

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 private foundations)

- ▶ Do not enter Social Security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013****Open to Public Inspection****A** For the 2013 calendar year, or tax year beginning 07/01/13, and ending 06/30/14**B** Check if applicable:

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

**C** Name of organization

SENIOR CITIZENS OF HENDERSONVILLE, I

Doing Business As

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

PO BOX 2412

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

HENDERSONVILLE

TN 37077

**D** Employer identification number

58-1846241

**E** Telephone number

615-822-8758

**G** Gross receipts \$ 144,432**F** Name and address of principal officer:

JACQUELINE MCENTIRE

PO BOX 2412

HENDERSONVILLE

TN 37077

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

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: See Schedule O				
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	15		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	15		
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	5		
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	0		
		<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34		<b>7b</b>	0		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	206,759	Current Year	111,326
	<b>9</b> Program service revenue (Part VIII, line 2g)		21,306		7,614
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0		0
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,380		17,819
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		231,445		136,759
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)				0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)				0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		60,243		58,668
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)				0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶		0		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		68,787		81,797
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		129,030		140,465
<b>Net Assets or Fund Balances</b>	<b>19</b> Revenue less expenses. Subtract line 18 from line 12		102,415		-3,706
	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	168,023	End of Year	155,938
			1,410		2,380
		<b>22</b> Net assets or fund balances. Subtract line 21 from line 20		166,613	

**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

Date

JACQUELINE MCENTIRE

EXECUTIVE DIRECTOR

Type or print name and title

**Paid**

Print/Type preparer's name

Preparer's signature

Date

Check ☒ if

PTIN

JW MCMURRAY

10/06/14

self-employed

P01347450

**Preparer Use Only**

Firm's name ▶

McMurray &amp; Associates, CPAs

Firm's EIN ▶

62-1765435

Firm's address ▶

641 E Main St

Phone no.

Hendersonville, TN 37075-2606

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.

**TAXPAYER'S COPY**

Form 990 (2013)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 82,920 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 ► 82,920

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3</b> 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>f</b> 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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 and XII is optional	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> 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)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>19</b> 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
<b>23</b> 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		X
<b>24a</b> 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 25a		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
<b>25b</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		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
<b>28</b> 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):		
<b>28a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>28c</b> 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		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>33</b> 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		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>35b</b> If "Yes" to line 35a, 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		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
<b>37</b> 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		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O		X

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

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

**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 or note to any line in this Part VI ☐

**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	15			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b 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 Did the organization have members or stockholders?				X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				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 Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13		X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
13 Did the organization have a written whistleblower policy?		X
14 Did 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
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **JACQUELINE MCENTIRE** **223 CAMPUS DRIVE**

HENDERSONVILLE

TN 37075

615-822-8758

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) JACQUELINE MCENTIRE	28.00									
DIRECTOR	0.00	X		X				20,000	0	0
(2) JAMES BACHMAN	0.00									
MEMBER AT LARGE	0.00	X						0	0	0
(3) TIM TAKACS	0.00									
MEMBER AT LARGE	0.00	X						0	0	0
(4) THERESE CASLER	0.00									
MEMBER AT LARGE	0.00	X						0	0	0
(5) JAMES JONES	0.00									
MEMBER AT LARGE	0.00	X						0	0	0
(6) GREG FREUDENTHAL	0.00									
MEMBER AT LARGE	0.00	X						0	0	0
(7) CINDY BRUNO	0.00									
	0.00	X						0	0	0
(8) DAVID MOOMY	0.00									
MEMBER AT LARGE	0.00	X						0	0	0
(9) FRED SEE	0.00									
PRESIDENT	0.00			X				0	0	0
(10) RUBY BEEMAN	0.00									
VICE PRESIDENT	0.00			X				0	0	0
(11) KEE BRYANT MCCORMICK	0.00									
SECRETARY	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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(12) JOAN PATTON	0.00									
MEMBER AT LARGE	0.00			X				0	0	0
(13) JOANN POWEL	0.00									
MEMBER AT LARGE	0.00			X				0	0	0
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Sub-total								20,000		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								20,000		

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

	Yes	No
3		X

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

4		X
---	--	---

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

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. Report compensation for the calendar year ending with or within the organization's tax year.

(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 of compensation from the organization **0**



**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	95,619			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	15,707			
	g Noncash contributions included in lines 1a-1f: \$		30,000			
	h Total. Add lines 1a-1f.		111,326			
<b>Program Service Revenue</b>	2a PROGRAM INCOME	Busn. Code	7,614	7,614		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f.		7,614			
	<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)				
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		(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	25,492			
b Less: direct expenses		b	7,673			
c Net income or (loss) from fundraising events			17,819			
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						
<b>Miscellaneous Revenue</b>	11a	Busn. Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
	12 Total revenue. See instructions.		136,759	7,614	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).

Check if Schedule O contains a response or note to any line in this Part IX ☐**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	58,668	14,667	44,001	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	3,375		3,375	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,383	2,383		
12 Advertising and promotion	493		493	
13 Office expenses	5,856	4,392	1,464	
14 Information technology				
15 Royalties				
16 Occupancy	30,000	30,000		
17 Travel	2,030	2,030		
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	11,458	11,009	449	
23 Insurance	9,021	6,766	2,255	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UTILITIES	13,630	10,223	3,407	
b TELEPHONE	2,426	607	1,819	
c MAINTENANCE	1,125	843	282	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	140,465	82,920	57,545	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest bearing	44,679	1	48,351
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	18,400	3	15,444
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other 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). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	4,642	9	1,649
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 298,064		
	b Less: accumulated depreciation	10b 207,570	10c 100,302	90,494
	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 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	168,023	16	155,938	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	467	17	793
	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 Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	943	25	1,587
	26 <b>Total liabilities.</b> Add lines 17 through 25	1,410	26	2,380
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	166,613	27	153,558
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), 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 <b>Total net assets or fund balances</b>	166,613	33	153,558
34 <b>Total liabilities and net assets/fund balances</b>	168,023	34	155,938	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	136,759
2	Total expenses (must equal Part IX, column (A), line 25)	2	140,465
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,706
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	166,613
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-9,349
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	153,558

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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?		X
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.		

