

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2011**Open to Public
Inspection****A For the 2011 calendar year, or tax year beginning** 07/01/11 **and ending** 06/30/12

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SENIOR CITIZENS OF HENDERSONVILLE, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 2414 City or town, state or country, and ZIP + 4 HENDERSONVILLE TN 37077 F Name and address of principal officer RENA ELLER PO BOX 37077 2414 HENDERSONVILLE TN 37077	D Employer identification number 58-1846241 E Telephone number 615-822-8758 G Gross receipts \$ 155,571 H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website ▶ N/A K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation 1986 M State of legal domicile		

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
See Schedule O

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

- 3** Number of voting members of the governing body (Part VI, line 1a)
4 Number of independent voting members of the governing body (Part VI, line 1b)
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)
6 Total number of volunteers (estimate if necessary)

3	14
4	14
5	4
6	0
7a	0
7b	0

- 7a** Total unrelated business revenue from Part VIII, column (C), line 12
b Net unrelated business taxable income from Form 990-T, line 34

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	132,745	131,635
9 Program service revenue (Part VIII, line 2g)	37,817	23,934
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3	2
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	170,565	155,571
13 Grants and similar amounts paid (Part IX, column (A), line 1a)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	57,619	61,999
16a Professional fundraising fees (Part IX, column (A), line 11e)	1,465	2,670
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,670		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	110,537	120,930
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	169,621	185,599
19 Revenue less expenses. Subtract line 18 from line 12	944	-30,028
20 Total assets (Part X, line 16)	94,821	66,358
21 Total liabilities (Part X, line 26)	1,460	3,025
22 Net assets or fund balances Subtract line 21 from line 20	93,361	63,333

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: <i>RENA ELLER</i> RENA ELLER DIRECTOR Type or print name and title	Date: 10/11/12
Paid Preparer Use Only	Print/Type preparer's name: J. W. MCMURRAY Firm's name: McMurray & Associates, CPA's Firm's address: 641 E Main St Hendersonville, TN 37075-2606	Preparer's signature: <i>J. W. McMurray</i> Date: 10/10/12 Check <input checked="" type="checkbox"/> if self-employed PTIN: P01347450 Firm's EIN: 62-1765435 Phone no: 615-824-2724

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form 990 (2011)

Part III Statement of Program Service Accomplishments

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

☒

- 1 Briefly describe the organization's mission:
See Schedule O

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

- 4 Describe the 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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 115,198 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 ► 115,198

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

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

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. 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.	14	
1b Enter the number of voting members included in line 1a, above, who are independent.	14	
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
7b 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. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
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
- 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: **RENA ELLER**
223 CAMPUS DRIVE
HENDERSONVILLE **TN 37075**

615-822-8758

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (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) RENA ELLER DIRECTOR	25.00	X		X				17,000	0	0
(2) BONNIE PARKER OUTREACH	20.00	X						12,864	0	0
(3) FRANK PANGALLO TRANSPORT.	25.00	X						12,558	0	0
(4) JAMES BACHMAN	0.00	X						0	0	0
(5) TIM TAKACS	0.00	X						0	0	0
(6) THERESE CASLER	0.00	X						0	0	0
(7) JACKIE KNOX	0.00	X						0	0	0
(8) CLIFF BEEMAN	0.00	X						0	0	0
(9) KEVIN GILLINGHAM	0.00	X						0	0	0
(10) CINDY BRUNO	0.00	X						0	0	0
(11) JOSIE ISENBERG	0.00	X						0	0	0
(12) RENIE BROWN	0.00	X						0	0	0
(13) ATHENA SIZEMORE ASST DIRECTOR	20.00			X				10,097	0	0
(14) JOY PARK Joy Park ASST DIRECTOR Temp	0.00			X				954	0	0

