

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

2010

Open to Public
Inspection

A For the 2010 calendar year, or tax year beginning 07/01/10 and ending 06/30/11

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

C Name of organization

SENIOR CITIZENS OF HENDERSONVILLE,

Doing Business As

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

133 CAMPUS DRIVE

Room/suite

City or town, state or country, and ZIP + 4

HENDERSONVILLE TN 37075

D Employer identification number

58-1846241

E Telephone number

615-822-8758

G Gross receipts \$ 170,565**F** Name and address of principal officer

RENA ELLER

133 CAMPUS DRIVE

HENDERSONVILLE TN 37075

H(a) Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A**H(c)** Group exemption number ▶

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1986**M** State of legal domicile**Part I Summary**

1 Briefly describe the organization's mission or most significant activities

See Schedule O

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

3 15

4 Number of independent voting members of the governing body (Part VI, line 1b)

4 15

5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)

5 5

6 Total number of volunteers (estimate if necessary)

6

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a

b Net unrelated business taxable income from Form 990-T, line 34

7b 0

8 Contributions and grants (Part VIII, line 1h)

Prior Year

127,463

Current Year

132,745

9 Program service revenue (Part VIII, line 2g)

25,279

37,817

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

3

3

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

152,745

170,565

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

55,514

57,619

16a Professional fundraising fees (Part IX, column (A), line 11e)

200

1,465

b Total fundraising expenses (Part IX, column (D), line 25) ▶

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)

101,452

110,537

18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)

157,166

169,621

19 Revenue less expenses Subtract line 18 from line 12

-4,421

944

Expenses
Net Assets or
Fund Balances

20 Total assets (Part X, line 16)

Beginning of Current Year

95,421

End of Year

94,821

21 Total liabilities (Part X, line 26)

3,007

1,463

22 Net assets or fund balances Subtract line 21 from line 20

92,414

93,358

Part II Signature Block

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

Sign
Here

Signature of officer

RENA ELLER

DIRECTOR

Date

9.21.2011

Type or print name and title

Paid
Preparer
Use Only

Print/Type preparer's name

J.W. MCMURRAY

Preparer's signature

J.W. McMurray

Date

08/29/11

Check ☒ if PTIN

self-employed P01347450

Firm's name ▶ McMurray & Associates, CPA's

Firm's EIN ▶ 62-1765435

Firm's address ▶ 641 E Main St

Hendersonville, TN 37075-2606

Phone no 615-824-2724

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2010)

Part III Statement of Program Service Accomplishments

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

☒

1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code:) (Expenses \$ 109,319 including grants of \$) (Revenue \$)
 ANNUAL HEALTH CARE AND TRANSPORTATION FOR
 MEDICAL PURPOSES

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

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

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 109,319

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		X

Part IV Checklist of Required Schedules (continued)

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

☐ Yes ☒ No

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	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)?		X
b	If "Yes," enter the name of the foreign country. ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

Check if Schedule O contains a response to any question in this Part VI. ☐

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	15	
1b Enter the number of voting members included in line 1a, above, who are independent	15	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13		X
12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official		X
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► None
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► RENA ELLER 223 CAMPUS DRIVE

HENDERSONVILLE

TN 37075

615-822-8758

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) FRED SEE PRESIDENT	0.00							0	0	0
(2) JANE WHEATCRAFT VICE PRESIDE	0.00							0	0	0
(3) RENIE BROWN SECRETARY	0.00							0	0	0
(4) RENA ELLER DIRECTOR	20.00							0	0	0
(5) BONNIE PARKER OUTREACH	24.00							0	0	0
(6) FRANK PANGALLO TRANSPORT.	21.00							0	0	0
(7) JAMES BACHMAN	0.00	X						0	0	0
(8) HERMON HUDSON	0.00	X						0	0	0
(9) TIM TAKACS	0.00	X						0	0	0
(10) JASON HULME	0.00	X						0	0	0
(11) THERESE CASLER	0.00	X						0	0	0
(12) JACKIE KNOX	0.00	X						0	0	0
(13) CLIFF BEEMAN	0.00	X						0	0	0
(14) KEVIN GILLINGHAM	0.00	X						0	0	0
(15) CINDY BRUNO	0.00	X						0	0	0
(16) JOSIE ISENBERG	0.00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) ERVIN BUCHANAN TREASURER	0.00			X				0	0	0
(18) KEE BRYANT MCCORMICK SECRETARY	0.00			X				0	0	0
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	12,739			
	d Related organizations	1d				
	e Government grants (contributions)	1e	94,600			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	25,406			
	g Noncash contributions included in lines 1a-1f		\$ 30,000			
	h Total. Add lines 1a-1f		132,745			
Program Service Revenue	2a PROGRAM INCOME	Busn. Code	37,817	37,817		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		37,817			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3	3	
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross Rents		(i) Real (ii) Personal				
b Less rental exps						
c Rental inc or (loss)						
d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other				
b Less cost or other basis & sales exps						
c Gain or (loss)						
d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a				
b Less: direct expenses		b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19		a				
b Less direct expenses		b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances		a				
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		170,565	37,820	0	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	53,616	13,404	40,212	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	4,003	1,001	3,002	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	3,105		3,105	
d Lobbying				
e Professional fundraising services See Part IV, line 17	1,465			1,465
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	30,000	30,000		
17 Travel	1,819	1,819		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,476	4,107	1,369	
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a PROGRAM SERVICES	38,270	38,270		
b UTILITIES	12,154	9,115	3,039	
c INSURANCE	7,527	5,269	2,258	
d OUTREACH EXPENSE	3,308	3,308		
e OFFICE SUPPLIES	2,938	1,763	1,175	
f All other expenses	5,940	1,263	4,677	
25 Total functional expenses. Add lines 1 through 24f	169,621	109,319	58,837	1,465
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	32,415	1	28,719
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	10,000	3	18,400
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	3,888	9	4,060
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 210,542		
	b Less accumulated depreciation	10b 166,900	49,118	10c 43,642
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	95,421	16	94,821	
Liabilities	17 Accounts payable and accrued expenses	1,545	17	1,029
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	1,462	25	434
	26 Total liabilities. Add lines 17 through 25	3,007	26	1,463
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	82,414	27	93,358
	28 Temporarily restricted net assets	10,000	28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	92,414	33	93,358
	34 Total liabilities and net assets/fund balances	95,421	34	94,821

