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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 7/01/07 , and ending 6/30/08

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

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

C Name of organization
SENIOR CITIZENS OF
HENDERSONVILLE, INC.

Number and street (or P O box if mail is not delivered to street address): P. O. BOX 2414 — Room/suite:

City or town, state or country, and ZIP + 4: HENDERSONVILLE TN 37077-2414

D Employer identification number: 58-1846241

E Telephone number: 615-822-8758

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

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

I Group Exemption Number ▶

M Check ▶ ☐ if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF).

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 150,523

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			
b	Direct public support (not included on line 1a)	1b	16,433		
c	Indirect public support (not included on line 1a)	1c	8,301		
d	Government contributions (grants) (not included on line 1a)	1d	83,600		
e	**Total** (add lines 1a through 1d) (cash $ 78,334 noncash $ 30,000)			1e	108,334
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	42,183
3	Membership dues and assessments			3	
4	Interest on savings and temporary cash investments			4	6
5	Dividends and interest from securities			5	
6a	Gross rents	6a			
b	Less. rental expenses	6b			
c	Net rental income or (loss) Subtract line 6b from line 6a			6c	
7	Other investment income (describe ▶)			7	

		(A) Securities		(B) Other		
8a	Gross amount from sales of assets other than inventory		8a			
b	Less: cost or other basis and sales expenses		8b			
c	Gain or (loss) (attach schedule)		8c			
d	Net gain or (loss) Combine line 8c, columns (A) and (B)				8d	

9	Special events and activities (attach schedule). If any amount is from **gaming**, check here ▶ ☐				
a	Gross revenue (not including $ ____ of contributions reported on line 1b)	9a			
b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events Subtract line 9b from line 9a			9c	
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a			10c	
11	Other revenue (from Part VII, line 103)			11	
12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	150,523

Expenses

13	Program services (from line 44, column (B))	13	122,028
14	Management and general (from line 44, column (C))	14	35,212
15	Fundraising (from line 44, column (D))	15	
16	Payments to affiliates (attach schedule)	16	
17	**Total expenses.** Add lines 16 and 44, column (A)	17	157,240

Net Assets

18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	-6,717
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	88,980
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year Combine lines 18, 19, and 20	21	82,263

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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.
DAA

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
22a Grants paid from donor advised funds (attach schedule) (cash $ non-cash $) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ non-cash $) If this amount includes foreign grants, check here ▶ ☐	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A See Statement 1	25a	45,702	25,983	19,719	
b Compensation of former officers, directors, key employees, etc listed in Part V-B	25b				
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				
26 Salaries and wages of employees not included on lines 25a, b, and c	26				
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a – 27	28				
29 Payroll taxes	29	2,164	1,233	931	
30 Professional fundraising fees	30				
31 Accounting fees	31	2,250		2,250	
32 Legal fees	32				
33 Supplies	33	2,598	2,209	389	
34 Telephone	34	1,748	1,224	524	
35 Postage and shipping	35				
36 Occupancy	36	30,000	30,000		
37 Equipment rental and maintenance	37	2,700	810	1,890	
38 Printing and publications	38				
39 Travel	39	92	92		
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	6,546	4,780	1,766	
43 Other expenses not covered above (itemize) a See Statement 2	43a	63,440	55,697	7,743	
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 **Total functional expenses.** Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	157,240	122,028	35,212	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 $, **(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

What is the organization's primary exempt purpose? ▶ See Statement 3 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 ANNUAL HEALTH CARE AND TRANSPORTATION FOR MEDICAL PURPOSES (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	122,028
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 $) If this amount includes foreign grants, check here ▶ ☐	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	122,028

