

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

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

2007**Open to Public
Inspection**

A For the 2007 calendar year, or tax year beginning 7/1/2007 **and ending** 6/30/2008

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

C Name of organization
 Maury County Senior Citizens, Inc.
 Number and street (or P O box if mail is not delivered to street address) Room/suite
 PO Box 993
 City or town State or country ZIP + 4
 Columbia TN 38402-0993

D Employer identification number
 62-1004235

E Telephone number
 (931) 388-9595

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

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 ▶ 735,721

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 ▶

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)

Revenue	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		12,122	
	c	Indirect public support (not included on line 1a)	1c		98,165	
	d	Government contributions (grants) (not included on line 1a)	1d		291,871	
	e	Total (add lines 1a through 1d) (cash \$ 402,158 noncash \$ 0)	1e		402,158	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		202,852	
	3	Membership dues and assessments	3		0	
	4	Interest on savings and temporary cash investments	4		2,318	
	5	Dividends and interest from securities	5		0	
	6a	Gross rents	6a			
	6b	Less: rental expenses	6b			
6c	Net rental income or (loss). Subtract line 6b from line 6a	6c		0		
7	Other investment income (describe ▶)	7		0		
Expenses	8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
			0	8a	5,009	
	b	Less: cost or other basis and sales expenses	0	8b	0	
	c	Gain or (loss) (attach schedule)	0	8c	5,009	
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)		8d	5,009	
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ 0 of contributions reported on line 1b)	9a		123,384	
	b	Less: direct expenses other than fundraising expenses	9b		108,024	
	c	Net income or (loss) from special events. Subtract line 9b from line 9a		9c	15,360	
	10a	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	627,697		
Net Assets	13	Program services (from line 44, column (B))		13	538,893	
	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	538,893	
	18	Excess or (deficit) for the year. Subtract line 17 from line 12		18	88,804	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	138,074	
	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	226,878	

69,17

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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>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22b 11,718	11,718		
23	Specific assistance to individuals (attach schedule)	23 0	0		
24	Benefits paid to or for members (attach schedule)	24 0	0		
25 a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a 26,529	26,529	0	0
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	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)	25c 0	0	0	0
26	Salaries and wages of employees not included on lines 25a, b, and c	26 259,199	259,199		
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 23,242	23,242		
30	Professional fundraising fees	30 0			
31	Accounting fees	31 8,016	8,016		
32	Legal fees	32 640	640		
33	Supplies	33 29,445	29,445		
34	Telephone	34 8,336	8,336		
35	Postage and shipping	35 0			
36	Occupancy	36 20,078	20,078		
37	Equipment rental and maintenance	37 107,177	107,177		
38	Printing and publications	38 16,935	16,935		
39	Travel	39 2,816	2,816		
40	Conferences, conventions, and meetings	40 2,329	2,329		
41	Interest	41 0			
42	Depreciation, depletion, etc. (attach schedule)	42 3,407	3,407	0	0
43	Other expenses not covered above (itemize):				
a	Bank service charges	43a 0	0	0	0
b	Health program promotion	43b 2,455	2,455	0	0
c	Advertising	43c 1,302	1,302	0	0
d	Other expenses	43d 8,423	8,423	0	0
e	Activity expenses	43e 6,846	6,846	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)	44 538,893	538,893	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 \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

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.

<p>What is the organization's primary exempt purpose? ► <u>Operate senior center</u></p> <p>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.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)</p>
<p>a <u>Senior Citizens Center: Operate senior centers in Maury County including transportation, meals, exercise, health promotion, information and advice, exercise, health promotion, information and advice, and other programs for the elderly.</u></p> <p>(Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p>538,893</p>
<p>b</p> <p>(Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p>0</p>
<p>c</p> <p>(Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p>0</p>
<p>d</p> <p>(Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p>0</p>
<p>e <u>Other program services (attach schedule)</u></p> <p>(Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p>0</p>
<p>f <u>Total of Program Service Expenses (should equal line 44, column (B), Program services)</u> ►</p>	<p>538,893</p>

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	28,013	45	109,989
	46 Savings and temporary cash investments	96,557	46	107,097
	47 a Accounts receivable 47a 418			
	b Less: allowance for doubtful accounts 47b 0	0	47c	418
	48 a Pledges receivable 48a 0			
	b Less: allowance for doubtful accounts 48b 0	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	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	0	55c	0
	56 Investments—other (attach schedule) 56 0			
	57 a Land, buildings, and equipment: basis 57a 81,081			
b Less: accumulated depreciation (attach schedule) 57b 67,105	17,383	57c	13,976	
58 Other assets, including program-related investments (describe <input type="checkbox"/>)	0	58	0	
59 Total assets (must equal line 74). Add lines 45 through 58	141,953	59	231,480	
Liabilities	60 Accounts payable and accrued expenses	3,879	60	4,602
	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	3,879	66	4,602
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	67,655	67	67,354
	68 Temporarily restricted	70,419	68	159,524
	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)	138,074	73	226,878
74 Total liabilities and net assets/fund balances. Add lines 66 and 73.	141,953	74	231,480	