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	170,565
2	Total expenses (must equal Part IX, column (A), line 25)	2	169,621
3	Revenue less expenses Subtract line 2 from line 1	3	944
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	92,414
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	93,358

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both.
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

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

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

OMB No 1545-0047

2010Open to Public
Inspection

Name of the organization

SENIOR CITIZENS OF HENDERSONVILLE,

Employer identification number

58-1846241

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

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

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

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

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	108,350	111,736	139,739	120,245	132,745	612,815
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	108,350	111,736	139,739	120,245	132,745	612,815
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						612,815

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	108,350	111,736	139,739	120,245	132,745	612,815
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		6	8	3		17
9 Net income from unrelated business activities, whether or not the business is regularly carried on	161					161
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						612,993
12 Gross receipts from related activities, etc. (see instructions)					12	37,820
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	99.97 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	99.97 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Part II, Line 10 - Other Income Detail

Other income \$ 0

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010Open to Public
Inspection

Name of the organization

Employer identification number

SENIOR CITIZENS OF HENDERSONVILLE,

58-1846241

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	► \$
(ii) Assets included in Form 990, Part X	► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ► %
 b Permanent endowment ► %
 c Term endowment ► %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		210,542	166,900	43,642
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				43,642

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) PAYROLL TAXES PAYABLE	434
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	434

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	170,565
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	169,621
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	944
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	944

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	170,565
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	170,565
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	170,565

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	169,621
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	169,621
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	169,621

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIV Supplemental Information (continued)

**SCHEDULE M
(Form 990)****Noncash Contributions**

OMB No 1545-0047

2010**Open To Public
Inspection**Department of the Treasury
Internal Revenue Service▶ **Complete if the organizations answered "Yes" on Form
990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

Name of the organization

SENIOR CITIZENS OF HENDERSONVILLE,

Employer identification number
58-1846241**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()	X	1	30,000	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for
which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that
it must hold for at least three years from the date of the initial contribution, and which is not required to be
used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard
contributions?32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) (2010)

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010**Open to Public
Inspection**

Name of the organization

SENIOR CITIZENS OF HENDERSONVILLE,

Employer identification number
58-1846241

Form 990 - Organization's Mission or Most Significant Activities
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.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
No documents available to the public

Form **4562**
Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2010Attachment
Sequence No **67**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

SENIOR CITIZENS OF HENDERSONVILLE,

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 instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
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	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
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 2009 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 2011. 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 depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	5,074

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 2010	17	402
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

Section B—Assets Placed in Service During 2010 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						
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 2010 Tax Year Using the Alternative Depreciation System

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 instructions	22	5,476
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2010)

DAA

There are no amounts for Page 2

58-1846241

Federal Asset Report

FYE: 6/30/2011

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:										
67	New A/C Unit - 5 ton	12/11/08	5,970			X	2,985	15 HY S/L	3,284	199
68	New A/C unit - 2 ton	5/22/09	6,105			X	3,052	15 HY S/L	3,358	203
			<u>12,075</u>				<u>6,037</u>		<u>6,642</u>	<u>402</u>
Other Depreciation:										
1	CEILING TILES	9/01/93	2,129				2,129	25 MO S/L	1,433	85
2	ELECTRICAL WIRING	9/01/93	650				650	25 MO S/L	438	26
3	WATER LINE	9/01/93	850				850	25 MO S/L	612	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	2,517	148
7	CHARLES HASTY PARKING LOT	7/15/94	727				727	25 MO S/L	465	29
8	INT. ELECTRICAL WORK	1/22/95	688				688	25 MO S/L	440	28
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	1,647	183
14	CEILING	1/11/96	2,527				2,527	25 MO S/L	1,462	102
15	CEILING	1/11/96	943				943	25 MO S/L	545	38
16	AIR CONDITIONER	1/11/96	2,229				2,229	25 MO S/L	1,292	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	288	20
21	SIDEWALK	8/26/96	2,140				2,140	25 MO S/L	1,198	86
22	SIDEWALK	9/05/96	200				200	25 MO S/L	112	8
23	PLUMBING	9/12/96	925				925	25 MO S/L	518	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	350	0
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	982	62
40	GAS LINE	8/18/94	2,335				2,335	25 MO S/L	1,486	94
41	BRICKWORK	8/26/94	1,240				1,240	25 MO S/L	785	50
42	FIRE DOOR	9/07/94	4,374				4,374	25 MO S/L	2,770	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	9,880	624
45	WIRING KITCHEN	9/15/94	341				341	25 MO S/L	216	14
46	PLEXIGLASS DOOR	9/29/94	1,806				1,806	25 MO S/L	1,138	72
47	RESTROOM DOOR	10/05/94	310				310	25 MO S/L	195	13
48	FOLDUP DOORS	11/28/94	2,327				2,327	25 MO S/L	1,509	93
49	WAYNE OWENS PLUMBING	12/30/94	779				779	25 MO S/L	483	31
50	WIRING	2/15/95	4,013				4,013	25 MO S/L	2,475	160
51	PARKING LOT	6/30/95	30,866				30,866	25 MO S/L	18,528	1,235
52	BATH TILES	11/22/95	630				630	25 MO S/L	395	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	325	20
60	ROOF	9/01/93	18,000				18,000	15 MO S/L	18,000	0
61	Leasehold Improvements	3/11/02	2,022				2,022	15 MO S/L	1,078	135
62	Leasehold Improvements	5/12/02	9,000				9,000	15 MO S/L	4,800	600
63	Leasehold Improvements	6/12/02	9,355				9,355	15 MO S/L	4,989	624
64	Equipment	6/12/02	1,867				1,867	7 MO S/L	1,867	0
65	Equipment	7/01/03	19,810				19,810	5 MO S/L	19,810	0
66	COMPUTER	12/31/07	475				475	5 MO S/L	338	95

