beginning of year (from line 73, column (A))**19** 117,607**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** 138,074

SCANNED NOV 13 2007

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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 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 a	Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22a 0	0		
22 b	Other grants and allocations (attach schedule) (cash \$ <u>5,539</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22b 5,539	5,539		
23	Specific assistance to individuals (attach schedule)	23 5,663	5,663		
24	Benefits paid to or for members (attach schedule)	24 0			
25 a	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	25a 27,125	27,125	0	0
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b 0	0	0	0
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c 223,957	223,957	0	0
26	Salaries and wages of employees not included on lines 25a, b, and c	26 0			
27	Pension plan contributions not included on lines 25a, b, and c	27 0			
28	Employee benefits not included on lines 25a - 27	28 0			
29	Payroll taxes	29 0			
30	Professional fundraising fees	30 0			
31	Accounting fees	31 8,577	8,577		
32	Legal fees	32 0			
33	Supplies	33 11,612	11,612		
34	Telephone	34 7,530	7,530		
35	Postage and shipping	35 0			
36	Occupancy	36 32,419	32,419		
37	Equipment rental and maintenance	37 91,547	91,547		
38	Printing and publications	38 14,296	14,296		
39	Travel	39 3,928	3,928		
40	Conferences, conventions, and meetings	40 0			
41	Interest	41 0			
42	Depreciation, depletion, etc. (attach schedule)	42 2,934	2,934	0	0
43	Other expenses not covered above (itemize):				
a	Bank service charges	43a 245	245	0	0
b	Health program promotion	43b 424	424	0	0
c		43c 0	0	0	0
d		43d 0	0	0	0
e		43e 0	0	0	0
f		43f 0	0	0	0
g		43g 0	0	0	0
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	44 435,796	435,796	0	0

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 ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 0; (ii) the amount allocated to Program services \$ 0; (iii) the amount allocated to Management and general \$ 0, and (iv) the amount allocated to Fundraising \$ 0

Part III Statement of Program Service Accomplishments (See the instructions.)

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.

What is the organization's primary exempt purpose? **▶ Operate senior center**

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 Citizens Center: Operate senior centers in Maury County including transportation, meals, exercise, health promotion, information and advice, and other programs for the elderly.

(Grants and allocations \$ 5,539) If this amount includes foreign grants, check here ☐

435,796

b

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

e Other program services (attach schedule)

(Grants and allocations \$ 0) If this amount includes foreign grants, check here ☐

0

f Total of Program Service Expenses (should equal line 44, column (B), Program services) **▶**

435,796

Part IV Balance Sheets (See 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	36,522	45	28,013
	46 Savings and temporary cash investments	75,159	46	96,557
	47 a Accounts receivable	47a 0		
	b Less: allowance for doubtful accounts	47b 0	47c	0
	48 a Pledges receivable	48a 0		
	b Less: allowance for doubtful accounts	48b 0	48c	0
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)	0	50a	0
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51 a Other notes and loans receivable (attach schedule)	51a 0		
	b Less: allowance for doubtful accounts	51b 0	51c	0
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 a Investments—publicly-traded securities. <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54a	0
	b Investments—other securities (attach schedule). <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54b	0
	55 a Investments—land, buildings, and equipment: basis	55a 0		
	b Less: accumulated depreciation (attach schedule)	55b 0	55c	0
	56 Investments—other (attach schedule)	0	56	0
	57 a Land, buildings, and equipment: basis	57a 81,081		
	b Less: accumulated depreciation (attach schedule)	57b 63,698	57c	17,383
58 Other assets, including program-related investments (describe <input type="checkbox"/>)	8,849	58	0	
59 Total assets (must equal line 74). Add lines 45 through 58	120,530	59	141,953	
Liabilities	60 Accounts payable and accrued expenses	2,923	60	3,879
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0
	64 a Tax-exempt bond liabilities (attach schedule)	0	64a	0
	b Mortgages and other notes payable (attach schedule)	0	64b	0
	65 Other liabilities (describe <input type="checkbox"/>)	0	65	0
	66 Total liabilities. Add lines 60 through 65	2,923	66	3,879
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	38,900	67	67,655
	68 Temporarily restricted	78,707	68	70,419
	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 and column (B) must equal line 21)	117,607	73	138,074
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73.	120,530	74	141,953