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (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			
(15) FRED SEE PRESIDENT	0.00			X				0	0	0
(16) JANE WHEATCRAFT VICE PRESIDE	0.00			X				0	0	0
(17) KEE BRYANT MCCORMICK SECRETARY	0.00			X				0	0	0
(18) ERVIN BUCHANAN TREASURER	0.00			X				0	0	0
(19) KEE BRYANT MCCORMICK SECRETARY	0.00			X				0	0	0
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total								53,473		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								53,473		

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

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

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	12,646			
	d Related organizations	1d				
	e Government grants (contributions)	1e	95,600			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	23,389			
	g Noncash contributions included in lines 1a-1f	\$	30,000			
	h Total. Add lines 1a-1f		131,635			
Program Service Revenue	2a PROGRAM INCOME	Busn Code	23,934	23,934		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		23,934			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2	2	
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross rents		(i) Real (ii) Personal				
b Less rental exps						
c Rental inc or (loss)						
d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other				
b Less cost or other basis & sales exps						
c Gain or (loss)						
d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		a				
b Less direct expenses		b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19		a				
b Less direct expenses		b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances		a				
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		155,571	23,936	0	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question 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	55,938	13,984	41,954	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	6,061	1,514	4,547	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	3,336		3,336	
d Lobbying				
e Professional fundraising services See Part IV, line 17	2,670			2,670
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	30,000	30,000		
17 Travel				
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	31,730	23,797	7,933	
23 Insurance				
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 PROGRAM SERVICES	22,932	22,932		
b UTILITIES	11,734	8,801	2,933	
c INSURANCE	7,665	5,366	2,299	
d OUTREACH EXPENSE	3,506	3,506		
e All other expenses	10,027	5,298	4,729	
25 Total functional expenses. Add lines 1 through 24e	185,599	115,198	67,731	2,670
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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	28,719	1	36,149
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	18,400	3	14,000
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	4,060	9	4,297
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 210,542		
	b Less: accumulated depreciation	10b 198,630	43,642	10c 11,912
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	94,821	16	66,358	
Liabilities	17 Accounts payable and accrued expenses	1,026	17	1,620
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	434	25	1,405
	26 Total liabilities. Add lines 17 through 25	1,460	26	3,025
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	93,361	27	63,333
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	93,361	33	63,333
34 Total liabilities and net assets/fund balances	94,821	34	66,358	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	155,571
2	Total expenses (must equal Part IX, column (A), line 25)	2	185,599
3	Revenue less expenses Subtract line 2 from line 1	3	-30,028
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	93,361
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	63,333

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

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

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

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

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

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

OMB No 1545-0047

2011**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—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- 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 support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2011

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	111,736	139,739	120,245	132,745	131,635	636,100
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	111,736	139,739	120,245	132,745	131,635	636,100
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						636,100

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	111,736	139,739	120,245	132,745	131,635	636,100
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						636,100
12 Gross receipts from related activities, etc. (see instructions)					12	23,936

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	100.00 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	99.97 %
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐

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

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

**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. ► See separate instructions.

OMB No. 1545-0047

2011**Open to Public
Inspection**

Name of the organization

SENIOR CITIZENS OF HENDERSONVILLE, I

Employer identification number

58-1846241

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

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

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

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

Part V Endowment Funds. Complete if 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

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

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

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

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

Description of 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		210,542	198,630	11,912
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))				11,912

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYROLL TAXES PAYABLE	1,405
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,405

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	155,571
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	185,599
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-30,028
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-30,028

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

1	Total revenue, gains, and other support per audited financial statements	1	155,571
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	155,571
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	155,571

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

1	Total expenses and losses per audited financial statements	1	185,599
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	185,599
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	185,599

Part XIV Supplemental Information

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

Part XIV Supplemental Information (continued)

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

OMB No 1545-0047

2011**Open To Public
Inspection**Department of the Treasury
Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form

990, Part IV, lines 29 or 30

▶ Attach to Form 990

Name of the organization

SENIOR CITIZENS OF HENDERSONVILLE, I

Employer identification number

58-1846241

Part I Types of Property

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

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?

31		X
----	--	---

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a		X
-----	--	---

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. Complete this part to 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.