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			11,519	45	11,133
	46	Savings and temporary cash investments				46	
	47a	Accounts receivable	47a				
	b	Less. allowance for doubtful accounts	47b			47c	
	48a	Pledges receivable	48a				
	b	Less allowance for doubtful accounts	48b			48c	
	49	Grants receivable			10,868	49	12,467
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att schedule)				50b	
	51a	Other notes and loans receivable (attach schedule)	51a				
	b	Less· allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use			1,200	52	1,200
	53	Prepaid expenses and deferred charges			6,605	53	4,014
	54a	Investments—publicly-traded securities ▶ ☐ Cost ☐ FMV				54a	
	b	Investments—other securities (attach schedule) ▶ ☐ Cost ☐ FMV				54b	
	55a	Investments—land, buildings, and equipment· basis	55a				
	b	Less· accumulated depreciation (attach schedule)	55b			55c	
	56	Investments—other (attach schedule)				56	
	57a	Land, buildings, and equipment· basis	57a	197,877			
	b	Less· accumulated depreciation (attach schedule) See Statement 4	57b	144,184	59,764	57c	53,693
	58	Other assets, including program-related investments (describe ▶ See Statement 5)			1,597	58	1,597
	59	**Total assets** (must equal line 74) Add lines 45 through 58			91,553	59	84,104
Liabilities	60	Accounts payable and accrued expenses			2,573	60	1,841
	61	Grants payable				61	
	62	Deferred revenue				62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a	Tax-exempt bond liabilities (attach schedule)				64a	
	b	Mortgages and other notes payable (attach schedule)				64b	
	65	Other liabilities (describe ▶)				65	
	66	**Total liabilities.** Add lines 60 through 65			2,573	66	1,841
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶** ☒ and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted			78,078	67	72,263
	68	Temporarily restricted			10,902	68	10,000
	69	Permanently restricted				69	
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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)			88,980	73	82,263
	74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73			91,553	74	84,104

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

a	Total revenue, gains, and other support per audited financial statements			a	150,523
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	
c	Subtract line b from line a			c	150,523
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	
e	**Total revenue** (Part I, line 12) Add lines c and d ▶			e	150,523

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

a	Total expenses and losses per audited financial statements			a	157,240
b	Amounts included on line a but not 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	
c	Subtract line b from line a			c	157,240
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	
e	**Total expenses** (Part I, line 17) Add lines c and d ▶			e	157,240

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
FRED SEE	PRESIDENT 5	0	0	0
JANE WHEATCRAFT	VICE PRESIDE 5	0	0	0
RENIE BROWN	SECRETARY 5	0	0	0
MICHAEL MORRISON	TREASURER 5	0	0	0
RENA ELLER	DIRECTOR 20	9,900	0	0
JOY BOROWSKI	ASST. DIRECT 20	12,563	0	0
BONNIE PARKER	OUTREACH 24	13,366	0	0
FRANK PANGALLO	TRANSPORT. 21	9,948	0	0

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

			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 15			
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
N/A				

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
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	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			
81a	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
82a	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? N/A		82a		
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			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A		83b		
84a	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? N/A		84b		
85a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members? N/A		85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less? N/A		85b		
	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				
c	Dues, assessments, and similar amounts from members	85c			
d	Section 162(e) lobbying and political expenditures	85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A		85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A		85h		
86	501(c)(7) orgs. Enter. **a** Initiation fees and capital contributions included on line 12	86a			
b	Gross receipts, included on line 12, for public use of club facilities	86b			
87	501(c)(12) orgs Enter **a** Gross income from members or shareholders	87a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b			
88a	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
89a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 ; section 4955 ▶ 0				
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b		X
c	Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶	0			
d	Enter. Amount of tax on line 89c, above, reimbursed by the organization ▶	0			
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		X

90a List the states with which a copy of this return is filed ▶ None

b Number of employees employed in the pay period that includes March 12, 2007 (See instructions) **90b** 4

91a The books are in care of ▶ RENA ELLER Telephone no. ▶ 615-822-8758

223 CAMPUS DRIVE

Located at ▶ HENDERSONVILLE, TN ZIP + 4 ▶ 37075

			Yes	No
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)?	91b		X
	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			

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? If "Yes," enter the name of the foreign country ▶	91c		X
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			

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 PROGRAM INCOME					38,539
b FUNDRAISING					3,644
c					
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					6
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					
101 Net income or (loss) from special events					
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		0	42,189
105 Total (add line 104, columns (B), (D), and (E)) ▶					42,189

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	PROGRAM PROVIDED A SETTING FOR SENIORS TO COMMUNICATE WITH ONE ANOTHER AND RECEIVE MEDICAL GUIDANCE AND PROMOTE THEIR PHYSICAL AND MENTAL WELL BEING.

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	%			
	%			
	%			
	%			

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 ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

	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 ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

	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?		

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 Rena Eller Date

RENA ELLER DIRECTOR 12/29/08

Type or print name and title

Paid Preparer's Use Only

Preparer's signature J W McMurray	Date 12/29/08	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen. Instr. X)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ McMurray & Associates, CPA's 641 E Main St Hendersonville, TN 37075-2606		EIN ▶	
		Phone no ▶ 615-824-2724	

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

2007

Name of the organization: SENIOR CITIZENS OF HENDERSONVILLE, INC.