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

N/A

a	Total revenue, gains, and other support per audited financial statements		a	
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	0
c	Subtract line b from line a		c	0
d	Amounts included on Part I, line 12, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	0
e	Total revenue (Part I, line 12). Add lines c and d		e	0

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return N/A

a	Total expenses and losses per audited financial statements		a	
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	0
c	Subtract line b from line a		c	0
d	Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	0
e	Total expenses (Part I, line 17). Add lines c and d		e	0

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See 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 plans	(E) Expense account and other allowances
Name Mary K Fleeman Str PO Box 993 City Columbia ST TN ZIP 38402	Title Director Hr/WK 40	27,125	0	0
Name Bruce Scotten Str PO Box 264 City Spring Hill ST TN ZIP 37174	Title Chairperson Hr/WK 2	0	0	0
Name Paul Sands Str 8158 Golf Club Lane City Mt Pleasant ST TN ZIP 38474	Title Treasurer Hr/WK 1	0	0	0
Name Sue Greenfield Str 1701 Logan Drive City Columbia ST TN ZIP 38401	Title Secretary Hr/WK 1	0	0	0
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

	Yes	No
75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)		X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."		X
If "Yes," attach a statement that includes the information described in the instructions.		
d Does the organization have a written conflict of interest policy?	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name <u>N/A</u> Str. _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str. _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str. _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str. _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str. _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str. _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str. _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str. _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str. _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str. _____ City _____ ST _____ ZIP _____				

Part VI Other Information (See the instructions.)

	Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change		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.		
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		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?		X
b If "Yes," enter the name of the organization ► _____ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a Enter direct and indirect political expenditures. (See line 81 instructions.)	0	
b Did the organization file Form 1120-POL for this year?		X

Part VI Other Information (continued)

		Yes	No
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 6,379	
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 <i>quid pro quo</i> 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 N/A	
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 N/A	
c	Dues, assessments, and similar amounts from members	85c N/A	
d	Section 162(e) lobbying and political expenditures	85d N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g N/A	
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 N/A	
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 a	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	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b N/A	
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 N/A ; section 4912 N/A ; section 4955 N/A		
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 N/A		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization N/A		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g N/A	
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, 2006 (See instructions.)	90b 15	
91 a	The books are in care of Name A Plus Bookkeeping & Payroll Services LLC Telephone no. (931) 840-5500 Located at 104 W 5th St City Columbia ST TN ZIP + 4 38401		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

X

If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here ▶ ☐

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 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 Van fares					20,186
b Contract van fares					112,842
c Special meals and other center fees					997
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	1,185	
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					
100 Gain or (loss) from sales of assets other than inventory			18	8,114	
101 Net income or (loss) from special events			12	4,453	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue. a		0		0	0
b		0		0	0
c		0		0	0
d		0		0	0
e		0		0	0
104 Subtotal (add columns (B), (D), and (E))		0		13,752	134,025
105 Total (add line 104, columns (B), (D), and (E))					147,777

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See 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	Income from program services essential to cover expenses not paid by grants and donations and to provide services to indigent persons.
93b	See explanation for line 93a
93c	See explanation for line 93a

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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 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).

Part XI

Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

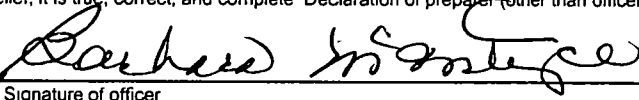
				Yes	No	
106	Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					X

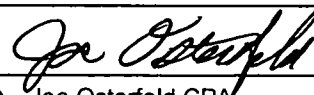
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				0

				Yes	No	
107	Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.					X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				0

				Yes	No	
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?					X

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		Date <u>10/26/07</u>	
	Type or print name and title <u>Barbara McIntyre</u>		<u>Vice chairman</u>	

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN (See Gen. Inst. X)
	 Firm's name (or yours if self-employed), address, and ZIP + 4	<u>10/22/2007</u>	<input checked="" type="checkbox"/>	<u>269-52-8534</u>
	<u>Joe Osterfeld CPA</u> <u>PO Box 807, Columbia, TN 38402-0807</u>		EIN	<u>62-1763210</u>
			Phone no	<u>931-388-7144</u>

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 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

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

OMB No 1545-0047

2006

Name of the organization

Maury County Senior Citizens, Inc.