Federal Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
69	WATER HEATER	12/23/09	590				590	15 MO S/L	20	39
	Total Other Depreciation		<u>198,467</u>				<u>198,467</u>		<u>154,782</u>	<u>5,074</u>
	Total ACRS and Other Depreciation		<u>198,467</u>				<u>198,467</u>		<u>154,782</u>	<u>5,074</u>
	Grand Totals		210,542				204,504		161,424	5,476
	Less: Dispositions and Transfers		0				0		0	0
	Less: Start-up/Org Expense		0				0		0	0
	Net Grand Totals		<u>210,542</u>				<u>204,504</u>		<u>161,424</u>	<u>5,476</u>

58-1846241

State Asset Report

FYE: 6/30/2011

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	State Prior	State Current	Federal Current	Difference Fed - State
Prior MACRS:								
34	BLOOD PRESSURE TESTER	7/01/01	350	350	350	0	0	0
36	COPY MACHINE	9/01/94	936	936	936	0	0	0
66	COMPUTER	12/31/07	475	475	338	55	95	40
69	WATER HEATER	12/23/09	590	295	310	28	39	11
			<u>2,351</u>	<u>2,056</u>	<u>1,934</u>	<u>83</u>	<u>134</u>	<u>51</u>
Other Depreciation:								
1	CEILING TILES	9/01/93	2,129	2,129	1,433	85	85	0
2	ELECTRICAL WIRING	9/01/93	650	650	438	26	26	0
3	WATER LINE	9/01/93	850	850	612	34	34	0
4	WHEELCHAIR CODER	10/01/93	373	373	373	0	0	0
6	OTHER LHI	12/15/93	3,701	3,701	2,517	148	148	0
7	CHARLES HASTY PARKING LOT	7/15/94	727	727	465	29	29	0
8	INT. ELECTRICAL WORK	1/22/95	688	688	440	28	28	0
9	2 POOL TABLES	1/03/95	2,475	2,475	2,475	0	0	0
10	STOVE	8/17/94	225	225	225	0	0	0
11	OFFICE EQUIPMENT	9/12/94	617	617	617	0	0	0
12	TREADMILL	2/23/93	500	500	500	0	0	0
13	CARPETS/FLOORING	4/19/96	2,745	2,745	1,647	183	183	0
14	CEILING	1/11/96	2,527	2,527	1,462	102	102	0
15	CEILING	1/11/96	943	943	545	38	38	0
16	AIR CONDITIONER	1/11/96	2,229	2,229	1,292	89	89	0
17	SOFTWARE	6/26/96	335	335	335	0	0	0
18	LATERAL FILE	2/20/96	125	125	125	0	0	0
19	SOFTWARE	3/26/96	249	249	249	0	0	0
20	BUILDING SUPPLIES	1/01/96	496	496	288	20	20	0
21	SIDEWALK	8/26/96	2,140	2,140	1,198	86	86	0
22	SIDEWALK	9/05/96	200	200	112	8	8	0
23	PLUMBING	9/12/96	925	925	518	37	37	0
24	REFRIGERATOR	5/09/97	495	495	495	0	0	0
25	FREEZER	11/26/97	530	530	530	0	0	0
26	STOOLS	9/03/97	240	240	240	0	0	0
27	COPY MACHINE	10/14/98	936	936	936	0	0	0
28	STOVE	12/22/98	339	339	339	0	0	0
29	FAX MACHINE	10/14/98	200	200	200	0	0	0
30	COMPUTER	7/01/99	750	750	750	0	0	0
32	COMPUTER	7/27/00	400	400	400	0	0	0
33	COMPUTER	6/16/01	799	799	799	0	0	0
38	2002 VAN	3/29/02	31,112	31,112	31,112	0	0	0
39	WATER LINE	9/02/94	1,550	1,550	982	62	62	0
40	GAS LINE	8/18/94	2,335	2,335	1,486	94	94	0
41	BRICKWORK	8/26/94	1,240	1,240	785	50	50	0
42	FIRE DOOR	9/07/94	4,374	4,374	2,770	175	175	0
43	PC	9/10/94	1,367	1,367	1,367	0	0	0
44	HEAT & AIR	9/12/94	15,600	15,600	9,880	624	624	0
45	WIRING KITCHEN	9/15/94	341	341	216	14	14	0
46	PLEXIGLASS DOOR	9/29/94	1,806	1,806	1,138	72	72	0
47	RESTROOM DOOR	10/05/94	310	310	195	13	13	0
48	FOLDUP DOORS	11/28/94	2,327	2,327	1,509	93	93	0
49	WAYNE OWENS PLUMBING	12/30/94	779	779	483	31	31	0
50	WIRING	2/15/95	4,013	4,013	2,475	160	160	0
51	PARKING LOT	6/30/95	30,866	30,866	18,528	1,235	1,235	0
52	BATH TILES	11/22/95	630	630	395	25	25	0
53	VARIOUS	1/01/95	1,707	1,707	1,707	0	0	0
54	HEATING UNIT	5/01/91	1,258	1,258	1,258	0	0	0
55	CARPET	12/01/90	1,062	1,062	1,062	0	0	0
56	SINK	12/01/91	259	259	259	0	0	0
57	BLUE PRINTS	9/01/91	150	150	150	0	0	0
58	TREADMILL	6/01/94	1,888	1,888	1,888	0	0	0
59	LAMP	8/01/93	481	481	325	20	20	0
60	ROOF	9/01/93	18,000	18,000	18,000	0	0	0
61	Leasehold Improvements	3/11/02	2,022	2,022	1,078	135	135	0
62	Leasehold Improvements	5/12/02	9,000	9,000	4,800	600	600	0
63	Leasehold Improvements	6/12/02	9,355	9,355	4,989	624	624	0
64	Equipment	6/12/02	1,867	1,867	1,867	0	0	0
65	Equipment	7/01/03	19,810	19,810	19,810	0	0	0
67	New A/C Unit - 5 ton	12/11/08	0	0	0	0	199	199