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	26,529	0	0
Name Nancy Thomas Str 1005 Hilcrest Ave City Columbia ST TN ZIP 38401	Title Bd Member Hr/WK 1	0	0	0
Name Barbara McIntyre Str 2051 Union Place City Columbia ST TN ZIP 38401	Title Bd Member Hr/WK 1	0	0	0
Name Rosemary Tata Str 1394 Mapleash Ave City Columbia ST TN ZIP 38401	Title Bd Member Hr/WK 1	0	0	0
Name Dr Porter King Str 414 Woods Dr City Columbia ST TN ZIP 38401	Title Bd Member Hr/WK 1	0	0	0
Name Jean Jones Str 204 Porter Cr City Columbia ST TN ZIP 38401	Title Bd Member Hr/WK 1	0	0	0
Name Jo Ann McClellan Str 5621 Gaskill Br Rd City Santa Fe ST TN ZIP 38482	Title Bd Member Hr/WK 1	0	0	0
Name Vernon Brooks Str 921 Lion Parkway City Columbia ST TN ZIP 38401	Title Bd Member Hr/WK 1	0	0	0
Name Billy Frank Jeff Str 2491 Culleoka Hwy City Culleoka ST TN ZIP 38451	Title Bd Member Hr/WK 1	0	0	0
Name Homer Martin Str 606 Old Sunnyside L City Columbia ST TN ZIP 38401	Title Bd Member Hr/WK 1	0	0	0

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 19**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) **75b** 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." **75c** 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? **75d** 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 N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
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Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A 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 **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** N/A**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 and check whether it is ☐ exempt or ☐ 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

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	N/A	
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) 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	X	
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	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87	501(c)(12) orgs Enter: a Gross income from members or shareholders	87a	N/A	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A	
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		X
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, 2007 (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	Yes	No
				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** ☐ Yes ☒ No
 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			03		18,226
b Contract van fares			03		182,287
c Special meals and other center fees			03		2,339
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	2,318	
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	5,009	
101 Net income or (loss) from special events			12	15,360	
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		22,687	202,852
105 Total (add line 104, columns (B), (D), and (E))					225,539

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
	%		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)

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

Yes	No
	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

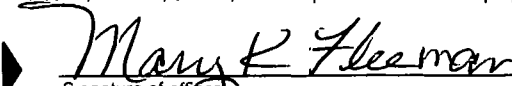
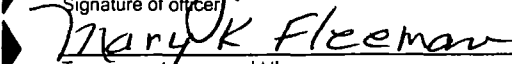
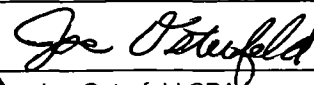
107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	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

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?

Yes	No
	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>10/27/08</u>	
Paid Preparer's Use Only	 Type or print name and title		Executive Director	
	Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4	Date 10/22/2008	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) 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 4947(a)(1) Nonexempt Charitable Trust**Supplementary Information—(See separate instructions.)**

OMB No 1545-0047

2007▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

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 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
None				
Total number of other employees paid over \$50,000 ▶		0		

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 ▶		0

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 ▶		0

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

Schedule A (Form 990 or 990-EZ) 2007

(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)?

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 8 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 8 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	
					0
					0
					0
					0
					0
					0
Total					0

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	308,486	412,466	261,016	292,927	1,274,895
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	134,025	16,340			150,365
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,185	305	643	593	2,726
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	22,232
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	443,696	436,246	268,455	301,821	1,450,218
24 Line 23 minus line 17	309,671	419,906	268,455	301,821	1,299,853
25 Enter 1% of line 23	4,437	4,362	2,685	3,018	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				
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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.	26a 25,997				
c Total support for section 509(a)(1) test. Enter line 24, column (e).	26b 0				
d Add: Amounts from column (e) for lines:	26c 1,299,853				
18 2,726 19	26d 2,726				
22 26b	26e 1,297,127				
e Public support (line 26c minus line 26d total)	26f 99.79%				
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
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.				
(2006) (2005) (2004) (2003)					
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.					
(2006) (2005) (2004) (2003)					
c Add: Amounts from column (e) for lines:	27c 0				
15 16	27d 0				
17 20 21	27e 0				
d Add: Line 27a total and line 27b total					
e Public support (line 27c total minus line 27d total)					
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 2003 through 2006, 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?		
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?		
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)		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
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?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
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?		
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.		
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		

Part VI-A**Lobbying Expenditures by Electing Public Charities** (See page 11 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— <div style="display: flex; justify-content: space-between;"> <div> 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 </div> <div> 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 </div> </div>	41	
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) 2007	(b) 2006	(c) 2005	(d) 2004	(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 14 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.)