Employer identification number

62-1004235

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 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
None				
Total number of other employees paid over \$50,000 ▶ None				

Part II-A 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
None		
Total number of others receiving over \$50,000 for professional services ▶ None		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services ▶ None		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2006

(HTA)

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 ► \$ _____ (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** Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)

3a X

b Did the organization have a section 403(b) annuity plan for its employees?

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

- 4 a** Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a X

b Did the organization make any taxable distributions under section 4966?

4b X

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c X

d Enter the total number of donor advised funds owned at the end of the tax year ►

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ►

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ►

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ►

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					0

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	412,466	261,016	292,927	320,633	1,287,042
16 Membership fees received					0
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	16,340				16,340
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	305	643	593	144	1,685
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	7,135	6,796	8,301	8,485	30,717
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	436,246	268,455	301,821	329,262	1,335,784
24 Line 23 minus line 17	419,906	268,455	301,821	329,262	1,319,444
25 Enter 1% of line 23	4,362	2,685	3,018	3,293	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a 26,389
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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 1,319,444
d Add: Amounts from column (e) for lines: 18 1,685 19 22 26b					26d 1,685
e Public support (line 26c minus line 26d total)					26e 1,317,759
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.87%
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:				
(2005)	(2004)	(2003)	(2002)		
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 11b, 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:					
(2005)	(2004)	(2003)	(2002)		
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c 0
d Add: Line 27a total and line 27b total					27d 0
e Public support (line 27c total minus line 27d total)					27e 0
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 0.00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 0.00%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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 9 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 10 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
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	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
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	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 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(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 13 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:

	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			0

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

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2006

Attachment

Sequence No 67

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

Maury County Senior Citizens, Inc.

Business or activity to which this form relates

990

Identifying number

62-1004235

Part I Election To Expense Certain Property Under Section 179*Note: If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	108,000
2	Total cost of section 179 property placed in service (see instructions).	2	
3	Threshold cost of section 179 property before reduction in limitation	3	430,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	108,000

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2005 Form 4562.	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	0
13	Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12	13	0

*Note: Do not use Part II or Part III below for listed property. Instead, use Part V.***Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2006	17	1,968
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2006 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property		1,137	5	HY	200DB	227
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

20 a Class life		10,331	7	HY	S/L	739
b 12-year			12 yrs	HY	S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	2,934
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2006)

Line 1 (990) - Public Support and Contributions

	Cash	Non Cash
Line 1a - Contributions to Donor Advised Funds		
Line 1b - Direct public support		
1 Contributions	16,944	1
2 Membership dues and assessments (contributions from the public)		2
3 Commercial co-venture		3
4 Special events contributions (Line 9 - Special Events)	0	4
5 Other donations	1,712	5
6		6
7		7
8		8
9		9
10 Total	18,656	10 0
Line 1c - Indirect public support	7,667	
Line 1d - Government contributions (grants)	282,163	

Totals:

Totals:														
Public Securities														
Gross sales										0		Cost, other basis and expenses		0
Non-Public Securities										0				0
Other sales										8,114				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	Vehicles				Private individuals	various	donation	6/30/2007	8,114		30,198		30,198	
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														

Line 9 (990) - Special Events and Activities

	Event A	Event B	Event C	All others	Totals
1 Special event name	Trips	Fashion Show	Mule Day	Yard Sale	
				Spag Din Newsl	
1a Number of special events	11	1	1	3	
2 Gross receipts	82,896	1,714	2,981	2,918	2 90,509
3 Less contributions					3 0
4 Gross revenue	82,896	1,714	2,981	2,918	4 90,509
5 Less direct expenses	82,415	510	2,357	774	5 86,056
6 Net income or (loss)	481	1,204	624	2,144	6 4,453

Line 22 (990) - Cash Grants Paid Schedule

Check box if grantee is a business		Other grants and allocations	Class of activity	Grantee's name	Address	City	State	Zip code	Foreign Country	Amount given	Relationship
1		X	Charitable	Maury Regional Hospital	1224 Trotwood Avenue	Columbia	TN	38401		5,539	
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											

5,539

Line 23 (990) - Specific Assistance to Individuals

5,663

Class of Activity		Amount
1	Specific assistance to low income elderly individuals with medical and dental expenses	3,374
2	Specific assistance to low income elderly individuals with air conditioners and fans	2,289
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Line 57 (990) - Land, Buildings, and Equipment