58-1846241

State Asset Report

FYE: 6/30/2011

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Basis for Depr</u>	<u>State Pnor</u>	<u>State Current</u>	<u>Federal Current</u>	<u>Difference Fed - State</u>
68	New A/C unit - 2 ton	5/22/09	0	0	0	0	203	203
	Total Other Depreciation		<u>196,047</u>	<u>196,047</u>	<u>153,069</u>	<u>4,940</u>	<u>5,342</u>	<u>402</u>
	Total ACRS and Other Depreciation		<u>196,047</u>	<u>196,047</u>	<u>153,069</u>	<u>4,940</u>	<u>5,342</u>	<u>402</u>
	Grand Totals		198,398	198,103	155,003	5,023	5,476	453
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>198,398</u>	<u>198,103</u>	<u>155,003</u>	<u>5,023</u>	<u>5,476</u>	<u>453</u>

58-1846241

TN Asset Report

FYE: 6/30/2011

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	TN Prior	TN Current	Federal Current	Difference Fed - TN
Prior MACRS:								
66	COMPUTER	12/31/07	475	475	338	55	95	40
67	New A/C Unit - 5 ton	12/11/08	5,970	5,970	597	398	199	-199
68	New A/C unit - 2 ton	5/22/09	6,105	6,105	611	407	203	-204
69	WATER HEATER	12/23/09	590	590	30	56	39	-17
			<u>13,140</u>	<u>13,140</u>	<u>1,576</u>	<u>916</u>	<u>536</u>	<u>-380</u>
Other Depreciation:								
1	CEILING TILES	9/01/93	2,129	2,129	1,433	85	85	0
2	ELECTRICAL WIRING	9/01/93	650	650	438	26	26	0
3	WATER LINE	9/01/93	850	850	572	34	34	0
4	WHEELCHAIR CODER	10/01/93	373	373	373	0	0	0
6	OTHER LHI	12/15/93	3,701	3,701	2,455	148	148	0
7	CHARLES HASTY PARKING LOT	7/15/94	727	727	465	29	29	0
8	INT ELECTRICAL WORK	1/22/95	688	688	424	28	28	0
9	2 POOL TABLES	1/03/95	2,475	2,475	2,475	0	0	0
10	STOVE	8/17/94	225	225	225	0	0	0
11	OFFICE EQUIPMENT	9/12/94	617	617	617	0	0	0
12	TREADMILL	2/23/93	500	500	500	0	0	0
13	CARPETS/FLOORING	4/19/96	2,745	2,745	2,593	152	183	31
14	CEILING	1/11/96	2,527	2,527	1,466	101	102	1
15	CEILING	1/11/96	943	943	547	37	38	1
16	AIR CONDITIONER	1/11/96	2,229	2,229	1,293	89	89	0
17	SOFTWARE	6/26/96	335	335	335	0	0	0
18	LATERAL FILE	2/20/96	125	125	125	0	0	0
19	SOFTWARE	3/26/96	249	249	249	0	0	0
20	BUILDING SUPPLIES	1/01/96	496	496	288	20	20	0
21	SIDEWALK	8/26/96	2,140	2,140	1,184	86	86	0
22	SIDEWALK	9/05/96	200	200	111	8	8	0
23	PLUMBING	9/12/96	925	925	512	37	37	0
24	REFRIGERATOR	5/09/97	495	495	495	0	0	0
25	FREEZER	11/26/97	530	530	530	0	0	0
26	STOOLS	9/03/97	240	240	240	0	0	0
27	COPY MACHINE	10/14/98	936	936	936	0	0	0
28	STOVE	12/22/98	339	339	339	0	0	0
29	FAX MACHINE	10/14/98	200	200	200	0	0	0
30	COMPUTER	7/01/99	750	750	750	0	0	0
32	COMPUTER	7/27/00	400	400	400	0	0	0
33	COMPUTER	6/16/01	799	799	799	0	0	0
34	BLOOD PRESSURE TESTER	7/01/01	350	350	350	0	0	0
36	COPY MACHINE	9/01/94	995	995	995	0	0	0
38	2002 VAN	3/29/02	31,122	31,122	31,122	0	0	0
39	WATER LINE	9/02/94	1,550	1,550	982	62	62	0
40	GAS LINE	8/18/94	2,335	2,335	1,479	93	94	1
41	BRICKWORK	8/26/94	1,240	1,240	785	50	50	0
42	FIRE DOOR	9/07/94	4,374	4,374	2,770	175	175	0
43	PC	9/10/94	1,367	1,367	1,367	0	0	0
44	HEAT & AIR	9/12/94	15,600	15,600	9,880	624	624	0
45	WIRING KITCHEN	9/15/94	341	341	216	14	14	0
46	PLEXIGLASS DOOR	9/29/94	1,806	1,806	1,138	72	72	0
47	RESTROOM DOOR	10/05/94	310	310	195	13	13	0
48	FOLDUP DOORS	11/28/94	2,327	2,327	1,451	93	93	0
49	WAYNE OWENS PLUMBING	12/30/94	779	779	483	31	31	0
50	WIRING	2/15/95	4,013	4,013	2,475	160	160	0
51	PARKING LOT	6/30/95	30,866	30,866	18,520	1,234	1,235	1
52	BATH TILES	11/22/95	630	630	367	26	25	-1
53	VARIOUS	1/01/95	1,707	1,707	1,707	0	0	0
54	HEATING UNIT	5/01/91	1,258	1,258	1,258	0	0	0
55	CARPET	12/01/90	1,062	1,062	1,062	0	0	0
56	SINK	12/01/91	259	259	259	0	0	0
57	BLUE PRINTS	9/01/91	150	150	150	0	0	0
58	TREADMILL	6/01/94	1,888	1,888	1,888	0	0	0
59	LAMP	8/01/93	481	481	325	20	20	0
60	ROOF	9/01/93	18,000	18,000	18,000	0	0	0
61	Leasehold Improvements	3/11/02	2,022	2,022	1,123	135	135	0
62	Leasehold Improvements	5/12/02	9,000	9,000	4,900	600	600	0
63	Leasehold Improvements	6/12/02	9,355	9,355	5,041	624	624	0
64	Equipment	6/12/02	1,867	1,867	1,867	0	0	0