**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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**Open to Public  
Inspection

Name of the organization

SENIOR CITIZENS OF HENDERSONVILLE, I

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—Non-functionally integrated
- 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? .....
- h Provide the following information about the supported organization(s).

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

(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 monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2013

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	120,245	132,745	131,635	206,759	111,326	702,710
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b> <b>Total.</b> Add lines 1 through 3	120,245	132,745	131,635	206,759	111,326	702,710
<b>5</b> 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)						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4.						702,710

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4	120,245	132,745	131,635	206,759	111,326	702,710
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11</b> <b>Total support.</b> Add lines 7 through 10						702,710
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	33,106
<b>13</b> <b>First five years.</b> 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 <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	100.00%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14	<b>15</b>	100.00%
<b>16a</b> <b>33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
<b>b</b> <b>33 1/3% support test—2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>17a</b> <b>10%-facts-and-circumstances test—2013.</b> 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 <b>stop here.</b> 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>b</b> <b>10%-facts-and-circumstances test—2012.</b> 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 <b>stop here.</b> 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>18</b> <b>Private foundation.</b> 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17	<b>18</b>	%
<b>19a 33 1/3% support tests—2013.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>b 33 1/3% support tests—2012.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <span style="float: right;">► <input type="checkbox"/></span>		

**Supplemental Information.** 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).



**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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**Open to Public  
Inspection

Name of the organization

Employer identification number

SENIOR CITIZENS OF HENDERSONVILLE, I

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 XIII, 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 XIII, 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 XIII.

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 XIII 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 XIII. Check here if the explanation has been provided in Part XIII ☐

**Part V Endowment Funds.**

Complete if the 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 current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ %  
 b Permanent endowment ☐ %  
 c Temporarily restricted endowment ☐ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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 XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(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		298,064	207,570	90,494
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				90,494

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) PAYROLL TAXES PAYABLE	1,587	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		1,587

2. Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII. ☐

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	136,759
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 XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	136,759
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 XIII.)	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	136,759

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	138,815
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 XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	138,815
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 XIII.)	4b	1,650
c	Add lines 4a and 4b	4c	1,650
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	140,465

**Part XIII Supplemental Information**

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part XII, Line 4b - Expense Amounts Included on Return - Other**

Book / Tax Depreciation Difference \$ 1,650

## Part XIII Supplemental Information (continued)

**SCHEDULE G**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**Open to Public  
Inspection

Name of the organization

SENIOR CITIZENS OF HENDERSONVILLE, I

Employer identification number

58-1846241

**Part I****Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations                      **e** ☐ Solicitation of non-government grants
- b** ☐ Internet and email solicitations                      **f** ☐ Solicitation of government grants
- c** ☐ Phone solicitations                      **g** ☐ Special fundraising events
- d** ☐ In-person solicitations

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> ▶						

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>FUNDRAISING</u> (event type)	(b) Event #2 _____ (event type)	(c) Other events <u>None</u> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts .....	25,492			25,492
	2 Less: Contributions .....				
	3 Gross income (line 1 minus line 2) .....	25,492			25,492
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....				
	7 Food and beverages ..				
	8 Entertainment .....				
	9 Other direct expenses	7,673			7,673
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				7,673
	11 Net income summary. Subtract line 10 from line 3, column (d) .....				17,819

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue .....				
Direct Expenses	2 Cash prizes .....				
	3 Noncash prizes .....				
	4 Rent/facility costs .....				
	5 Other direct expenses				
	6 Volunteer labor .....	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) .....					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) .....					

9 Enter the state(s) in which the organization operates gaming activities: .....

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain:

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ .....

Address ▶ .....

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ..... and the amount of gaming revenue retained by the third party ▶ \$ .....
- c If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

16 Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ .....

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).



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

OMB No. 1545-0047

**2013****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.  
 ► Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

SENIOR CITIZENS OF HENDERSONVILLE, I

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?

	Yes	No
30a		X
31		X
32a		X

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.

## Part II

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. 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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**Open to Public  
Inspection

Name of the organization

SENIOR CITIZENS OF HENDERSONVILLE, I

Employer identification number

58-1846241

## Form 990 - Organization's Mission

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 990, Part XI, Line 9 - Reconciliation of Changes - Other

Book / Tax Depreciation Difference \$ 1,650

## Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Book/Tax \$ 10,999

Form **4562**Department of the Treasury  
Internal Revenue Service (99)**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172

**2013**Attachment  
Sequence No. **179**

Name(s) shown on return

SENIOR CITIZENS OF HENDERSONVILLE, I

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 2012 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 2014. 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	1,359

**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 2013	17	1,604
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 2013 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	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2013 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	8,495
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	11,458
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** (2013)

**Part V Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A—Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

<b>24a</b> Do you have evidence to support the business/investment use claimed?					<input checked="" type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<b>24b</b> If "Yes," is the evidence written?		<input checked="" type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost		
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) <b>25</b>										
<b>26</b> Property used more than 50% in a qualified business use:										
Mini-Bus	03/21/13	100.00%	53,095	26,547	5.0	200DBHY	8,495			
		%								
<b>27</b> Property used 50% or less in a qualified business use:										
		%				S/L-				
		%				S/L-				
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							<b>28</b>	8,495		
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1								<b>29</b>		

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year. Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<b>Yes</b>	<b>No</b>
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2013 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2013 tax year					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report					<b>44</b>