Land (net of any amortization)		Land (net of any amortization)	
		Beginning	End
1			
2			
3			
4			
5			
6	Total land (net of any amortization)	0	0

Buildings and equipment		Buildings and equipment		Accumulated depreciation	
		Beginning	End	Beginning	End
7	Leasehold improvements	47,899	47,899	41,192	42,309
8	Furniture and fixtures	21,714	33,182	19,572	21,389
9					
10					
11					
12					
13					
14					
15					
16					
17	Total buildings and equipment	69,613	81,081	60,764	63,698
18	Buildings and equipment (less accumulated depreciation)			8,849	17,383
19	Total land, buildings and equipment			8,849	17,383

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

62-1004235

Item No	Description of Property	Date Placed in Service	Asset Code	Activity	Bus Use %	81,082			0			81,082			60,764			2,934		2006 Accum Deprec
						Cost or Other Basis	Less Sec 179 Deduction	Special Allowance	Recovery Basis	AMT Type	Recovery Period (years)	Method	Con-vention	Prior Accum Deprec.	2006 Current Deprec					
	Building Imp	12/31/1978	R-2	990	100.00%	2,150	0	0	2,150	10	SL	HY	2,150	0	2,150	0	63,698			
	Bldg Additions	12/31/1979	R-2	990	100.00%	31,470	0	0	31,470	9	SL	HY	31,470	0	31,470	0	2,150			
	Storage Building	12/31/1980	R-2	990	100.00%	2,112	0	0	2,112	5	SL	HY	2,112	0	2,112	0	2,112			
	Leasehold Improvements	7/1/1992	R-2	990	100.00%	1,500	0	0	1,500	10	SL	HY	1,500	0	1,500	0	1,500			
	Parking Lot Paving	11/30/2002	R-2	990	100.00%	10,167	0	0	10,167	10	SL	HY	3,643	1,017	4,660	0	4,660			
	Fence	4/30/2003	R-2	990	100.00%	500	0	0	500	5	SL	HY	317	100	417	0	417			
	Office Equip	12/31/1978	F-11	990	100.00%	426	0	0	426	10	SL	HY	426	0	426	0	426			
	Oak Desk Oth Furn	12/31/1979	F-11	990	100.00%	785	0	0	785	10	SL	HY	785	0	785	0	785			
	Office Equip	12/31/1980	F-11	990	100.00%	436	0	0	436	10	SL	HY	436	0	436	0	436			
	Office Equip	12/31/1981	F-11	990	100.00%	3,573	0	0	3,573	10	SL	HY	3,573	0	3,573	0	3,573			
	Office Equip	12/31/1983	F-11	990	100.00%	315	0	0	315	10	SL	HY	315	0	315	0	315			
	PA System	7/1/1989	F-11	990	100.00%	300	0	0	300	10	SL	HY	300	0	300	0	300			
	Copier	7/12/1982	F-11	990	100.00%	1,985	0	0	1,985	10	SL	HY	1,985	0	1,985	0	1,985			
	Computer - Center	8/3/1994	F-5	990	100.00%	1,344	0	0	1,344	5	SL	HY	1,344	0	1,344	0	1,344			
	7 Chairs	6/1/1984	F-3	990	100.00%	290	0	0	290	5	SL	HY	290	0	290	0	290			
	Computer	2/15/2001	F-5	990	100.00%	2,081	0	0	2,081	5	SL	HY	2,081	0	2,081	0	2,081			
	Computer	3/16/2001	F-5	990	100.00%	999	0	0	999	5	SL	HY	920	0	920	0	920			
	Computer	3/15/2001	F-5	990	100.00%	1,000	0	0	1,000	5	SL	HY	1,000	0	1,000	0	1,000			
	Computers etc	2/28/2006	F-5	990	100.00%	1,767	0	0	1,767	5	200DB	HY	353	565	918	0	918			
	Equipment	7/1/1978	F-3	990	100.00%	371	0	0	371	5	SL	HY	371	0	371	0	371			
	Equipment	7/1/1979	F-3	990	100.00%	648	0	0	648	5	SL	HY	648	0	648	0	648			
	Equipment	7/1/1982	F-3	990	100.00%	663	0	0	663	5	SL	HY	663	0	663	0	663			
	Equipment	7/1/1984	F-3	990	100.00%	313	0	0	313	5	SL	HY	313	0	313	0	313			
	Equipment	7/1/1985	F-3	990	100.00%	790	0	0	790	5	SL	HY	790	0	790	0	790			
	Frigidare Freezer	3/31/1988	F-3	990	100.00%	800	0	0	800	5	SL	HY	800	0	800	0	800			
	Kirby Vacuum	3/31/1989	F-3	990	100.00%	1,199	0	0	1,199	5	SL	HY	1,199	0	1,199	0	1,199			
	Zenith TV & Vcr	3/31/1988	F-6	990	100.00%	280	0	0	280	5	SL	HY	280	0	280	0	280			
	Appliances	3/31/2003	F-3	990	100.00%	1,000	0	0	1,000	5	SL	HY	650	200	850	0	850			
	Whirlpool Refrig Local	3/23/2006	F-11	990	100.00%	350	0	0	350	7	200DB	HY	50	86	136	0	136			
	B & P Ice Machine	7/13/2006	F-11	990	100.00%	4,295	0	0	4,295	7	SL	HY	0	307	307	0	307			
	Computer Transp	3/24/2007	F-5	990	100.00%	1,137	0	0	1,137	5	200DB	HY	0	227	227	0	227			
	60" Round Tables Loc	3/30/2007	F-11	990	100.00%	1,435	0	0	1,435	7	SL	HY	0	103	103	0	103			
	40 Padded Fold Chairs	5/24/2007	F-11	990	100.00%	1,256	0	0	1,256	7	SL	HY	0	90	90	0	90			
	Repeater Mobile Radio	6/15/2007	F-10	990	100.00%	1,415	0	0	1,415	7	SL	HY	0	101	101	0	101			
	Misc Equip	12/31/2006	F-11	990	100.00%	1,930	0	0	1,930	7	SL	HY	0	138	138	0	138			

