

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

A For the 2014 calendar year, or tax year beginning **07/01/14**, and ending **06/30/15**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HENDERSON COUNTY COUNCIL ON AGING, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 105 KING CREEK BLVD City or town, state or province, country, and ZIP or foreign postal code HENDERSONVILLE NC 28792	D Employer identification number 56-0936674 E Telephone number 864-692-4203 G Gross receipts \$ 1,420,666
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		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
J Website: COAHC.ORG		
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: 1969 M State of legal domicile: NC

Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE & COORDINATE SERVICES TO ASSIST OLDER ADULTS WITH LIVING INDEPENDENTLY. PROGRAMS INCLUDE MEALS ON WHEELS, CONGREGATE NUTRITION, CASEWORKER SERVICES AND INFORMATION & ASSISTANCE.		
	2 Check this box <input type="checkbox"/> 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)	11	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	11	
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	27	
	6 Total number of volunteers (estimate if necessary)	270	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0	
7b Net unrelated business taxable income from Form 990-T, line 34	0		
Revenue	8 Contributions and grants (Part VIII, line 1h)	630,086	507,652
	9 Program service revenue (Part VIII, line 2g)	125,360	129,719
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,280	227,538
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	174,219	232,627
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	935,945	1,097,536
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		531,233	524,652
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25)		22,561	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		343,506	348,572
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	874,739	873,224	
19 Revenue less expenses. Subtract line 18 from line 12	61,206	224,312	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	1,046,197	1,036,394
	21 Total liabilities (Part X, line 26)	310,390	87,783
	22 Net assets or fund balances. Subtract line 21 from line 20	735,807	948,611

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 TRINA STOKES Type or print name and title	Date EXECUTIVE DIRECTOR
Paid Preparer Use Only	Print/Type preparer's name ANDREW FOTH	Preparer's signature Date 11/16/15 Check <input type="checkbox"/> if self-employed PTIN P00040451
	Firm's name BRADSHAW, GORDON & CLINKSCALES, LLC 630 E WASHINGTON ST STE B GREENVILLE, SC 29601-2963	Firm's EIN 57-1060705 Phone no. 864-233-0590

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

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

TO PROVIDE & COORDINATE SERVICES TO ASSIST OLDER ADULTS WITH LIVING INDEPENDENTLY. PROGRAMS INCLUDE MEALS ON WHEELS, CONGREGATE NUTRITION, CASEWORKER SERVICES AND INFORMATION & ASSISTANCE.

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

Yes No

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

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

Yes No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 373,939 including grants of \$) (Revenue \$ 15,309)

MEALS ON WHEELS - PROVIDES HOT, NUTRITIOUS MEALS MONDAY THROUGH FRIDAY TO HOMEBOUND ADULTS WHO ARE UNABLE TO PREPARE MEALS AND WHO MEET ELIGIBILITY CRITERIA. ALL MEALS ARE LOW FAT/LOW SALT AND MEET THE ONE-THIRD RECOMMENDED DIETARY ALLOWANCE FOR INDIVIDUALS 60 YEARS OF AGE AND OLDER. MEALS ARE DELIVERED BY CARING COLUNTEERS WHO ENJOY A FRIENDLY VISIT WITH CLIENTS ON A DAILY BASIS. DIABETIC MEALS ARE ALSO AVAILABLE. WHEN NECESSARY, THE ORGANIZATION MAKES EVERY EFFORT TO PROVIDE MEALS TO ELIGIBLE, AT-RISK ADULTS WHO ARE DISABLED AND HOMEBOUND BUT MAY BE UNDER THE AGE OF 60.

4b (Code:) (Expenses \$ 61,623 including grants of \$) (Revenue \$ 9,683)

THE SAMMY WILLIAMS CENTER FOR ACTIVE LIVING (SWC) ACTS AS THE CONGREGATE ADULTS CAN PARTICIPATE IN SOCIAL, HEALTH AND WELLNESS, NUTRITIONAL, RECREATIONAL, EDUCATIONAL AND VOLUNTEER ACTIVITIES. FIVE DAYS A WEEK, A HOT NUTRITIOUS LUNCH IS SERVED TO CLIENTS OF THE CENTER. TRANSPORTATION IS PROVIDED THROUGH APPLE COUNTRY TRANSPORTATION (PART OF WESTERN CAROLINA COMMUNITY ACTION), WITHIN SPECIFIC GEOGRAPHIC BOUNDARIES.

4c (Code:) (Expenses \$ 272,704 including grants of \$) (Revenue \$ 104,727)

PARTNERSHIP FOR INDEPENDENT LIVING - HENDERSON COUNTY COUNCIL ON AGING THROUGH A PARTNERSHIP WITH THE LOCAL DEPARTMENT OF SOCIAL SERVICES MANAGES THE SERVICES OF TRAINED CASEWORKERS AND A REGISTERED NURSE TO ASSIST AT-RISK OLD ADULTS WITH MAINTAINING THE ABILITY TO SAFELY STAY IN THEIR OWN HOMES. THE CASEWORKERS COORDINATE SERVICES WITHIN THE COMMUNITY TO HELP THESE SENIOR CITIZENS WITH THEIR MEDICAL, HOUSING, FINANCIAL OR NUTRITIONAL NEEDS.