TN Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	TN Prior	TN Current	Federal Current	Difference Fed - TN
65	Equipment	7/01/03	19,810	19,810	19,810	0	0	0
	Total Other Depreciation		197,402	197,402	155,334	4,906	4,940	34
	Total ACRS and Other Depreciation		197,402	197,402	155,334	4,906	4,940	34
	Grand Totals		210,542	210,542	156,910	5,822	5,476	-346
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		210,542	210,542	156,910	5,822	5,476	-346

58-1846241

AMT Asset Report

FYE: 6/30/2011

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Prior MACRS:											
34	BLOOD PRESSURE TESTER	7/01/01	350				350	7	HY 150DB	350	0
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
66	COMPUTER	12/31/07	475				475	5	HY 150DB	277	79
67	New A/C Unit - 5 ton	12/11/08	5,970			X	2,985	15	HY S/L	3,284	199
68	New A/C unit - 2 ton	5/22/09	6,105			X	3,052	15	HY S/L	3,358	203
69	WATER HEATER	12/23/09	590			X	295	15	HY 150DB	310	28
			<u>45,538</u>				<u>29,871</u>			<u>39,627</u>	<u>509</u>
Other Depreciation:											
1	CEILING TILES	9/01/93	2,129				2,129	25	MO S/L	766	85
2	ELECTRICAL WIRING	9/01/93	650				650	25	MO S/L	234	26
3	WATER LINE	9/01/93	850				850	25	MO S/L	306	34
4	WHEELCHAIR CODER	10/01/93	373				373	10	MO S/L	336	37
6	OTHER LHI	12/15/93	3,701				3,701	25	MO S/L	1,332	148
7	CHARLES HASTY PARKING LOT	7/15/94	727				727	25	MO S/L	262	29
8	INT ELECTRICAL WORK	1/22/95	688				688	25	MO S/L	248	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	1,647	183
14	CEILING	1/11/96	2,527				2,527	25	MO S/L	910	101
15	CEILING	1/11/96	943				943	25	MO S/L	339	38
16	AIR CONDITIONER	1/11/96	2,229				2,229	25	MO S/L	802	90
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	179	20
21	SIDEWALK	8/26/96	2,140				2,140	25	MO S/L	770	86
22	SIDEWALK	9/05/96	200				200	25	MO S/L	72	8
23	PLUMBING	9/12/96	925				925	25	MO S/L	333	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	477	53
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
39	WATER LINE	9/02/94	1,550				1,550	25	MO S/L	558	62
40	GAS LINE	8/18/94	2,335				2,335	25	MO S/L	841	93
41	BRICKWORK	8/26/94	1,240				1,240	25	MO S/L	446	50
42	FIRE DOOR	9/07/94	4,374				4,374	25	MO S/L	1,575	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	5,616	624
45	WIRING KITCHEN	9/15/94	341				341	25	MO S/L	123	13
46	PLEXIGLASS DOOR	9/29/94	1,806				1,806	25	MO S/L	650	72
47	RESTROOM DOOR	10/05/94	310				310	25	MO S/L	112	12
48	FOLDUP DOORS	11/28/94	2,327				2,327	25	MO S/L	838	93
49	WAYNE OWENS PLUMBING	12/30/94	779				779	25	MO S/L	280	32
50	WIRING	2/15/95	4,013				4,013	25	MO S/L	1,445	160
51	PARKING LOT	6/30/95	30,866				30,866	25	MO S/L	11,112	1,234
52	BATH TILES	11/22/95	630				630	25	MO S/L	227	25
53	VARIOUS	1/01/95	1,707				1,707	10	MO S/L	1,537	170
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	155	18
57	BLUE PRINTS	9/01/91	150				150	10	MO S/L	135	15
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	173	19
60	ROOF	9/01/93	18,000				18,000	15	MO S/L	10,800	1,200
61	Leasehold Improvements	3/11/02	2,022				2,022	15	MO S/L	1,078	135
62	Leasehold Improvements	5/12/02	9,000				9,000	15	MO S/L	4,800	600
63	Leasehold Improvements	6/12/02	9,355				9,355	15	MO S/L	4,989	624
64	Equipment	6/12/02	1,867				1,867	7	MO S/L	1,867	0