Employer identification number 58-1846241

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 empl benefit plans & deferred comp	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $50,000 ▶				

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 ▶		

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 ▶		

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-A, Form 990	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3a	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
4a	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		
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
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 ▶	0		
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶	0		

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** ▶

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)

11a ☐ 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.)

11b ☐ 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? Yes	No	(e) Amount of support
Total ▶					

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)					
16	Membership fees received					
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					
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					
19	Net income from unrelated business activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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					
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22					
24	Line 23 minus line 17					
25	Enter 1% of line 23					

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶ 26a

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 ▶ 26b

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c

d Add Amounts from column (e) for lines 18 ______ 19 ______ 22 ______ 26b ______ ▶ 26d

e Public support (line 26c minus line 26d total) ▶ 26e

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f %

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: N/A

(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 N/A

(2006) (2005) (2004) (2003)

c Add Amounts from column (e) for lines. 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ ▶ 27c

d Add Line 27a total ______ and line 27b total ______ ▶ 27d

e Public support (line 27c total minus line 27d total) ▶ 27e

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 %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h %

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)

N/A

		Line	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? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)	32d		
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? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement)	33h		
34a	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 11 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768) N/A

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		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table-	41		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

If the amount on line 40 is-	The lobbying nontaxable amount is-
Not over $500,000	20% of the amount on line 40
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

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)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

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.) N/A

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			
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

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received·

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

200211 12/29/2008 10 41 AM

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2007

Attachment Sequence No **67**

Name(s) shown on return: SENIOR CITIZENS OF HENDERSONVILLE, INC.

Identifying number: 58-1846241

Business or activity to which this form relates: Indirect Depreciation

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	125,000
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	500,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
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	

	(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	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2006 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	
13	Carryover of disallowed deduction to 2008 Add lines 9 and 10, less line 12 ▶ 13		

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) and cellulosic biomass ethanol plant 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	6,451

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 2007	17	0
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 ▶ ☐		

Section B-Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		475	5.0	HY	200DB	95
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	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C-Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

(a) Classification of property	(b)	(c)	(d)	(e)	(f)	(g)
20a Class life					S/L	
b 12-year			12 yrs		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	6,546
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.

DAA

There are no amounts for Page 2

Federal Statements

Statement 1 - Form 990, Part II, Line 25a - Compensation of Current Officers

Name	Program Services	Management & General	Fundraising
Expenses	$	$	$
Compensation	25,983	19,719	
Total	$ 25,983	$ 19,719	$ 0

Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
Expenses	$	$	$	$
ADVERTISING	764		764	
DUES & SUBSCRIPTIONS	115		115	
INSTRUCTORS	367	367		
INSURANCE	7,630	4,578	3,052	
LICENSES & PERMITS	220		220	
OFFICE SUPPLIES	1,000	550	450	
DEVELOPMENT	100		100	
UTILITIES	12,677	9,635	3,042	
VEHICLE EXPENSE	1,572	1,572		
PROGRAM EXPENSES	38,995	38,995		
Total	$ 63,440	$ 55,697	$ 7,743	$ 0

Statement 3 - Form 990, Part III - Organization's Primary Exempt Purpose

Description
TO PROVIDE THE FACILITY, EQUIPMENT, AND PROGRAMMING NECESSARY TO ENHANCE THE PHYSICAL, MENTAL, AND EMOTIONAL WELL BEING OF PERSONS OVER THE AGE OF SIXTY IN SUMNER COUNTY.

Federal Statements

Statement 4 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Depr	End of Year	Accum Depr
	$ 197,402	$ 137,638	$ 197,877	$ 144,184
Total	$ 197,402	$ 137,638	$ 197,877	$ 144,184

Statement 5 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
ASSETS HELD FOR SALE	$ 1,597	$ 1,597
Total	$ 1,597	$ 1,597