OMB No 1545-0047

2011Open to Public
Inspection

Name of the organization

SENIOR CITIZENS OF HENDERSONVILLE, I

Employer identification number

58-1846241

Form 990 - Organization's Mission or Most Significant Activities

TO PROVIDE THE FACILITY, EQUIPMENT, AND PROGRAMMING

NECESSARY TO ENHANCE THE PHYSICAL, MENTAL, AND EMOTIONAL

WELL BEING OF PERSONS OVER THE AGE OF SIXTY IN SUMNER

COUNTY.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

No documents available to the public

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

OMB No 1545-0172

2011Attachment
Sequence No **179**

▶ See separate instructions.

▶ Attach to your tax return.

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 2010 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 2012 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	31,327

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 2011	17	403
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 2011 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			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year			12 yrs	S/L	
c 40-year			40 yrs.	MM	S/L

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	31,730
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** (2011)

DAA

There are no amounts for Page 2

58-1846241

Federal Asset Report

FYE: 6/30/2012

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:										
67	New A/C Unit - 5 ton	12/11/08	5,970			X	2,985	15 HY S/L	3,483	199
68	New A/C unit - 2 ton	5/22/09	6,105			X	3,052	15 HY S/L	3,561	204
			<u>12,075</u>				<u>6,037</u>		<u>7,044</u>	<u>403</u>
Other Depreciation:										
1	CEILING TILES	9/01/93	2,129				2,129	15 MO S/L	1,518	611
2	ELECTRICAL WIRING	9/01/93	650				650	15 MO S/L	464	186
3	WATER LINE	9/01/93	850				850	15 MO S/L	646	204
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	2,665	1,036
7	CHARLES HASTY PARKING LOT	7/15/94	727				727	15 MO S/L	494	233
8	INT. ELECTRICAL WORK	1/22/95	688				688	15 MO S/L	468	220
9	2 POOL TABLES	1/03/95	2,475				2,475	7 MO S/L	2,475	0
10	STOVE	8/17/94	225				225	7 MO S/L	225	0
11	OFFICE EQUIPMENT	9/12/94	617				617	5 MO S/L	617	0
12	TREADMILL	2/23/93	500				500	7 MO S/L	500	0
13	CARPETS/FLOORING	4/19/96	2,745				2,745	15 MO S/L	1,830	915
14	CEILING	1/11/96	2,527				2,527	15 MO S/L	1,564	963
15	CEILING	1/11/96	943				943	15 MO S/L	583	360
16	AIR CONDITIONER	1/11/96	2,229				2,229	15 MO S/L	1,381	848
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	308	188
21	SIDEWALK	8/26/96	2,140				2,140	15 MO S/L	1,284	856
22	SIDEWALK	9/05/96	200				200	15 MO S/L	120	80
23	PLUMBING	9/12/96	925				925	15 MO S/L	555	370
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	1,044	506
40	GAS LINE	8/18/94	2,335				2,335	15 MO S/L	1,580	755
41	BRICKWORK	8/26/94	1,240				1,240	15 MO S/L	835	405
42	FIRE DOOR	9/07/94	4,374				4,374	15 MO S/L	2,945	1,429
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	10,504	5,096
45	WIRING KITCHEN	9/15/94	341				341	15 MO S/L	230	111
46	PLEXIGLASS DOOR	9/29/94	1,806				1,806	15 MO S/L	1,210	596
47	RESTROOM DOOR	10/05/94	310				310	15 MO S/L	208	102
48	FOLDUP DOORS	11/28/94	2,327				2,327	15 MO S/L	1,602	725
49	WAYNE OWENS PLUMBING	12/30/94	779				779	15 MO S/L	514	265
50	WIRING	2/15/95	4,013				4,013	15 MO S/L	2,635	1,378
51	PARKING LOT	6/30/95	30,866				30,866	15 MO S/L	19,763	11,103
52	BATH TILES	11/22/95	630				630	15 MO S/L	420	210
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	345	136
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	1,213	135
62	Leasehold Improvements	5/12/02	9,000				9,000	15 MO S/L	5,400	600
63	Leasehold Improvements	6/12/02	9,355				9,355	15 MO S/L	5,613	624
64	Equipment	6/12/02	1,867				1,867	7 MO S/L	1,867	0
65	Equipment	7/01/03	19,810				19,810	5 MO S/L	19,810	0
66	COMPUTER	12/31/07	475				475	5 MO S/L	433	42