58-1846241

AMT Asset Report

FYE: 6/30/2011

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
65	Equipment	7/01/03	0				0	0 HY	0	0
	Total Other Depreciation		<u>145,125</u>				<u>145,125</u>		<u>72,630</u>	<u>6,428</u>
	Total ACRS and Other Depreciation		<u>145,125</u>				<u>145,125</u>		<u>72,630</u>	<u>6,428</u>
	Grand Totals		190,663				174,996		112,257	6,937
	Less: Dispositions and Transfers		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>190,663</u>				<u>174,996</u>		<u>112,257</u>	<u>6,937</u>

58-1846241

Bonus Depreciation Report

FYE: 6/30/2011

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
67	New A/C Unit - 5 ton	12/11/08	5,970		0	0	2,985	2,985
68	New A/C unit - 2 ton	5/22/09	6,105		0	0	3,053	3,052
	Form 990, Page 1		<u>12,075</u>		<u>0</u>	<u>0</u>	<u>6,038</u>	<u>6,037</u>
	Grand Total		<u>12,075</u>		<u>0</u>	<u>0</u>	<u>6,038</u>	<u>6,037</u>

58-1846241

Depreciation Adjustment Report

FYE: 6/30/2011

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<u>MACRS Adjustments:</u>						
Page 1	1	67	New A/C Unit - 5 ton	199	199	0
Page 1	1	68	New A/C unit - 2 ton	203	203	0
				<u>402</u>	<u>402</u>	<u>0</u>

58-1846241

Future Depreciation Report**FYE: 6/30/12**

FYE: 6/30/2011

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
67	New A/C Unit - 5 ton	12/11/08	5,970	199	199
68	New A/C unit - 2 ton	5/22/09	6,105	204	204
			<u>12,075</u>	<u>403</u>	<u>403</u>

Other Depreciation:

1	CEILING TILES	9/01/93	2,129	85	86
2	ELECTRICAL WIRING	9/01/93	650	26	26
3	WATER LINE	9/01/93	850	34	34
4	WHEELCHAIR CODER	10/01/93	373	0	0
6	OTHER LHI	12/15/93	3,701	148	148
7	CHARLES HASTY PARKING LOT	7/15/94	727	29	29
8	INT. ELECTRICAL WORK	1/22/95	688	27	28
9	2 POOL TABLES	1/03/95	2,475	0	0
10	STOVE	8/17/94	225	0	0
11	OFFICE EQUIPMENT	9/12/94	617	0	0
12	TREADMILL	2/23/93	500	0	0
13	CARPETS/FLOORING	4/19/96	2,745	183	183
14	CEILING	1/11/96	2,527	101	101
15	CEILING	1/11/96	943	38	38
16	AIR CONDITIONER	1/11/96	2,229	89	89
17	SOFTWARE	6/26/96	335	0	0
18	LATERAL FILE	2/20/96	125	0	0
19	SOFTWARE	3/26/96	249	0	0
20	BUILDING SUPPLIES	1/01/96	496	20	19
21	SIDEWALK	8/26/96	2,140	86	86
22	SIDEWALK	9/05/96	200	8	8
23	PLUMBING	9/12/96	925	37	37
24	REFRIGERATOR	5/09/97	495	0	0
25	FREEZER	11/26/97	530	0	0
26	STOOLS	9/03/97	240	0	0
27	COPY MACHINE	10/14/98	936	0	0
28	STOVE	12/22/98	339	0	0
29	FAX MACHINE	10/14/98	200	0	0
30	COMPUTER	7/01/99	750	0	0
32	COMPUTER	7/27/00	400	0	0
33	COMPUTER	6/16/01	799	0	0
34	BLOOD PRESSURE TESTER	7/01/01	350	0	0
36	COPY MACHINE	9/01/94	995	0	0
38	2002 VAN	3/29/02	31,122	0	0
39	WATER LINE	9/02/94	1,550	62	62
40	GAS LINE	8/18/94	2,335	93	93
41	BRICKWORK	8/26/94	1,240	50	50
42	FIRE DOOR	9/07/94	4,374	175	175
43	PC	9/10/94	1,367	0	0
44	HEAT & AIR	9/12/94	15,600	624	624
45	WIRING KITCHEN	9/15/94	341	13	14
46	PLEXIGLASS DOOR	9/29/94	1,806	72	73
47	RESTROOM DOOR	10/05/94	310	12	12
48	FOLDUP DOORS	11/28/94	2,327	93	93
49	WAYNE OWENS PLUMBING	12/30/94	779	31	31
50	WIRING	2/15/95	4,013	161	161
51	PARKING LOT	6/30/95	30,866	1,234	1,235
52	BATH TILES	11/22/95	630	25	25
53	VARIOUS	1/01/95	1,707	0	0
54	HEATING UNIT	5/01/91	1,258	0	0
55	CARPET	12/01/90	1,062	0	0
56	SINK	12/01/91	259	0	17
57	BLUE PRINTS	9/01/91	150	0	0
58	TREADMILL	6/01/94	1,888	0	0
59	LAMP	8/01/93	481	19	20
60	ROOF	9/01/93	18,000	0	1,200
61	Leasehold Improvements	3/11/02	2,022	135	135
62	Leasehold Improvements	5/12/02	9,000	600	600
63	Leasehold Improvements	6/12/02	9,355	624	624