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

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

Line 1 (990) - Public Support and Contributions

	Cash	Non Cash
Line 1a - Contributions to Donor Advised Funds		
Line 1b - Direct public support		
1 Contributions	12,122	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		5
6		6
7		7
8		8
9		9
10 Total	12,122	10 0
Line 1c - Indirect public support	98,165	
Line 1d - Government contributions (grants)	291,871	

Totals

Totals											Gross sales		Cost, other basis and expenses	
Public Securities											0		0	
Non-Public Securities											0		0	
Other sales											5,009		0	
Index	Description	CUSIP #	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	Van					Individual	7/1/2001	Purchase	1/10/2008	5,009	32,277			32,277
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	Pie Sale	Newsletter	Belk Ticket Line Dancing	
1a Number of special events	5	1	1	2	
2 Gross receipts	121,183	1,122	625	454	2 123,384
3 Less contributions					3 0
4 Gross revenue	121,183	1,122	625	454	4 123,384
5 Less direct expenses	106,053	1,806		165	5 108,024
6 Net income or (loss)	15,130	-684	625	289	6 15,360

Part II, Line 42 (990) - Depreciation, Depletion, etc.

		3,407	3,407	0	0
Description		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1	Depreciation - see statements	3,407	3,407		
2		0			
3		0			
4		0			
5		0			
6		0			
7		0			
8		0			
9		0			
10		0			
11		0			
12		0			
13		0			
14		0			
15		0			
16		0			
17		0			
18		0			
19		0			
20		0			

Part IV, Line 47 (990) - Accounts Receivable

		Accounts receivable			Allowance for doubtful accounts		
		Beginning		End	Beginning		End
1	Accounts receivable	0		418			
2							
3							
4							
5							
6							
7							
8							
9							
10							
11	Total accounts receivable	0		418	0		0

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

Category or Item		Land (net of any amortization)	Buildings and Equipment	Cost/Other Basis	Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Beginning Balance	Ending Balance
1	Leasehold improvements			47,899	42,309	43,376	5,590	4,523
2	Furniture and fixtures		X	33,182	21,389	23,729	11,793	9,453
3							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
				81,081	63,698	67,105	17,383	13,976

Part VII, Line 93 (990) - Program Service Revenue

		Unrelated business income		Excluded by section 512, 513, or 514		
	Program Service Revenue	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
a	Van fares			03		18,226
b	Contract van fares			03		182,287
c	Special meals and other center fees			03		2,339
d						
e						
f						
g						
h						
i						
j						
k						
l						
m						
n						
o						
p						
q						
r						
s						
t						
u						
v						
w						
x						
y						
z						

Part VIII (990) - Relationship of Activities to the Accomplishment of Exempt Purposes

	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)
1	93a	Income from program services essential to cover expenses not paid by grants and donations
2		and to provide services to indigent persons.
3	93b	See explanation for line 93a
4	93c	See explanation for line 93a
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Part VII, Line 52b (Sch A (990/990-EZ)) - Affiliated Tax Exempt Orgs.

	(a) Name of organization	(b) Type of organization	(c) Description of relationship
1	N/A		
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Maury County Senior Citizens, Inc.
Board of Directors
Term July 1, 2008- June 30, 2009

First District

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

Second District

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

Third District

Rosemary Teta
1394 Mapleash Ave
Columbia, Tn. 38401
490-3738

Fourth District

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

Fifth District

Jean Jones
204 Porter Circle
Columbia, Tn. 38401
388-9672

Sixth District

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

Seventh District

Vernon Brooks
921 Lion Parkway
Columbia, Tn 38401
381-1468

Eighth District

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

Ninth District

Homer Martin
606 Old Sunnyside Ln.
Columbia, TN. 38401
381-9696

Tenth District

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

Eleventh District

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

At Large Member

Rick Molder
908 6th Street
Columbia, Tn. 38401
388-1508

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 MemberAt Large Member-

David Skillington
P.O. Box 0066
Columbia, Tn. 38401
381-9557

City of Spring Hill-

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

Social Agency

Leon Ogilvie
146 Lakeside Dr.
Columbia, Tn. 38401
379-5968

City of Columbia

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

Maury County Member

Mayor Jim Bailey
Courthouse, 41 Public Square
Columbia, TN 38401-3386
379-7934 (H)
381-3690 fax 381-3984
jbailey@mauryco.org