58-1846241

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

FYE: 6/30/2012

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
69	WATER HEATER	12/23/09	590				590	15 MO S/L	59	39
	Total Other Depreciation		<u>198,467</u>				<u>198,467</u>		<u>159,856</u>	<u>31,327</u>
	Total ACRS and Other Depreciation		<u>198,467</u>				<u>198,467</u>		<u>159,856</u>	<u>31,327</u>
	Grand Totals		210,542				204,504		166,900	31,730
	Less: Dispositions and Transfers		0				0		0	0
	Less: Start-up/Org Expense		0				0		0	0
	Net Grand Totals		<u>210,542</u>				<u>204,504</u>		<u>166,900</u>	<u>31,730</u>

58-1846241

State Asset Report

FYE: 6/30/2012

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	State Prior	State Current	Federal Current	Difference Fed - State
Prior MACRS:								
34	BLOOD PRESSURE TESTER	7/01/01	350	350	350	0	0	0
36	COPY MACHINE	9/01/94	936	936	936	0	0	0
66	COMPUTER	12/31/07	475	475	393	55	42	-13
69	WATER HEATER	12/23/09	590	295	338	25	39	14
			<u>2,351</u>	<u>2,056</u>	<u>2,017</u>	<u>80</u>	<u>81</u>	<u>1</u>
Other Depreciation:								
1	CEILING TILES	9/01/93	2,129	2,129	1,518	611	611	0
2	ELECTRICAL WIRING	9/01/93	650	650	464	186	186	0
3	WATER LINE	9/01/93	850	850	646	204	204	0
4	WHEELCHAIR CODER	10/01/93	373	373	373	0	0	0
6	OTHER LHI	12/15/93	3,701	3,701	2,665	1,036	1,036	0
7	CHARLES HASTY PARKING LOT	7/15/94	727	727	494	233	233	0
8	INT. ELECTRICAL WORK	1/22/95	688	688	468	220	220	0
9	2 POOL TABLES	1/03/95	2,475	2,475	2,475	0	0	0
10	STOVE	8/17/94	225	225	225	0	0	0
11	OFFICE EQUIPMENT	9/12/94	617	617	617	0	0	0
12	TREADMILL	2/23/93	500	500	500	0	0	0
13	CARPETS/FLOORING	4/19/96	2,745	2,745	1,830	915	915	0
14	CEILING	1/11/96	2,527	2,527	1,564	963	963	0
15	CEILING	1/11/96	943	943	583	360	360	0
16	AIR CONDITIONER	1/11/96	2,229	2,229	1,381	848	848	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	308	188	188	0
21	SIDEWALK	8/26/96	2,140	2,140	1,284	856	856	0
22	SIDEWALK	9/05/96	200	200	120	80	80	0
23	PLUMBING	9/12/96	925	925	555	370	370	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	1,044	506	506	0
40	GAS LINE	8/18/94	2,335	2,335	1,580	755	755	0
41	BRICKWORK	8/26/94	1,240	1,240	835	405	405	0
42	FIRE DOOR	9/07/94	4,374	4,374	2,945	1,429	1,429	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	10,504	5,096	5,096	0
45	WIRING KITCHEN	9/15/94	341	341	230	111	111	0
46	PLEXIGLASS DOOR	9/29/94	1,806	1,806	1,210	596	596	0
47	RESTROOM DOOR	10/05/94	310	310	208	102	102	0
48	FOLDUP DOORS	11/28/94	2,327	2,327	1,602	725	725	0
49	WAYNE OWENS PLUMBING	12/30/94	779	779	514	265	265	0
50	WIRING	2/15/95	4,013	4,013	2,635	1,378	1,378	0
51	PARKING LOT	6/30/95	30,866	30,866	19,763	11,103	11,103	0
52	BATH TILES	11/22/95	630	630	420	210	210	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	345	136	136	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	1,213	135	135	0
62	Leasehold Improvements	5/12/02	9,000	9,000	5,400	600	600	0
63	Leasehold Improvements	6/12/02	9,355	9,355	5,613	624	624	0
64	Equipment	6/12/02	1,867	1,867	1,867	0	0	0
65	Equipment	7/01/03	19,810	19,810	19,810	0	0	0
67	New A/C Unit - 5 ton	12/11/08	0	0	0	0	199	199