58-1846241

## Federal Asset Report

FYE: 6/30/2014

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
<b>Prior MACRS:</b>											
67	New A/C Unit - 5 ton	12/11/08	5,970			X	2,985	15	HY S/L	3,881	199
68	New A/C unit - 2 ton	5/22/09	6,105			X	3,052	15	HY S/L	3,968	204
69	WATER HEATER	12/23/09	590			X	459	15	HY S/L	131	31
70	Myers Carpet	5/02/13	32,827			X	16,414	15	HY S/L	16,961	1,094
71	Water Heater	1/25/13	1,600			X	800	15	HY 150DB	840	76
			<u>47,092</u>				<u>23,710</u>			<u>25,781</u>	<u>1,604</u>
<b>Other Depreciation:</b>											
1	CEILING TILES	9/01/93	2,129				2,129	15	MO S/L	2,129	0
2	ELECTRICAL WIRING	9/01/93	650				650	15	MO S/L	650	0
3	WATER LINE	9/01/93	850				850	15	MO S/L	850	0
4	WHEELCHAIR CODER	10/01/93	373				373	10	MO S/L	373	0
6	OTHER LHI	12/15/93	3,701				3,701	15	MO S/L	3,701	0
7	CHARLES HASTY PARKING LOT	7/15/94	727				727	15	MO S/L	727	0
8	INT. ELECTRICAL WORK	1/22/95	688				688	15	MO S/L	688	0
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	2,745	0
14	CEILING	1/11/96	2,527				2,527	15	MO S/L	2,527	0
15	CEILING	1/11/96	943				943	15	MO S/L	943	0
16	AIR CONDITIONER	1/11/96	2,229				2,229	15	MO S/L	2,229	0
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	15	MO S/L	496	0
21	SIDEWALK	8/26/96	2,140				2,140	15	MO S/L	2,140	0
22	SIDEWALK	9/05/96	200				200	15	MO S/L	200	0
23	PLUMBING	9/12/96	925				925	15	MO S/L	925	0
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	15	MO S/L	1,550	0
40	GAS LINE	8/18/94	2,335				2,335	15	MO S/L	2,335	0
41	BRICKWORK	8/26/94	1,240				1,240	15	MO S/L	1,240	0
42	FIRE DOOR	9/07/94	4,374				4,374	15	MO S/L	4,374	0
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	15	MO S/L	15,600	0
45	WIRING KITCHEN	9/15/94	341				341	15	MO S/L	341	0
46	PLEXIGLASS DOOR	9/29/94	1,806				1,806	15	MO S/L	1,806	0
47	RESTROOM DOOR	10/05/94	310				310	15	MO S/L	310	0
48	FOLDUP DOORS	11/28/94	2,327				2,327	15	MO S/L	2,327	0
49	WAYNE OWENS PLUMBING	12/30/94	779				779	15	MO S/L	779	0
50	WIRING	2/15/95	4,013				4,013	15	MO S/L	4,013	0
51	PARKING LOT	6/30/95	30,866				30,866	15	MO S/L	30,866	0
52	BATH TILES	11/22/95	630				630	15	MO S/L	630	0
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	15	MO S/L	481	0
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	1,483	135
62	Leasehold Improvements	5/12/02	9,000				9,000	15	MO S/L	6,600	600
63	Leasehold Improvements	6/12/02	9,355				9,355	15	MO S/L	6,860	624

58-1846241

**Federal Asset Report**

FYE: 6/30/2014

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
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	475	0
	<b>Total Other Depreciation</b>		<u>197,877</u>				<u>197,877</u>		<u>192,443</u>	<u>1,359</u>
	<b>Total ACRS and Other Depreciation</b>		<u>197,877</u>				<u>197,877</u>		<u>192,443</u>	<u>1,359</u>
<b>Listed Property:</b>										
72	Mini-Bus	3/21/13	53,095			X	26,547	5 HY 200DB	31,857	8,495
			<u>53,095</u>				<u>26,547</u>		<u>31,857</u>	<u>8,495</u>
	<b>Grand Totals</b>		298,064				248,134		250,081	11,458
	<b>Less: Dispositions and Transfers</b>		0				0		0	0
	<b>Less: Start-up/Org Expense</b>		0				0		0	0
	<b>Net Grand Totals</b>		<u>298,064</u>				<u>248,134</u>		<u>250,081</u>	<u>11,458</u>

58-1846241

## State Asset Report

FYE: 6/30/2014

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	State Prior	State Current	Federal Current	Difference Fed - State
<b>Prior MACRS:</b>								
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	475	0	0	0
69	WATER HEATER	12/23/09	590	295	386	20	31	11
70	Myers Carpet	5/02/13	32,827	16,414	16,961	1,094	1,094	0
71	Water Heater	1/25/13	1,600	800	960	256	76	-180
			<u>36,778</u>	<u>19,270</u>	<u>20,068</u>	<u>1,370</u>	<u>1,201</u>	<u>-169</u>
<b>Other Depreciation:</b>								
1	CEILING TILES	9/01/93	2,129	2,129	2,129	0	0	0
2	ELECTRICAL WIRING	9/01/93	650	650	650	0	0	0
3	WATER LINE	9/01/93	850	850	850	0	0	0
4	WHEELCHAIR CODER	10/01/93	373	373	373	0	0	0
6	OTHER LHI	12/15/93	3,701	3,701	3,701	0	0	0
7	CHARLES HASTY PARKING LOT	7/15/94	727	727	727	0	0	0
8	INT. ELECTRICAL WORK	1/22/95	688	688	688	0	0	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	2,745	0	0	0
14	CEILING	1/11/96	2,527	2,527	2,527	0	0	0
15	CEILING	1/11/96	943	943	943	0	0	0
16	AIR CONDITIONER	1/11/96	2,229	2,229	2,229	0	0	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	496	0	0	0
21	SIDEWALK	8/26/96	2,140	2,140	2,140	0	0	0
22	SIDEWALK	9/05/96	200	200	200	0	0	0
23	PLUMBING	9/12/96	925	925	925	0	0	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	1,550	0	0	0
40	GAS LINE	8/18/94	2,335	2,335	2,335	0	0	0
41	BRICKWORK	8/26/94	1,240	1,240	1,240	0	0	0
42	FIRE DOOR	9/07/94	4,374	4,374	4,374	0	0	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	15,600	0	0	0
45	WIRING KITCHEN	9/15/94	341	341	341	0	0	0
46	PLEXIGLASS DOOR	9/29/94	1,806	1,806	1,806	0	0	0
47	RESTROOM DOOR	10/05/94	310	310	310	0	0	0
48	FOLDUP DOORS	11/28/94	2,327	2,327	2,327	0	0	0
49	WAYNE OWENS PLUMBING	12/30/94	779	779	779	0	0	0
50	WIRING	2/15/95	4,013	4,013	4,013	0	0	0
51	PARKING LOT	6/30/95	30,866	30,866	30,866	0	0	0
52	BATH TILES	11/22/95	630	630	630	0	0	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	481	0	0	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	1,483	135	135	0
62	Leasehold Improvements	5/12/02	9,000	9,000	6,600	600	600	0
63	Leasehold Improvements	6/12/02	9,355	9,355	6,860	624	624	0
64	Equipment	6/12/02	1,867	1,867	1,867	0	0	0