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

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

4e Total program service expenses 708,266

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, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		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 and XII	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 and XII 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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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?		

Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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 25a		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), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "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, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Input box for Schedule O response

Yes No

Main table with rows 1a-13b, columns for question text, numerical answers (e.g., 9, 0, 27), and Yes/No checkboxes.

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

X

Section A. Governing Body and Management

Table with columns for line numbers (1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9) and Yes/No columns. Includes questions about voting members, family relationships, and governance decisions.

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

Table with columns for line numbers (10a, 10b, 11a, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b) and Yes/No columns. Includes questions about local chapters, conflict of interest policies, whistleblower policies, and compensation review.

Section C. Disclosure

Table with lines 17, 18, 19, and 20. Includes questions about states where Form 990 is required, public inspection of forms, and disclosure of governing documents.

BETSY KELSEY
HENDERSONVILLE

105 KING CREEK BLVD

NC 28792

828-692-4203

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHARLIE CRANFORD	0.00									
PRESIDENT	0.00	X		X			0	0	0	
(2) SISSY ROGERS	0.00									
VICE PRESIDENT	0.00	X		X			0	0	0	
(3) MARTHA HOWELL	0.00									
SECRETARY	0.00	X		X			0	0	0	
(4) CHERRIE NELSON	0.00									
TREASURER	0.00	X		X			0	0	0	
(5) MILTON BUTTERWORTH	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(6) LOUIS SANTIAGO	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(7) PENNY SUMMEY	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(8) TOMMY THOMPSON	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(9) JUDY WARREN	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(10) KATHLEEN RODBERG	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(11) DIANE PENNER	0.00									
BOARD MEMBER	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) TRINA D STOKES EXECUTIVE DIRECTOR	40.00 0.00			X				56,300	0	1,690
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Sub-total								56,300		1,690
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								56,300		1,690

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

	Yes	No
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		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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**

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	377,321			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	130,331			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		507,652			
Program Service Revenue		Busn. Code				
	2a PARTNERSHIP FOR INDPNT LIVING	624100	104,727	104,727		
	b MEALS ON WHEELS	624210	15,309	15,309		
	c CONGREGATE MEALS	624210	9,683	9,683		
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f		129,719				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		8,925		8,925	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real	13,260			
		(ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)	13,260				
	d Net rental income or (loss)		13,260		13,260	
	7a Gross amount from sales of assets other than inventory	(i) Securities		249,900		
		(ii) Other				
	b Less: cost or other basis & sales exps.		31,287			
	c Gain or (loss)		218,613			
	d Net gain or (loss)		218,613	218,613		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	14,024			
b Less: direct expenses		4,814				
c Net income or (loss) from fundraising events			9,210		9,210	
9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a	497,023				
	b Less: cost of goods sold	287,029				
	c Net income or (loss) from sales of inventory		209,994		209,994	
Miscellaneous Revenue		Busn. Code				
11a MISCELLANEOUS INCOME	900099	163		163		
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		163				
12 Total revenue. See instructions.		1,097,536	348,332	0	241,552	

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	58,619	26,379	32,240	
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	348,311	297,340	34,169	16,802
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,048	5,006	2,042	
9	Other employee benefits	76,576	39,409	35,902	1,265
10	Payroll taxes	34,098	28,385	4,331	1,382
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting	6,332	4,749	1,583	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	1,822		1,822	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	5,423	2,828	759	1,836
13	Office expenses	12,982	8,349	3,548	1,085
14	Information technology				
15	Royalties				
16	Occupancy	23,036	17,731	5,305	
17	Travel	15,980	15,493	487	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	5,925	4,799	1,126	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	25,108	15,700	9,408	
23	Insurance	12,487	10,386	2,101	
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 EXPENSES	209,328	209,328		
b	TELEPHONE	8,672	6,186	2,486	
c	EQUIPMENT LEASES	6,407	4,741	1,666	
d	SUPPLIES	6,324	5,163	1,111	50
e	All other expenses	8,746	6,294	2,311	141
25	Total functional expenses. Add lines 1 through 24e	873,224	708,266	142,397	22,561
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)				

Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	6,903	1	6,598
	2	Savings and temporary cash investments	179,597	2	225,037
	3	Pledges and grants receivable, net	11,631	3	11,154
	4	Accounts receivable, net	24,043	4	16,597
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	2,165	9	5,035
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 888,784		
	b	Less: accumulated depreciation	10b 358,759	565,790	10c 530,025
	11	Investments—publicly traded securities	811	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	255,257	15	241,948
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,046,197	16	1,036,394	
Liabilities	17	Accounts payable and accrued expenses	35,326	17	24,993
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	275,064	23	62,790
	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		25	
	26	Total liabilities. Add lines 17 through 25	310,390	26	87,783
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	583,914	27	863,611
	28	Temporarily restricted net assets	66,893	28	
	29	Permanently restricted net assets	85,000	29	85,000
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	735,807	33	948,611	
34	Total liabilities and net assets/fund balances	1,046,197	34	1,036,394	

Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,097,536
2	Total expenses (must equal Part IX, column (A), line 25)	2	873,224
3	Revenue less expenses. Subtract line 2 from line 1	3	224,312
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	735,807
5	Net unrealized gains (losses) on investments	5	-11,507
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	948,611

Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		