58-1846241

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

FYE: 6/30/2012

Asset	Description	Date In Service	Cost	Basis for Depr	State Prior	State Current	Federal Current	Difference Fed - State
68	New A/C unit - 2 ton	5/22/09	0	0	0	0	204	204
	Total Other Depreciation		196,047	196,047	158,009	31,246	31,649	403
	Total ACRS and Other Depreciation		196,047	196,047	158,009	31,246	31,649	403
	Grand Totals		198,398	198,103	160,026	31,326	31,730	404
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		198,398	198,103	160,026	31,326	31,730	404

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TN Asset Report

FYE: 6/30/2012

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	TN Prior	TN Current	Federal Current	Difference Fed - TN
Prior MACRS:								
66	COMPUTER	12/31/07	475	475	393	55	42	-13
67	New A/C Unit - 5 ton	12/11/08	5,970	5,970	995	398	199	-199
68	New A/C unit - 2 ton	5/22/09	6,105	6,105	1,018	407	204	-203
69	WATER HEATER	12/23/09	590	590	86	50	39	-11
			<u>13,140</u>	<u>13,140</u>	<u>2,492</u>	<u>910</u>	<u>484</u>	<u>-426</u>
Other Depreciation:								
1	CEILING TILES	9/01/93	2,129	2,129	1,518	611	611	0
2	ELECTRICAL WIRING	9/01/93	650	650	464	186	186	0
3	WATER LINE	9/01/93	850	850	606	204	204	0
4	WHEELCHAIR CODER	10/01/93	373	373	373	0	0	0
6	OTHER LHI	12/15/93	3,701	3,701	2,603	1,098	1,036	-62
7	CHARLES HASTY PARKING LOT	7/15/94	727	727	494	233	233	0
8	INT. ELECTRICAL WORK	1/22/95	688	688	452	236	220	-16
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	915	915
14	CEILING	1/11/96	2,527	2,527	1,567	960	963	3
15	CEILING	1/11/96	943	943	584	359	360	1
16	AIR CONDITIONER	1/11/96	2,229	2,229	1,382	847	848	1
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	308	188	188	0
21	SIDEWALK	8/26/96	2,140	2,140	1,270	727	856	129
22	SIDEWALK	9/05/96	200	200	119	81	80	-1
23	PLUMBING	9/12/96	925	925	549	376	370	-6
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	1,044	506	506	0
40	GAS LINE	8/18/94	2,335	2,335	1,572	763	755	-8
41	BRICKWORK	8/26/94	1,240	1,240	835	405	405	0
42	FIRE DOOR	9/07/94	4,374	4,374	2,945	1,429	1,429	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	10,504	5,096	5,096	0
45	WIRING KITCHEN	9/15/94	341	341	230	111	111	0
46	PLEXIGLASS DOOR	9/29/94	1,806	1,806	1,210	596	596	0
47	RESTROOM DOOR	10/05/94	310	310	208	102	102	0
48	FOLDUP DOORS	11/28/94	2,327	2,327	1,544	783	725	-58
49	WAYNE OWENS PLUMBING	12/30/94	779	779	514	265	265	0
50	WIRING	2/15/95	4,013	4,013	2,635	1,378	1,378	0
51	PARKING LOT	6/30/95	30,866	30,866	19,754	11,112	11,103	-9
52	BATH TILES	11/22/95	630	630	393	237	210	-27
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	345	136	136	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	1,258	135	135	0
62	Leasehold Improvements	5/12/02	9,000	9,000	5,500	600	600	0
63	Leasehold Improvements	6/12/02	9,355	9,355	5,665	624	624	0
64	Equipment	6/12/02	1,867	1,867	1,867	0	0	0