58-1846241

**State Asset Report**

FYE: 6/30/2014

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	State Prior	State Current	Federal Current	Difference Fed - State
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
68	New A/C unit - 2 ton	5/22/09	0	0	0	0	204	204
<b>Total Other Depreciation</b>			<u>196,047</u>	<u>196,047</u>	<u>190,613</u>	<u>1,359</u>	<u>1,762</u>	<u>403</u>
<b>Total ACRS and Other Depreciation</b>			<u>196,047</u>	<u>196,047</u>	<u>190,613</u>	<u>1,359</u>	<u>1,762</u>	<u>403</u>
<b>Listed Property:</b>								
72	Mini-Bus	3/21/13	<u>53,095</u>	<u>26,547</u>	<u>31,857</u>	<u>8,495</u>	<u>8,495</u>	<u>0</u>
			<u>53,095</u>	<u>26,547</u>	<u>31,857</u>	<u>8,495</u>	<u>8,495</u>	<u>0</u>
<b>Grand Totals</b>			285,920	241,864	242,538	11,224	11,458	234
<b>Less: Dispositions</b>			0	0	0	0	0	0
<b>Less: Start-up/Org Expense</b>			0	0	0	0	0	0
<b>Net Grand Totals</b>			<u>285,920</u>	<u>241,864</u>	<u>242,538</u>	<u>11,224</u>	<u>11,458</u>	<u>234</u>

58-1846241

**TN Asset Report**

FYE: 6/30/2014

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	TN Prior	TN Current	Federal Current	Difference Fed - TN
<b>Prior MACRS:</b>								
66	COMPUTER	12/31/07	475	475	475	0	0	0
67	New A/C Unit - 5 ton	12/11/08	5,970	5,970	1,791	398	199	-199
68	New A/C unit - 2 ton	5/22/09	6,105	6,105	1,832	407	204	-203
69	WATER HEATER	12/23/09	590	590	181	41	31	-10
70	Myers Carpet	5/02/13	32,827	32,827	105	842	1,094	252
71	Water Heater	1/25/13	1,600	1,600	320	512	76	-436
			<u>47,567</u>	<u>47,567</u>	<u>4,704</u>	<u>2,200</u>	<u>1,604</u>	<u>-596</u>
<b>Other Depreciation:</b>								
1	CEILING TILES	9/01/93	2,129	2,129	2,129	0	0	0
2	ELECTRICAL WIRING	9/01/93	650	650	650	0	0	0
3	WATER LINE	9/01/93	850	850	844	6	0	-6
4	WHEELCHAIR CODER	10/01/93	373	373	373	0	0	0
6	OTHER LHI	12/15/93	3,701	3,701	3,701	0	0	0
7	CHARLES HASTY PARKING LOT	7/15/94	727	727	727	0	0	0
8	INT. ELECTRICAL WORK	1/22/95	688	688	688	0	0	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	2,745	0	0	0
14	CEILING	1/11/96	2,527	2,527	2,527	0	0	0
15	CEILING	1/11/96	943	943	943	0	0	0
16	AIR CONDITIONER	1/11/96	2,229	2,229	2,229	0	0	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	496	0	0	0
21	SIDEWALK	8/26/96	2,140	2,140	2,140	0	0	0
22	SIDEWALK	9/05/96	200	200	200	0	0	0
23	PLUMBING	9/12/96	925	925	925	0	0	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	1,550	0	0	0
40	GAS LINE	8/18/94	2,335	2,335	2,335	0	0	0
41	BRICKWORK	8/26/94	1,240	1,240	1,240	0	0	0
42	FIRE DOOR	9/07/94	4,374	4,374	4,374	0	0	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	15,600	0	0	0
45	WIRING KITCHEN	9/15/94	341	341	341	0	0	0
46	PLEXIGLASS DOOR	9/29/94	1,806	1,806	1,806	0	0	0
47	RESTROOM DOOR	10/05/94	310	310	310	0	0	0
48	FOLDUP DOORS	11/28/94	2,327	2,327	2,327	0	0	0
49	WAYNE OWENS PLUMBING	12/30/94	779	779	779	0	0	0
50	WIRING	2/15/95	4,013	4,013	4,013	0	0	0
51	PARKING LOT	6/30/95	30,866	30,866	30,866	0	0	0
52	BATH TILES	11/22/95	630	630	630	0	0	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	481	0	0	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	1,528	135	135	0
62	Leasehold Improvements	5/12/02	9,000	9,000	6,700	600	600	0

58-1846241

**TN Asset Report**

FYE: 6/30/2014

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	TN Prior	TN Current	Federal Current	Difference Fed - TN
63	Leasehold Improvements	6/12/02	9,355	9,355	6,912	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
<b>Total Other Depreciation</b>			<u>197,402</u>	<u>197,402</u>	<u>192,159</u>	<u>1,365</u>	<u>1,359</u>	<u>-6</u>
<b>Total ACRS and Other Depreciation</b>			<u>197,402</u>	<u>197,402</u>	<u>192,159</u>	<u>1,365</u>	<u>1,359</u>	<u>-6</u>
<b>Listed Property:</b>								
72	Mini-Bus	3/21/13	<u>53,095</u>	<u>53,095</u>	<u>10,619</u>	<u>16,990</u>	<u>8,495</u>	<u>-8,495</u>
			<u>53,095</u>	<u>53,095</u>	<u>10,619</u>	<u>16,990</u>	<u>8,495</u>	<u>-8,495</u>
<b>Grand Totals</b>			298,064	298,064	207,482	20,555	11,458	-9,097
<b>Less: Dispositions</b>			0	0	0	0	0	0
<b>Less: Start-up/Org Expense</b>			0	0	0	0	0	0
<b>Net Grand Totals</b>			<u>298,064</u>	<u>298,064</u>	<u>207,482</u>	<u>20,555</u>	<u>11,458</u>	<u>-9,097</u>