200211 SENIOR CITIZENS OF HENDERSONVILLE, 11/14/2008 10:06 AM

~~62-1545567~~ 58-1846241 **Federal Asset Report**

FYE: 6/30/2008 **Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
5-year GDS Property:												
66	COMPUTER	12/31/07	475				475	5	HY	200DB	0	95
			475				475				0	95
Other Depreciation:												
1	CEILING TILES	9/01/93	2,129				2,129	25	MO	S/L	1,178	85
2	ELECTRICAL WIRING	9/01/93	650				650	25	MO	S/L	360	26
3	WATER LINE	9/01/93	850				850	25	MO	S/L	510	34
4	WHEELCHAIR CODER	10/01/93	373				373	10	MO	S/L	373	0
6	OTHER LHI	12/15/93	3,701				3,701	25	MO	S/L	2,073	148
7	CHARLES HASTY PARKING LOT	7/15/94	727				727	25	MO	S/L	378	29
8	INT. ELECTRICAL WORK	1/22/95	688				688	25	MO	S/L	358	27
9	2 POOL TABLES	1/03/95	2,475				2,475	7	MO	S/L	2,475	0
10	STOVE	8/17/94	225				225	7	MO	S/L	225	0
11	OFFICE EQUIPMENT	9/12/94	617				617	5	MO	S/L	617	0
12	TREADMILL	2/23/93	500				500	7	MO	S/L	500	0
13	CARPETS/FLOORING	4/19/96	2,745				2,745	15	MO	S/L	1,098	183
14	CEILING	1/11/96	2,527				2,527	25	MO	S/L	1,159	101
15	CEILING	1/11/96	943				943	25	MO	S/L	432	38
16	AIR CONDITIONER	1/11/96	2,229				2,229	25	MO	S/L	1,025	89
17	SOFTWARE	6/26/96	335				335	5	MO	S/L	335	0
18	LATERAL FILE	2/20/96	125				125	7	MO	S/L	125	0
19	SOFTWARE	3/26/96	249				249	5	MO	S/L	249	0
20	BUILDING SUPPLIES	1/01/96	496				496	25	MO	S/L	228	20
21	SIDEWALK	8/26/96	2,140				2,140	25	MO	S/L	942	85
22	SIDEWALK	9/05/96	200				200	25	MO	S/L	88	8
23	PLUMBING	9/12/96	925				925	25	MO	S/L	407	37
24	REFRIGERATOR	5/09/97	495				495	7	MO	S/L	495	0
25	FREEZER	11/26/97	530				530	10	MO	S/L	530	0
26	STOOLS	9/03/97	240				240	7	MO	S/L	240	0
27	COPY MACHINE	10/14/98	936				936	7	MO	S/L	936	0
28	STOVE	12/22/98	339				339	7	MO	S/L	339	0
29	FAX MACHINE	10/14/98	200				200	7	MO	S/L	200	0
30	COMPUTER	7/01/99	750				750	5	MO	S/L	750	0
32	COMPUTER	7/27/00	400				400	5	MO	S/L	400	0
33	COMPUTER	6/16/01	799				799	5	MO	S/L	799	0
34	BLOOD PRESSURE TESTER	7/01/01	350				350	7	MO	S/L	300	50
36	COPY MACHINE	9/01/94	995				995	7	MO	S/L	995	0
38	2002 VAN	3/29/02	31,122				31,122	5	MO	S/L	31,122	0
39	WATER LINE	9/02/94	1,550				1,550	25	MO	S/L	796	62
40	GAS LINE	8/18/94	2,335				2,335	25	MO	S/L	1,206	93
41	BRICKWORK	8/26/94	1,240				1,240	25	MO	S/L	637	49
42	FIRE DOOR	9/07/94	4,374				4,374	25	MO	S/L	2,245	175
43	PC	9/10/94	1,367				1,367	5	MO	S/L	1,367	0
44	HEAT & AIR	9/12/94	15,600				15,600	25	MO	S/L	8,008	624
45	WIRING KITCHEN	9/15/94	341				341	25	MO	S/L	175	14
46	PLEXIGLASS DOOR	9/29/94	1,806				1,806	25	MO	S/L	921	72
47	RESTROOM DOOR	10/05/94	310				310	25	MO	S/L	158	13
48	FOLDUP DOORS	11/28/94	2,327				2,327	25	MO	S/L	1,230	93
49	WAYNE OWENS PLUMBING	12/30/94	779				779	25	MO	S/L	390	31
50	WIRING	2/15/95	4,013				4,013	25	MO	S/L	1,993	161
51	PARKING LOT	6/30/95	30,866				30,866	25	MO	S/L	14,824	1,235
52	BATH TILES	11/22/95	630				630	25	MO	S/L	319	25
53	VARIOUS	1/01/95	1,707				1,707	10	MO	S/L	1,707	0
54	HEATING UNIT	5/01/91	1,258				1,258	7	MO	S/L	1,258	0
55	CARPET	12/01/90	1,062				1,062	7	MO	S/L	1,062	0
56	SINK	12/01/91	259				259	15	MO	S/L	259	0
57	BLUE PRINTS	9/01/91	150				150	10	MO	S/L	150	0
58	TREADMILL	6/01/94	1,888				1,888	7	MO	S/L	1,888	0
59	LAMP	8/01/93	481				481	25	MO	S/L	268	19
60	ROOF	9/01/93	18,000				18,000	15	MO	S/L	16,600	1,200
61	Leasehold Improvements	3/11/02	2,022				2,022	15	MO	S/L	674	135
62	Leasehold Improvements	5/12/02	9,000				9,000	15	MO	S/L	3,000	600
63	Leasehold Improvements	6/12/02	9,355				9,355	15	MO	S/L	3,118	624
64	Equipment	6/12/02	1,867				1,867	7	MO	S/L	1,334	266
65	Equipment	7/01/03	19,810				19,810	5	MO	S/L	19,810	0