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TN Asset Report

FYE: 6/30/2012

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	TN Prior	TN Current	Federal Current	Difference Fed - TN
65	Equipment	7/01/03	19,810	19,810	19,810	0	0	0
	Total Other Depreciation		197,402	197,402	160,240	30,384	31,246	862
	Total ACRS and Other Depreciation		197,402	197,402	160,240	30,384	31,246	862
	Grand Totals		210,542	210,542	162,732	31,294	31,730	436
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		210,542	210,542	162,732	31,294	31,730	436

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AMT Asset Report

FYE: 6/30/2012

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:										
34	BLOOD PRESSURE TESTER	7/01/01	350				350	7 HY 150DB	350	0
36	COPY MACHINE	9/01/94	936				936	7 HY 150DB	936	0
38	2002 VAN	3/29/02	31,112		X		21,778	5 HY 150DB	31,112	0
66	COMPUTER	12/31/07	475				475	5 HY 150DB	356	79
67	New A/C Unit - 5 ton	12/11/08	5,970		X		2,985	15 HY S/L	3,483	199
68	New A/C unit - 2 ton	5/22/09	6,105		X		3,052	15 HY S/L	3,561	204
69	WATER HEATER	12/23/09	590		X		295	15 HY 150DB	338	25
			<u>45,538</u>				<u>29,871</u>		<u>40,136</u>	<u>507</u>
Other Depreciation:										
1	CEILING TILES	9/01/93	2,129				2,129	15 MO S/L	851	142
2	ELECTRICAL WIRING	9/01/93	650				650	15 MO S/L	260	186
3	WATER LINE	9/01/93	850				850	15 MO S/L	340	204
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	1,480	2,073
7	CHARLES HASTY PARKING LOT	7/15/94	727				727	15 MO S/L	291	436
8	INT ELECTRICAL WORK	1/22/95	688				688	15 MO S/L	275	413
9	2 POOL TABLES	1/03/95	2,475				2,475	7 MO S/L	2,475	0
10	STOVE	8/17/94	225				225	7 MO S/L	225	0
11	OFFICE EQUIPMENT	9/12/94	617				617	5 MO S/L	617	0
12	TREADMILL	2/23/93	500				500	7 MO S/L	500	0
13	CARPETS/FLOORING	4/19/96	2,745				2,745	15 MO S/L	1,830	915
14	CEILING	1/11/96	2,527				2,527	15 MO S/L	1,011	1,516
15	CEILING	1/11/96	943				943	15 MO S/L	377	566
16	AIR CONDITIONER	1/11/96	2,229				2,229	15 MO S/L	892	1,337
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	199	297
21	SIDEWALK	8/26/96	2,140				2,140	15 MO S/L	856	1,284
22	SIDEWALK	9/05/96	200				200	15 MO S/L	80	120
23	PLUMBING	9/12/96	925				925	15 MO S/L	370	555
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
39	WATER LINE	9/02/94	1,550				1,550	15 MO S/L	620	930
40	GAS LINE	8/18/94	2,335				2,335	15 MO S/L	934	1,245
41	BRICKWORK	8/26/94	1,240				1,240	15 MO S/L	496	744
42	FIRE DOOR	9/07/94	4,374				4,374	15 MO S/L	1,750	2,624
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	6,240	9,360
45	WIRING KITCHEN	9/15/94	341				341	15 MO S/L	136	205
46	PLEXIGLASS DOOR	9/29/94	1,806				1,806	15 MO S/L	722	1,084
47	RESTROOM DOOR	10/05/94	310				310	15 MO S/L	124	186
48	FOLDUP DOORS	11/28/94	2,327				2,327	15 MO S/L	931	1,396
49	WAYNE OWENS PLUMBING	12/30/94	779				779	15 MO S/L	312	467
50	WIRING	2/15/95	4,013				4,013	15 MO S/L	1,605	2,408
51	PARKING LOT	6/30/95	30,866				30,866	15 MO S/L	12,346	18,520
52	BATH TILES	11/22/95	630				630	15 MO S/L	252	378
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	173	82
57	BLUE PRINTS	9/01/91	150				150	10 MO S/L	150	0
58	TREADMILL	6/01/94	1,888				1,888	7 MO S/L	1,888	0
59	LAMP	8/01/93	481				481	25 MO S/L	192	289
60	ROOF	9/01/93	18,000				18,000	15 MO S/L	12,000	6,000
61	Leasehold Improvements	3/11/02	2,022				2,022	15 MO S/L	1,213	135
62	Leasehold Improvements	5/12/02	9,000				9,000	15 MO S/L	5,400	600
63	Leasehold Improvements	6/12/02	9,355				9,355	15 MO S/L	5,613	624
64	Equipment	6/12/02	1,867				1,867	7 MO S/L	1,867	0