58-1846241

**Bonus Depreciation Report**

FYE: 6/30/2014

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
<b>Activity: Form 990, Page 1</b>								
70	Myers Carpet	5/02/13	32,827		0	0	16,413	16,414
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
69	WATER HEATER	12/23/09	590		0	0	131	459
71	Water Heater	1/25/13	1,600		0	0	800	800
72	Mini-Bus	3/21/13	53,095	100	0	0	26,548	26,547
<b>Form 990, Page 1</b>			<u>100,187</u>		<u>0</u>	<u>0</u>	<u>49,930</u>	<u>50,257</u>
<b>Grand Total</b>			<u>100,187</u>		<u>0</u>	<u>0</u>	<u>49,930</u>	<u>50,257</u>

**Depreciation Adjustment Report****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>
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There are no assets that meet the criteria of this report

58-1846241

**Future Depreciation Report****FYE: 6/30/15**

FYE: 6/30/2014

**Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<b>Prior MACRS:</b>					
67	New A/C Unit - 5 ton	12/11/08	5,970	199	0
68	New A/C unit - 2 ton	5/22/09	6,105	203	0
69	WATER HEATER	12/23/09	590	28	0
70	Myers Carpet	5/02/13	32,827	1,094	0
71	Water Heater	1/25/13	1,600	68	0
			<u>47,092</u>	<u>1,592</u>	<u>0</u>

**Other Depreciation:**

1	CEILING TILES	9/01/93	2,129	0	0
2	ELECTRICAL WIRING	9/01/93	650	0	0
3	WATER LINE	9/01/93	850	0	0
4	WHEELCHAIR CODER	10/01/93	373	0	0
6	OTHER LHI	12/15/93	3,701	0	0
7	CHARLES HASTY PARKING LOT	7/15/94	727	0	0
8	INT. ELECTRICAL WORK	1/22/95	688	0	0
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	0	0
14	CEILING	1/11/96	2,527	0	0
15	CEILING	1/11/96	943	0	0
16	AIR CONDITIONER	1/11/96	2,229	0	0
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	0	0
21	SIDEWALK	8/26/96	2,140	0	0
22	SIDEWALK	9/05/96	200	0	0
23	PLUMBING	9/12/96	925	0	0
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	0	0
40	GAS LINE	8/18/94	2,335	0	0
41	BRICKWORK	8/26/94	1,240	0	0
42	FIRE DOOR	9/07/94	4,374	0	0
43	PC	9/10/94	1,367	0	0
44	HEAT & AIR	9/12/94	15,600	0	0
45	WIRING KITCHEN	9/15/94	341	0	0
46	PLEXIGLASS DOOR	9/29/94	1,806	0	0
47	RESTROOM DOOR	10/05/94	310	0	0
48	FOLDUP DOORS	11/28/94	2,327	0	0
49	WAYNE OWENS PLUMBING	12/30/94	779	0	0
50	WIRING	2/15/95	4,013	0	0
51	PARKING LOT	6/30/95	30,866	0	0
52	BATH TILES	11/22/95	630	0	0
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	0
57	BLUE PRINTS	9/01/91	150	0	0
58	TREADMILL	6/01/94	1,888	0	0
59	LAMP	8/01/93	481	0	0
60	ROOF	9/01/93	18,000	0	0

58-1846241

**Future Depreciation Report****FYE: 6/30/15**

FYE: 6/30/2014

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
61	Leasehold Improvements	3/11/02	2,022	134	0
62	Leasehold Improvements	5/12/02	9,000	600	0
63	Leasehold Improvements	6/12/02	9,355	624	0
64	Equipment	6/12/02	1,867	0	0
65	Equipment	7/01/03	19,810	0	0
66	COMPUTER	12/31/07	475	0	0
<b>Total Other Depreciation</b>			<u>197,877</u>	<u>1,358</u>	<u>0</u>
<b>Total ACRS and Other Depreciation</b>			<u>197,877</u>	<u>1,358</u>	<u>0</u>
<b>Listed Property:</b>					
72	Mini-Bus	3/21/13	53,095	5,097	0
			<u>53,095</u>	<u>5,097</u>	<u>0</u>
<b>Grand Totals</b>			<u>298,064</u>	<u>8,047</u>	<u>0</u>

58-1846241

**Future Depreciation Report****FYE: 6/30/15**

FYE: 6/30/2014

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	State
<b>Prior MACRS:</b>				
67	New A/C Unit - 5 ton	12/11/08	0	0
68	New A/C unit - 2 ton	5/22/09	0	0
69	WATER HEATER	12/23/09	590	19
70	Myers Carpet	5/02/13	32,827	1,094
71	Water Heater	1/25/13	1,600	154
			<u>35,017</u>	<u>1,267</u>

**Other Depreciation:**

1	CEILING TILES	9/01/93	2,129	0
2	ELECTRICAL WIRING	9/01/93	650	0
3	WATER LINE	9/01/93	850	0
4	WHEELCHAIR CODER	10/01/93	373	0
6	OTHER LHI	12/15/93	3,701	0
7	CHARLES HASTY PARKING LOT	7/15/94	727	0
8	INT. ELECTRICAL WORK	1/22/95	688	0
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	0
15	CEILING	1/11/96	943	0
16	AIR CONDITIONER	1/11/96	2,229	0
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	0
21	SIDEWALK	8/26/96	2,140	0
22	SIDEWALK	9/05/96	200	0
23	PLUMBING	9/12/96	925	0
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	936	0
38	2002 VAN	3/29/02	31,112	0
39	WATER LINE	9/02/94	1,550	0
40	GAS LINE	8/18/94	2,335	0
41	BRICKWORK	8/26/94	1,240	0
42	FIRE DOOR	9/07/94	4,374	0
43	PC	9/10/94	1,367	0
44	HEAT & AIR	9/12/94	15,600	0
45	WIRING KITCHEN	9/15/94	341	0
46	PLEXIGLASS DOOR	9/29/94	1,806	0
47	RESTROOM DOOR	10/05/94	310	0
48	FOLDUP DOORS	11/28/94	2,327	0
49	WAYNE OWENS PLUMBING	12/30/94	779	0
50	WIRING	2/15/95	4,013	0
51	PARKING LOT	6/30/95	30,866	0
52	BATH TILES	11/22/95	630	0
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	0
60	ROOF	9/01/93	18,000	0