City of Mt. Pleasant

TO BE FILLED

Detail Report

6/30/2008 Maury County Senior Citizens, Inc 62-1004235

990

Item No	Description of Property	Date Placed in Service	Asset Code	Bus Use %	Cost or Other Basis	Recovery Basis	Recovery Period (years)	Method	Convention Code	Prior Accum Deprec, 179, Bonus	2007 Current Deprec	2007 Accum Deprec
					81,082	81,082				63,698	3,407	67,105
	Building Imp	12/31/1978	R-2	100 00%	2,150	2,150	10	SL	HY	2,150	0	2,150
	Bldg Additions	12/31/1979	R-2	100 00%	31,470	31,470	9	SL	HY	31,470	0	31,470
	Storage Building	12/31/1980	R-2	100 00%	2,112	2,112	5	SL	HY	2,112	0	2,112
	Leasehold Improvements	7/1/1992	R-2	100 00%	1,500	1,500	10	SL	HY	1,500	0	1,500
	Parking Lot Paving	11/30/2002	R-2	100 00%	10,167	10,167	10	SL	HY	4,660	1,017	5,677
	Fence	4/30/2003	R-2	100 00%	500	500	5	SL	HY	417	50	467
	Office Equip	12/31/1978	F-11	100 00%	426	426	10	SL	HY	426	0	426
	Oak Desk Oth Furn	12/31/1979	F-11	100 00%	785	785	10	SL	HY	785	0	785
	Office Equip	12/31/1980	F-11	100 00%	436	436	10	SL	HY	436	0	436
	Office Equip	12/31/1981	F-11	100 00%	3,573	3,573	10	SL	HY	3,573	0	3,573
	Office Equip	12/31/1983	F-11	100 00%	315	315	10	SL	HY	315	0	315
	PA System	7/1/1989	F-11	100 00%	300	300	10	SL	HY	300	0	300
	Copier	7/2/1982	F-11	100 00%	1,985	1,985	10	SL	HY	1,985	0	1,985
	Computer - Center	8/3/1994	F-5	100 00%	1,344	1,344	5	SL	HY	1,344	0	1,344
	7 Chairs	6/1/1984	F-3	100 00%	290	290	5	SL	HY	290	0	290
	Computer	2/15/2001	F-5	100 00%	2,081	2,081	5	SL	HY	2,081	0	2,081
	Computer	3/16/2001	F-5	100 00%	999	999	5	SL	HY	920	0	920
	Computer	3/15/2001	F-5	100 00%	1,000	1,000	5	SL	HY	1,000	0	1,000
	Computers etc	2/28/2006	F-5	100 00%	1,767	1,767	5	200DB	HY	918	339	1,257
	Equipment	7/1/1978	F-3	100 00%	371	371	5	SL	HY	371	0	371
	Equipment	7/1/1979	F-3	100 00%	648	648	5	SL	HY	648	0	648
	Equipment	7/1/1982	F-3	100 00%	663	663	5	SL	HY	663	0	663
	Equipment	7/1/1984	F-3	100 00%	313	313	5	SL	HY	313	0	313
	Equipment	7/1/1985	F-3	100 00%	790	790	5	SL	HY	790	0	790
	Frigidare Freezer	3/31/1988	F-3	100 00%	800	800	5	SL	HY	800	0	800
	Kirby Vacuum	3/31/1989	F-3	100 00%	1,199	1,199	5	SL	HY	1,199	0	1,199
	Zenith TV & Vcr	3/31/1988	F-6	100 00%	280	280	5	SL	HY	280	0	280
	Appliances	3/31/2003	F-3	100 00%	1,000	1,000	5	SL	HY	850	100	950
	Whirlpool Refrig Local	3/23/2006	F-11	100 00%	350	350	7	200DB	HY	136	61	197
	B & P Ice Machine	7/13/2006	F-11	100 00%	4,295	4,295	7	SL	HY	307	614	921
	Computer Transp	3/24/2007	F-5	100 00%	1,137	1,137	5	200DB	HY	227	364	591
	60" Round Tables Loc	3/30/2007	F-11	100 00%	1,435	1,435	7	SL	HY	103	205	308
	40 Padded Fold Chairs	5/24/2007	F-11	100 00%	1,256	1,256	7	SL	HY	90	179	269
	Repeater Mobile Radio	6/15/2007	F-10	100 00%	1,415	1,415	7	SL	HY	101	202	303
	Misc Equip	12/31/2006	F-11	100 00%	1,930	1,930	7	SL	HY	138	276	414