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

FYE: 6/30/2012

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
65	Equipment	7/01/03	0				0	0 HY	0	0
	Total Other Depreciation		<u>145,125</u>				<u>145,125</u>		<u>79,058</u>	<u>57,321</u>
	Total ACRS and Other Depreciation		<u>145,125</u>				<u>145,125</u>		<u>79,058</u>	<u>57,321</u>
	Grand Totals		190,663				174,996		119,194	57,828
	Less: Dispositions and Transfers		0				0		0	0
	Net Grand Totals		<u>190,663</u>				<u>174,996</u>		<u>119,194</u>	<u>57,828</u>

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Bonus Depreciation Report

• FYE: 6/30/2012

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

Depreciation Adjustment Report

FYE: 6/30/2012

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>
MACRS Adjustments:						
Page 1	1	67	New A/C Unit - 5 ton	199	199	0
Page 1	1	68	New A/C unit - 2 ton	204	204	0
				<u>403</u>	<u>403</u>	<u>0</u>

58-1846241

Future Depreciation Report**FYE: 6/30/13**

FYE: 6/30/2012

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
67	New A/C Unit - 5 ton	12/11/08	5,970	199	199
68	New A/C unit - 2 ton	5/22/09	6,105	203	203
			<u>12,075</u>	<u>402</u>	<u>402</u>
Other Depreciation:					
1	CEILING TILES	9/01/93	2,129	0	142
2	ELECTRICAL WIRING	9/01/93	650	0	44
3	WATER LINE	9/01/93	850	0	57
4	WHEELCHAIR CODER	10/01/93	373	0	0
6	OTHER LHI	12/15/93	3,701	0	148
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	156
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	4
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
61	Leasehold Improvements	3/11/02	2,022	135	135
62	Leasehold Improvements	5/12/02	9,000	600	600
63	Leasehold Improvements	6/12/02	9,355	623	623

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Future Depreciation Report**FYE: 6/30/13**

FYE: 6/30/2012

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
64	Equipment	6/12/02	1,867	0	0
65	Equipment	7/01/03	19,810	0	0
66	COMPUTER	12/31/07	475	0	40
69	WATER HEATER	12/23/09	590	40	23
Total Other Depreciation			<u>198,467</u>	<u>1,398</u>	<u>1,972</u>
Total ACRS and Other Depreciation			<u>198,467</u>	<u>1,398</u>	<u>1,972</u>
Grand Totals			<u>210,542</u>	<u>1,800</u>	<u>2,374</u>