58-1846241

**Future Depreciation Report****FYE: 6/30/15**

FYE: 6/30/2014

**Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>State</u>
61	Leasehold Improvements	3/11/02	2,022	134
62	Leasehold Improvements	5/12/02	9,000	600
63	Leasehold Improvements	6/12/02	9,355	624
64	Equipment	6/12/02	1,867	0
65	Equipment	7/01/03	19,810	0
66	COMPUTER	12/31/07	475	0
<b>Total Other Depreciation</b>			<u>197,808</u>	<u>1,358</u>
<b>Total ACRS and Other Depreciation</b>			<u>197,808</u>	<u>1,358</u>
<b>Listed Property:</b>				
72	Mini-Bus	3/21/13	53,095	5,097
			<u>53,095</u>	<u>5,097</u>
<b>Grand Totals</b>			<u>285,920</u>	<u>7,722</u>

58-1846241

**TN Future Depreciation Report****FYE: 6/30/15**

FYE: 6/30/2014

**FUNDRAISING**

Asset	Description	Date In Service	Cost	TN
<b>Prior MACRS:</b>				
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
69	WATER HEATER	12/23/09	590	37
70	Myers Carpet	5/02/13	32,827	842
71	Water Heater	1/25/13	1,600	307
			<u>47,092</u>	<u>1,991</u>

**Other Depreciation:**

1	CEILING TILES	9/01/93	2,129	0
2	ELECTRICAL WIRING	9/01/93	650	0
3	WATER LINE	9/01/93	850	0
4	WHEELCHAIR CODER	10/01/93	373	0
6	OTHER LHI	12/15/93	3,701	0
7	CHARLES HASTY PARKING LOT	7/15/94	727	0
8	INT. ELECTRICAL WORK	1/22/95	688	0
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	0
15	CEILING	1/11/96	943	0
16	AIR CONDITIONER	1/11/96	2,229	0
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	0
21	SIDEWALK	8/26/96	2,140	0
22	SIDEWALK	9/05/96	200	0
23	PLUMBING	9/12/96	925	0
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	0
40	GAS LINE	8/18/94	2,335	0
41	BRICKWORK	8/26/94	1,240	0
42	FIRE DOOR	9/07/94	4,374	0
43	PC	9/10/94	1,367	0
44	HEAT & AIR	9/12/94	15,600	0
45	WIRING KITCHEN	9/15/94	341	0
46	PLEXIGLASS DOOR	9/29/94	1,806	0
47	RESTROOM DOOR	10/05/94	310	0
48	FOLDUP DOORS	11/28/94	2,327	0
49	WAYNE OWENS PLUMBING	12/30/94	779	0
50	WIRING	2/15/95	4,013	0
51	PARKING LOT	6/30/95	30,866	0
52	BATH TILES	11/22/95	630	0
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	0
60	ROOF	9/01/93	18,000	0

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>TN</u>
61	Leasehold Improvements	3/11/02	2,022	134
62	Leasehold Improvements	5/12/02	9,000	600
63	Leasehold Improvements	6/12/02	9,355	624
64	Equipment	6/12/02	1,867	0
65	Equipment	7/01/03	19,810	0
66	COMPUTER	12/31/07	475	0
<b>Total Other Depreciation</b>			<u>197,877</u>	<u>1,358</u>
<b>Total ACRS and Other Depreciation</b>			<u>197,877</u>	<u>1,358</u>

**Listed Property:**

72	Mini-Bus	3/21/13	53,095	10,195
			<u>53,095</u>	<u>10,195</u>
<b>Grand Totals</b>			<u>298,064</u>	<u>13,544</u>

Form **990****Two Year Comparison Report****2012 & 2013**For calendar year 2013, or tax year beginning **07/01/13**, ending **06/30/14**

Name

Taxpayer Identification Number

**SENIOR CITIZENS OF HENDERSONVILLE, I****58-1846241**

		2012	2013	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	78,559	15,707	-62,852
	2. Membership dues and assessments			
	3. Government contributions and grants	128,200	95,619	-32,581
	4. Program service revenue	21,306	7,614	-13,692
	5. Investment income			
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events	3,380	17,819	14,439
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	12. <b>Total revenue.</b> Add lines 1 through 11	231,445	136,759	-94,686
<b>Expenses</b>	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	60,243	58,668	-1,575
	17. Professional fundraising fees			
	18. Other professional fees	8,473	5,758	-2,715
	19. Occupancy, rent, utilities, and maintenance	45,117	30,000	-15,117
	20. Depreciation and Depletion		11,458	11,458
	21. Other expenses	15,197	34,581	19,384
	22. <b>Total expenses.</b> Add lines 13 through 21	129,030	140,465	11,435
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	102,415	-3,706	-106,121
<b>Other Information</b>	24. Total exempt revenue	231,445	136,759	-94,686
	25. Total unrelated revenue			
	26. Total excludable revenue	231,445	136,759	-94,686
	27. Total assets	168,023	155,938	-12,085
	28. Total liabilities	1,410	2,380	970
	29. Retained earnings	166,613	153,558	-13,055
	30. Number of voting members of governing body	14	15	
	31. Number of independent voting members of governing body	14	15	
	32. Number of employees	4	5	
	33. Number of volunteers			

Form **990T****Two Year Comparison Report****2012 & 2013**For calendar year 2013, or tax year beginning 07/01/13, ending 06/30/14