58-1846241

Future Depreciation Report**FYE: 6/30/12**

FYE: 6/30/2011

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
64	Equipment	6/12/02	1,867	0	0
65	Equipment	7/01/03	19,810	0	0
66	COMPUTER	12/31/07	475	42	79
69	WATER HEATER	12/23/09	590	39	25
Total Other Depreciation			<u>198,467</u>	<u>5,015</u>	<u>6,260</u>
Total ACRS and Other Depreciation			<u>198,467</u>	<u>5,015</u>	<u>6,260</u>
Grand Totals			<u>210,542</u>	<u>5,418</u>	<u>6,663</u>

58-1846241

Future Depreciation Report**FYE: 6/30/12**

FYE: 6/30/2011

Form 990, Page 1

Asset	Description	Date In Service	Cost	State	AMT
Prior MACRS:					
67	New A/C Unit - 5 ton	12/11/08	0	0	199
68	New A/C unit - 2 ton	5/22/09	0	0	204
			<u>0</u>	<u>0</u>	<u>403</u>

Other Depreciation:

1	CEILING TILES	9/01/93	2,129	85	86
2	ELECTRICAL WIRING	9/01/93	650	26	26
3	WATER LINE	9/01/93	850	34	34
4	WHEELCHAIR CODER	10/01/93	373	0	0
6	OTHER LHI	12/15/93	3,701	148	148
7	CHARLES HASTY PARKING LOT	7/15/94	727	29	29
8	INT ELECTRICAL WORK	1/22/95	688	27	28
9	2 POOL TABLES	1/03/95	2,475	0	0
10	STOVE	8/17/94	225	0	0
11	OFFICE EQUIPMENT	9/12/94	617	0	0
12	TREADMILL	2/23/93	500	0	0
13	CARPETS/FLOORING	4/19/96	2,745	183	183
14	CEILING	1/11/96	2,527	101	101
15	CEILING	1/11/96	943	38	38
16	AIR CONDITIONER	1/11/96	2,229	89	89
17	SOFTWARE	6/26/96	335	0	0
18	LATERAL FILE	2/20/96	125	0	0
19	SOFTWARE	3/26/96	249	0	0
20	BUILDING SUPPLIES	1/01/96	496	20	19
21	SIDEWALK	8/26/96	2,140	86	86
22	SIDEWALK	9/05/96	200	8	8
23	PLUMBING	9/12/96	925	37	37
24	REFRIGERATOR	5/09/97	495	0	0
25	FREEZER	11/26/97	530	0	0
26	STOOLS	9/03/97	240	0	0
27	COPY MACHINE	10/14/98	936	0	0
28	STOVE	12/22/98	339	0	0
29	FAX MACHINE	10/14/98	200	0	0
30	COMPUTER	7/01/99	750	0	0
32	COMPUTER	7/27/00	400	0	0
33	COMPUTER	6/16/01	799	0	0
34	BLOOD PRESSURE TESTER	7/01/01	350	0	0
36	COPY MACHINE	9/01/94	936	0	0
38	2002 VAN	3/29/02	31,112	0	0
39	WATER LINE	9/02/94	1,550	62	62
40	GAS LINE	8/18/94	2,335	93	93
41	BRICKWORK	8/26/94	1,240	50	50
42	FIRE DOOR	9/07/94	4,374	175	175
43	PC	9/10/94	1,367	0	0
44	HEAT & AIR	9/12/94	15,600	624	624
45	WIRING KITCHEN	9/15/94	341	13	14
46	PLEXIGLASS DOOR	9/29/94	1,806	72	73
47	RESTROOM DOOR	10/05/94	310	12	12
48	FOLDUP DOORS	11/28/94	2,327	93	93
49	WAYNE OWENS PLUMBING	12/30/94	779	31	31
50	WIRING	2/15/95	4,013	161	161
51	PARKING LOT	6/30/95	30,866	1,234	1,235
52	BATH TILES	11/22/95	630	25	25
53	VARIOUS	1/01/95	1,707	0	0
54	HEATING UNIT	5/01/91	1,258	0	0
55	CARPET	12/01/90	1,062	0	0
56	SINK	12/01/91	259	0	17
57	BLUE PRINTS	9/01/91	150	0	0
58	TREADMILL	6/01/94	1,888	0	0
59	LAMP	8/01/93	481	19	20
60	ROOF	9/01/93	18,000	0	1,200
61	Leasehold Improvements	3/11/02	2,022	135	135
62	Leasehold Improvements	5/12/02	9,000	600	600
63	Leasehold Improvements	6/12/02	9,355	624	624