58-1846241

Future Depreciation Report**FYE: 6/30/13**

FYE: 6/30/2012

Form 990, Page 1

Asset	Description	Date In Service	Cost	State	AMT
Prior MACRS:					
67	New A/C Unit - 5 ton	12/11/08	0	0	199
68	New A/C unit - 2 ton	5/22/09	0	0	203
			0	0	402
Other Depreciation:					
1	CEILING TILES	9/01/93	2,129	0	142
2	ELECTRICAL WIRING	9/01/93	650	0	44
3	WATER LINE	9/01/93	850	0	57
4	WHEELCHAIR CODER	10/01/93	373	0	0
6	OTHER LHI	12/15/93	3,701	0	148
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	936	0	0
38	2002 VAN	3/29/02	31,112	0	0
39	WATER LINE	9/02/94	1,550	0	0
40	GAS LINE	8/18/94	2,335	0	156
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	4
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
61	Leasehold Improvements	3/11/02	2,022	135	135
62	Leasehold Improvements	5/12/02	9,000	600	600
63	Leasehold Improvements	6/12/02	9,355	623	623

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Future Depreciation Report**FYE: 6/30/13**

FYE: 6/30/2012

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>State</u>	<u>AMT</u>
64	Equipment	6/12/02	1,867	0	0
65	Equipment	7/01/03	19,810	0	0
66	COMPUTER	12/31/07	475	27	40
69	WATER HEATER	12/23/09	590	23	23
Total Other Depreciation			<u>198,398</u>	<u>1,408</u>	<u>1,972</u>
Total ACRS and Other Depreciation			<u>198,398</u>	<u>1,408</u>	<u>1,972</u>
Grand Totals			<u>198,398</u>	<u>1,408</u>	<u>2,374</u>

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TN Future Depreciation Report**FYE: 6/30/13**

FYE: 6/30/2012

Form 990, Page 1

Asset	Description	Date In Service	Cost	TN
Prior MACRS:				
67	New A/C Unit - 5 ton	12/11/08	5,970	398
68	New A/C unit - 2 ton	5/22/09	6,105	407
			<u>12,075</u>	<u>805</u>
Other Depreciation:				
1	CEILING TILES	9/01/93	2,129	0
2	ELECTRICAL WIRING	9/01/93	650	0
3	WATER LINE	9/01/93	850	34
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	143
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
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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
61	Leasehold Improvements	3/11/02	2,022	135
62	Leasehold Improvements	5/12/02	9,000	600
63	Leasehold Improvements	6/12/02	9,355	623

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TN Future Depreciation Report**FYE: 6/30/13**

FYE: 6/30/2012

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>TN</u>
64	Equipment	6/12/02	1,867	0
65	Equipment	7/01/03	19,810	0
66	COMPUTER	12/31/07	475	27
69	WATER HEATER	12/23/09	590	45
Total Other Depreciation			<u>198,467</u>	<u>1,607</u>
Total ACRS and Other Depreciation			<u>198,467</u>	<u>1,607</u>
Grand Totals			<u>210,542</u>	<u>2,412</u>

Federal Statements

58-1846241

FYE: 6/30/2012

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
SUPPLIES	\$ 3,089	\$ 1,853	\$ 1,236	\$
VEHICLE EXPENSE	2,584	2,584		
MAINTENANCE	1,906	476	1,430	
TELEPHONE	1,541	385	1,156	
POSTAGE & DELIVERY	356		356	
BANK SERVICE CHARGES	302		302	
DEVELOPMENT	134		134	
DUES & SUBSCRIPTIONS	115		115	
Total	\$ 10,027	\$ 5,298	\$ 4,729	\$ 0

Federal Statements

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FYE: 6/30/2012

Schedule A, Part II, Line 1(e)

Description	Amount
Fundraising Events	\$ 12,646
CITY OF HENDERSONVILLE	43,000
SUMNER COUNTY	12,000
GREATER NASHVILLE REGIONAL COUNCIL	29,600
UNITED WAY	11,000
VARIOUS CHURCHES, INDIVIDUALS, ETC	23,389
Total	<u>\$ 131,635</u>

Schedule A, Part II, Line 12

Description	Amount
PROGRAM INCOME	\$ 23,934
Tax-exempt Interest on Savings and Temporary Cash Investments	2
Total	<u>\$ 23,936</u>