Name

Taxpayer Identification Number

SENIOR CITIZENS OF HENDERSONVILLE, I58-1846241

		2012	2013	Differences
Revenue	1. Gross profit/loss on business activities	1.		
	2. Capital gains/losses	2.		
	3. Income/loss from partnerships and S corporations	3.		
	4. Rental income (net of expense)	4.		
	5. Unrelated debt-financed income (net of expense)	5.		
	6. Interest, and other income from controlled organizations (net of expense)	6.		
	7. Investment income of specific organizations (net of expense)	7.		
	8. Exploited exempt activity income (net of expense)	8.		
	9. Advertising income (net of expense)	9.		
	10. Other income	10.		
	11. <b>Total trade or business income.</b> Combine lines 1 through 10	11.		
Expenses	12. Compensation of officers, directors, and trustees	12.		
	13. Other salaries and wages	13.		
	14. Repairs and maintenance	14.		
	15. Bad debts	15.		
	16. Interest	16.		
	17. Taxes and licenses	17.		
	18. Charitable contributions	18.		
	19. Depreciation and Depletion	19.		
	20. Contributions to deferred compensation plans	20.		
	21. Employee benefit programs	21.		
	22. Other deductions	22.		
	23. <b>Total deductions.</b> Add lines 12 through 22	23.		
	24. <b>Taxable income before NOL.</b> Subtract line 23 from 11	24.		
	25. Net operating loss deduction	25.		
	26. Specific deduction	26.	1,000	1,000
	27. <b>Unrelated business taxable income.</b>	27.	-1,000	-1,000
	Tax & Credits	28. Income tax (corporate or trust)	28.	
29. Proxy tax		29.		
30. Alternative minimum tax		30.		
31. <b>Total taxes</b>		31.		
32. Other credits		32.		
33. General business credit		33.		
34. Credit for prior year minimum tax		34.		
35. <b>Total credits</b>		35.		
36. <b>Net tax after credits</b>		36.		
37. Recapture taxes		37.		
38. <b>Total Taxes</b>	38.			
Due/Refund	39. Prior year overpayment and estimated tax payments	39.		
	40. Payment made with extension	40.		
	41. Backup withholding and foreign withholding	41.		
	42. Other payments	42.		
	43. <b>Total payments</b>	43.		
	44. <b>Balance due/(Overpayment)</b>	44.		
	45. Overpayment applied to next year	45.		
	46. Penalties	46.		
	47. <b>Total due/(Refund)</b>	47.		

<b>Form 990</b>	<b>Tax Return History</b>		<b>2013</b>
Name SENIOR CITIZENS OF HENDERSONVILLE, I			Employer Identification Number 58-1846241

	2009	2010	2011	2012	2013	2014
Contributions, gifts, grants				206,759	111,326	
Membership dues						
Program service revenue				21,306	7,614	
Capital gain or loss						
Investment income						
Fundraising revenue (income/loss)				3,380	17,819	
Gaming revenue (income/loss)						
Other revenue						
<b>Total revenue</b>				231,445	136,759	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation				60,243	58,668	
Professional fees					5,758	
Occupancy costs				45,117	30,000	
Depreciation and depletion					11,458	
Other expenses				23,670	34,581	
<b>Total expenses</b>				129,030	140,465	
<b>Excess or (Deficit)</b>				102,415	-3,706	
Total exempt revenue				231,445	136,759	
Total unrelated revenue						
Total excludable revenue				231,445	136,759	
Total Assets				168,023	155,938	
Total Liabilities				1,410	2,380	
Net Fund Balances				166,613	153,558	

Form **990T**

## Tax Return History

**2013**

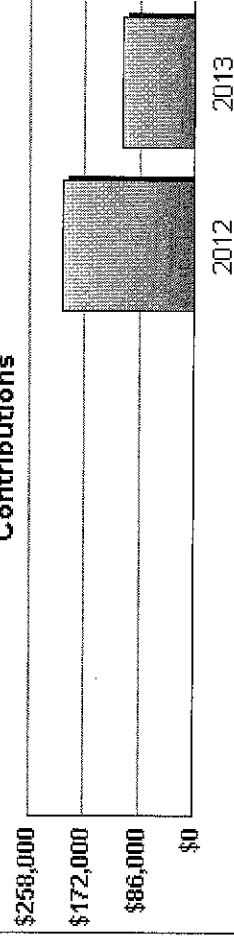
Name

SENIOR CITIZENS OF HENDERSONVILLE, I

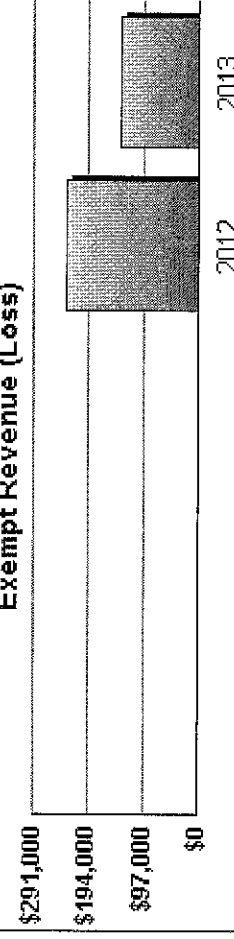
Employer Identification Number  
58-1846241

	2009	2010	2011	2012	2013	2014
Business activity profit/loss .....						
Capital gains/losses .....						
Partner and S Corp gain/loss .....						
Rental income* .....						
Debt-financed income* .....						
Controlled organizations income/interest* .....						
Investment income, specific organizations* .....						
Exploited exempt activity income* .....						
Other income .....						
<b>Total trade or business income.</b> .....						
Compensation of officers, ect. ....						
Other salaries and wages .....						
Repairs and maintenance .....						
Bad debts .....						
Interest .....						
Taxes and licenses .....						
Charitable contributions .....						
Depreciation and Depletion .....						
Deferred compensation plans .....						
Employee benefit programs .....						