200211 SENIOR CITIZENS OF HENDERSONVILLE, 11/14/2008 10:06 AM

~~62-1545667~~ 58-1846241 **Federal Asset Report**

FYE: 6/30/2008 **Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
	Total Other Depreciation		197,402			197,402		137,638	6,451
	Total ACRS and Other Depreciation		197,402			197,402		137,638	6,451
	Grand Totals		197,877			197,877		137,638	6,546
	Less: Dispositions		0			0		0	0
	Less: Start-up/Org Expensed		0			0		0	0
	Net Grand Totals		197,877			197,877		137,638	6,546

200211 SENIOR CITIZENS OF HENDERSONVILLE, 11/14/2008 10:06 AM

~~62-1546567~~ 56-1846241

AMT Asset Report

Form 990, Page 1

FYE: 6/30/2008

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
5-year GDS Property:											
66	COMPUTER	12/31/07	475			475	5	HY	150DB	0	71
			475			475				0	71
Prior MACRS:											
34	BLOOD PRESSURE TESTER	7/01/01	350			350	7	HY	150DB	286	43
36	COPY MACHINE	9/01/94	936			936	7	HY	150DB	936	0
38	2002 VAN	3/29/02	31,112		X	21,778	5	HY	150DB	31,112	0
			32,398			23,064				32,334	43
Other Depreciation:											
1	CEILING TILES	9/01/93	2,129			2,129	25	MO	S/L	511	85
2	ELECTRICAL WIRING	9/01/93	650			650	25	MO	S/L	156	26
3	WATER LINE	9/01/93	850			850	25	MO	S/L	204	34
4	WHEELCHAIR CODER	10/01/93	373			373	10	MO	S/L	224	37
6	OTHER LHI	12/15/93	3,701			3,701	25	MO	S/L	888	148
7	CHARLES HASTY PARKING LOT	7/15/94	727			727	25	MO	S/L	174	29
8	INT. ELECTRICAL WORK	1/22/95	688			688	25	MO	S/L	165	28
9	2 POOL TABLES	1/03/95	2,475			2,475	7	MO	S/L	2,121	354
10	STOVE	8/17/94	225			225	7	MO	S/L	193	32
11	OFFICE EQUIPMENT	9/12/94	617			617	5	MO	S/L	617	0
12	TREADMILL	2/23/93	500			500	7	MO	S/L	429	71
13	CARPETS/FLOORING	4/19/96	2,745			2,745	15	MO	S/L	1,098	183
14	CEILING	1/11/96	2,527			2,527	25	MO	S/L	606	102
15	CEILING	1/11/96	943			943	25	MO	S/L	226	38
16	AIR CONDITIONER	1/11/96	2,229			2,229	25	MO	S/L	535	89
17	SOFTWARE	6/26/96	335			335	5	MO	S/L	335	0
18	LATERAL FILE	2/20/96	125			125	7	MO	S/L	107	18
19	SOFTWARE	3/26/96	249			249	5	MO	S/L	249	0
20	BUILDING SUPPLIES	1/01/96	496			496	25	MO	S/L	119	20
21	SIDEWALK	8/26/96	2,140			2,140	25	MO	S/L	514	85
22	SIDEWALK	9/05/96	200			200	25	MO	S/L	48	8
23	PLUMBING	9/12/96	925			925	25	MO	S/L	222	37
24	REFRIGERATOR	5/09/97	495			495	7	MO	S/L	424	71
25	FREEZER	11/26/97	530			530	10	MO	S/L	318	53
26	STOOLS	9/03/97	240			240	7	MO	S/L	206	34
27	COPY MACHINE	10/14/98	936			936	7	MO	S/L	802	134
28	STOVE	12/22/98	339			339	7	MO	S/L	291	48
29	FAX MACHINE	10/14/98	200			200	7	MO	S/L	171	29
30	COMPUTER	7/01/99	750			750	5	MO	S/L	750	0
32	COMPUTER	7/27/00	400			400	5	MO	S/L	400	0