Future Depreciation Report**FYE: 6/30/12**

FYE: 6/30/2011

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>State</u>	<u>AMT</u>
64	Equipment	6/12/02	1,867	0	0
65	Equipment	7/01/03	19,810	0	0
66	COMPUTER	12/31/07	475	55	79
69	WATER HEATER	12/23/09	590	25	25
Total Other Depreciation			<u>198,398</u>	<u>5,014</u>	<u>6,260</u>
Total ACRS and Other Depreciation			<u>198,398</u>	<u>5,014</u>	<u>6,260</u>
Grand Totals			<u>198,398</u>	<u>5,014</u>	<u>6,663</u>

58-1846241

TN Future Depreciation Report**FYE: 6/30/12**

FYE: 6/30/2011

Form 990, Page 1

Asset	Description	Date In Service	Cost	TN
Prior MACRS:				
67	New A/C Unit - 5 ton	12/11/08	5,970	398
68	New A/C unit - 2 ton	5/22/09	6,105	407
			<u>12,075</u>	<u>805</u>

Other Depreciation:

1	CEILING TILES	9/01/93	2,129	85
2	ELECTRICAL WIRING	9/01/93	650	26
3	WATER LINE	9/01/93	850	34
4	WHEELCHAIR CODER	10/01/93	373	0
6	OTHER LHI	12/15/93	3,701	148
7	CHARLES HASTY PARKING LOT	7/15/94	727	29
8	INT ELECTRICAL WORK	1/22/95	688	27
9	2 POOL TABLES	1/03/95	2,475	0
10	STOVE	8/17/94	225	0
11	OFFICE EQUIPMENT	9/12/94	617	0
12	TREADMILL	2/23/93	500	0
13	CARPETS/FLOORING	4/19/96	2,745	0
14	CEILING	1/11/96	2,527	101
15	CEILING	1/11/96	943	38
16	AIR CONDITIONER	1/11/96	2,229	89
17	SOFTWARE	6/26/96	335	0
18	LATERAL FILE	2/20/96	125	0
19	SOFTWARE	3/26/96	249	0
20	BUILDING SUPPLIES	1/01/96	496	20
21	SIDEWALK	8/26/96	2,140	85
22	SIDEWALK	9/05/96	200	8
23	PLUMBING	9/12/96	925	37
24	REFRIGERATOR	5/09/97	495	0
25	FREEZER	11/26/97	530	0
26	STOOLS	9/03/97	240	0
27	COPY MACHINE	10/14/98	936	0
28	STOVE	12/22/98	339	0
29	FAX MACHINE	10/14/98	200	0
30	COMPUTER	7/01/99	750	0
32	COMPUTER	7/27/00	400	0
33	COMPUTER	6/16/01	799	0
34	BLOOD PRESSURE TESTER	7/01/01	350	0
36	COPY MACHINE	9/01/94	995	0
38	2002 VAN	3/29/02	31,122	0
39	WATER LINE	9/02/94	1,550	62
40	GAS LINE	8/18/94	2,335	93
41	BRICKWORK	8/26/94	1,240	50
42	FIRE DOOR	9/07/94	4,374	175
43	PC	9/10/94	1,367	0
44	HEAT & AIR	9/12/94	15,600	624
45	WIRING KITCHEN	9/15/94	341	13
46	PLEXIGLASS DOOR	9/29/94	1,806	72
47	RESTROOM DOOR	10/05/94	310	12
48	FOLDUP DOORS	11/28/94	2,327	93
49	WAYNE OWENS PLUMBING	12/30/94	779	31
50	WIRING	2/15/95	4,013	161
51	PARKING LOT	6/30/95	30,866	1,235
52	BATH TILES	11/22/95	630	25
53	VARIOUS	1/01/95	1,707	0
54	HEATING UNIT	5/01/91	1,258	0
55	CARPET	12/01/90	1,062	0
56	SINK	12/01/91	259	0
57	BLUE PRINTS	9/01/91	150	0
58	TREADMILL	6/01/94	1,888	0
59	LAMP	8/01/93	481	19
60	ROOF	9/01/93	18,000	0
61	Leasehold Improvements	3/11/02	2,022	135
62	Leasehold Improvements	5/12/02	9,000	600
63	Leasehold Improvements	6/12/02	9,355	624

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>TN</u>
64	Equipment	6/12/02	1,867	0
65	Equipment	7/01/03	19,810	0
66	COMPUTER	12/31/07	475	55
69	WATER HEATER	12/23/09	590	50
Total Other Depreciation			<u>198,467</u>	<u>4,856</u>
Total ACRS and Other Depreciation			<u>198,467</u>	<u>4,856</u>
Grand Totals			<u>210,542</u>	<u>5,661</u>

Federal Statements**Tax-Exempt Interest on Investments**Description

	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>InState Muni (\$ or %)</u>
	\$ <u>3</u>					
Total	\$ <u><u>3</u></u>					

Federal Statements

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Form 990, Part IX, Line 24f - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
MAINTENANCE	\$ 2,892	723	2,169	\$
TELEPHONE	2,158	540	1,618	
POSTAGE & DELIVERY	487		487	
ADVERTISING	174		174	
DUES & SUBSCRIPTIONS	115		115	
DEVELOPMENT	94		94	
LICENSES & PERMITS	20		20	
Total	\$ 5,940	\$ 1,263	\$ 4,677	\$ 0