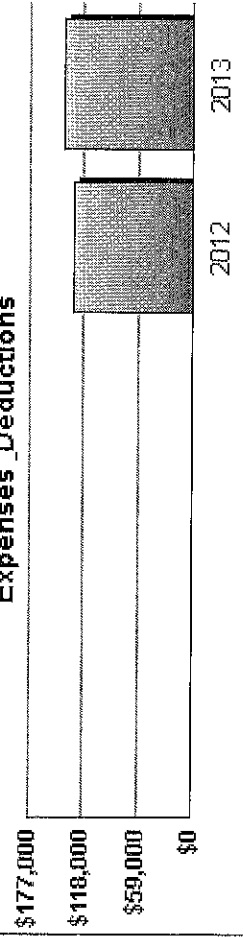
## Contributions



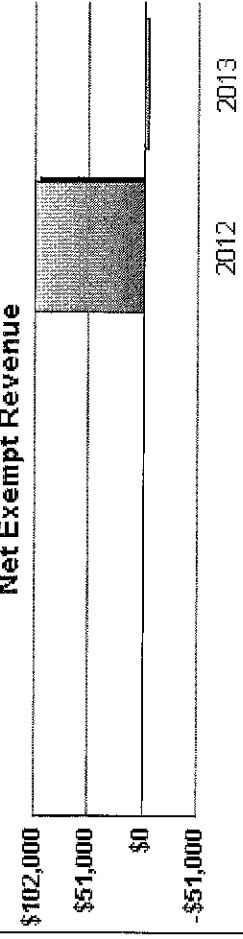
## Exempt Revenue (Loss)



## Expenses Deductions



## Net Exempt Revenue



Form **990T****Tax Return History****2013**

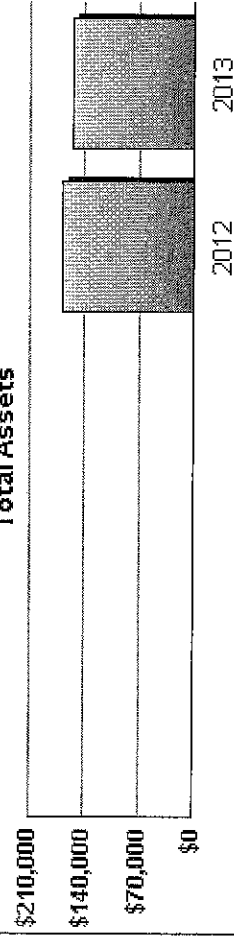
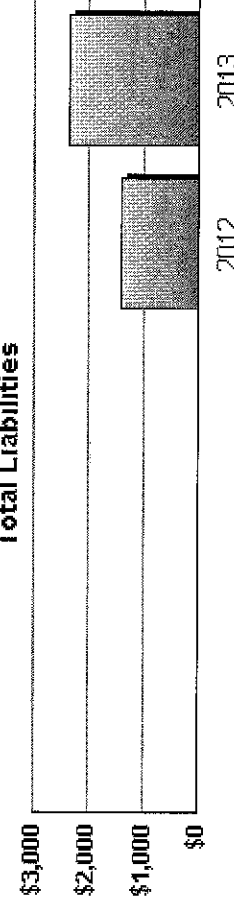
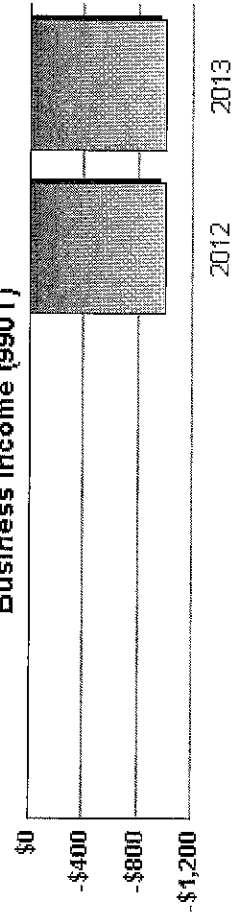
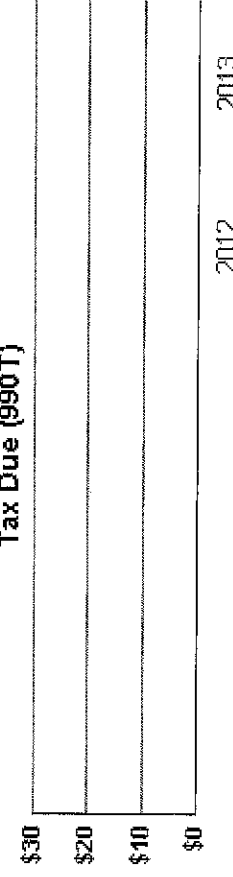
Name

SENIOR CITIZENS OF HENDERSONVILLE, I

Employer Identification Number  
58-1846241

	2009	2010	2011	2012	2013	2014
Other deductions .....						
Net operating loss deduction .....						
Specific deduction .....				1,000	1,000	
Income after expense and deductions .....				-1,000	-1,000	
Income tax (corporate or trust) .....						
Other taxes .....						
<b>Total taxes</b> .....						
General business credit .....						
Other credits .....						
<b>Net tax after credits</b> .....						
Estimated tax payments .....						
Other payments .....						
<b>Balance due/Overpayment</b> .....						

\* Income shown net of expenses

**Total Assets****Total Liabilities****Business Income (990T)****Tax Due (990T)**



**Federal Statements**

58-1846241

FYE: 6/30/2014

**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

Description	Total Expenses	Program Service	Management & General	Fund Raising
PROGRAMS	\$ 2,383	\$ 2,383	\$	\$
Total	\$ 2,383	\$ 2,383	\$ 0	\$ 0

**Federal Statements**

58-1846241

FYE: 6/30/2014

**Schedule A, Part II, Line 1(e)**

Description	Amount
CITY OF HENDERSONVILLE	\$ 43,000
SUMNER COUNTY	12,000
GREATER NASHVILLE REGIONAL COUNCIL	29,619
UNITED WAY	11,000
VARIOUS CHURCHES, INVIDIDUALS, ETC	15,707
Total	<u>\$ 111,326</u>

**Schedule A, Part II, Line 12**

Description	Amount
PROGRAM INCOME	\$ 7,614
FUNDRAISING	25,492
Total	<u>\$ 33,106</u>