Maury County Senior Citizens, Inc.
Board of Directors for 2006-2007

First District

Nancy Thomas
1005 Hillcrest Ave.
Columbia, Tn. 38401
388-3750

Second District

Barbara McIntyre – Vice Chair
2051 Union Place
Columbia, Tn 38401
388-8901

Third District

Eula Whittaker
601 Mooresville Pike
Columbia, Tn 38401
388-1270

Fourth District

Dr. Porter King
414 Woods Dr.
Columbia, TN. 38401
381-7154

Fifth District

Whitney Seaton
111 W. Hardin Dr.
Columbia, TN. 38401
388-9319

Sixth District

Jo Ann McClellan
5621 Gaskill Branch Rd.
Sante Fe, Tn. 38482
682-3755

Seventh District

Juanita Boshers
1735 Cross Bridges
Mt. Pleasant, TN 38474-2935
388-6171 (H)

Eighth District

Billy Frank Jett
2491 Culleoka Hwy
Culleoka, Tn. 38451
987-2529

Ninth District

Homer Martin
606 Old Sunnyside Ln.
Columbia, TN. 38401
388-9696

Tenth District

Lonnie Daniels
1042 Massey Ln.
Mt. Pleasant, Tn 38474
379-3153

Eleventh District

Betty Boyd – Secretary
P O. Box 91
Springhill, TN. 37174
931-486-2648

At Large Member

Charles Sanders - Chairman
1011 Sunnyside Ln
Columbia, Tn 38401
388-2482

Ex-Officio Member

Executive Director
Mary K. Fleeman
1955 Union Place D79
Columbia, Tn. 38401
388-9595 (W)
388-5506 FAX
Mcsc2@cpws.net

At Large Member

Jim York
5009 Hayes Dr.
Columbia, TN. 38401
388-2006 (H)
jyork@bellSouth.net

At Large Member-
TO BE FILLED

At Large Member

Edward A. Cox – Finance Chair
502 Oakwood Drive
Columbia, TN 38401-2520
388-7703 (H)

Social Agency

Eric Cox
110 Polk St
Columbia, TN. 38401

City of Columbia

Bill Gentner
707 N Main St
Columbia, TN 38401-5169
388-0057
381-3833 (W)

City of Spring Hill-

Phil Stack
3343 Taylorwood Lane
Springhill, TN. 37174-2442

City of Mt. Pleasant

TO BE FILLED

Maury County Member

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Columbia, TN 38401-3386
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