33	COMPUTER	6/16/01	799			799	5	MO	S/L	799	0
39	WATER LINE	9/02/94	1,550			1,550	25	MO	S/L	372	62
40	GAS LINE	8/18/94	2,335			2,335	25	MO	S/L	560	94
41	BRICKWORK	8/26/94	1,240			1,240	25	MO	S/L	298	49
42	FIRE DOOR	9/07/94	4,374			4,374	25	MO	S/L	1,050	175
43	PC	9/10/94	1,367			1,367	5	MO	S/L	1,367	0
44	HEAT & AIR	9/12/94	15,600			15,600	25	MO	S/L	3,744	624
45	WIRING KITCHEN	9/15/94	341			341	25	MO	S/L	82	13
46	PLEXIGLASS DOOR	9/29/94	1,806			1,806	25	MO	S/L	433	73
47	RESTROOM DOOR	10/05/94	310			310	25	MO	S/L	74	13
48	FOLDUP DOORS	11/28/94	2,327			2,327	25	MO	S/L	558	94
49	WAYNE OWENS PLUMBING	12/30/94	779			779	25	MO	S/L	187	31
50	WIRING	2/15/95	4,013			4,013	25	MO	S/L	963	161
51	PARKING LOT	6/30/95	30,866			30,866	25	MO	S/L	7,408	1,234
52	BATH TILES	11/22/95	630			630	25	MO	S/L	151	25
53	VARIOUS	1/01/95	1,707			1,707	10	MO	S/L	1,024	171
54	HEATING UNIT	5/01/91	1,258			1,258	7	MO	S/L	1,078	180
55	CARPET	12/01/90	1,062			1,062	7	MO	S/L	910	152
56	SINK	12/01/91	259			259	15	MO	S/L	104	17
57	BLUE PRINTS	9/01/91	150			150	10	MO	S/L	90	15
58	TREADMILL	6/01/94	1,888			1,888	7	MO	S/L	1,618	270
59	LAMP	8/01/93	481			481	25	MO	S/L	115	20
60	ROOF	9/01/93	18,000			18,000	15	MO	S/L	7,200	1,200
61	Leasehold Improvements	3/11/02	2,022			2,022	15	MO	S/L	674	135
62	Leasehold Improvements	5/12/02	9,000			9,000	15	MO	S/L	3,000	600

200211 SENIOR CITIZENS OF HENDERSONVILLE, 11/14/2008 10:06 AM

~~62-1545567~~ 58-1846241

AMT Asset Report

Form 990, Page 1

FYE: 6/30/2008

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
63	Leasehold Improvements	6/12/02	9,355			9,355	15	MO	S/L	3,118	624
64	Equipment	6/12/02	1,867			1,867	7	MO	S/L	1,334	266
65	Equipment	7/01/03	0			0	0	HY		0	0
	Total Other Depreciation		145,125			145,125				51,414	8,091
	Total ACRS and Other Depreciation		145,125			145,125				51,414	8,091
	Grand Totals		177,998			168,664				83,748	8,205
	Less: Dispositions		0			0				0	0
	Less: Start-up/Org Expensed		0			0				0	0
	Net Grand Totals		177,998			168,664				83,748	8,205

Depreciation Adjustment Report

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
Page 1	1	66	COMPUTER	95	71	24
				95	71	24

Federal Statements

Form 990, Part I, Line 1b - Direct Public Support

Description	Cash	Noncash	Total
	$ 16,433	$	$ 16,433
Total	$ 16,433	$ 0	$ 16,433

Form 990, Part I, Line 1c - Indirect Public Support

Description	Cash	Noncash	Total
	$ 8,301	$	$ 8,301
Total	$ 8,301	$ 0	$ 8,301

Form 990, Part I, Line 1d - Government Contributions

Description	Cash	Noncash	Total
	$ 13,000	$ 30,000	$ 43,000
	11,000		11,000
	29,600		29,600
Total	$ 53,600	$ 30,000	$ 83,600