

**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)

**2009**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

For the **2009** calendar year, or tax year beginning **Apr 1**, 2009, and ending **Mar 31**, 2010

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	<b>C</b> Name of organization Senior Center, Inc. Number and street (or P.O. box if mail is not delivered to street addr) Room/suite 1180 Pepsi Place City, town or country State ZIP code + 4 Charlottesville VA 22901	<b>D</b> Employer Identification Number 54-0735666 <b>E</b> Telephone number (434) 974-7756 <b>G</b> Gross receipts \$ 1,079,593.
<b>F</b> Name and address of principal officer: Peter Thompson 1180 Pepsi Place Charlottesville VA 22901		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J</b> Website: ▶ http://www.seniorcenterinc.org/	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of Formation: 1960 <b>M</b> State of legal domicile: VA	

Part I Summary				
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Senior Center, Inc. involves, enriches, and empowers seniors in our community.</u>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	21
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5	Total number of employees (Part V, line 2a)	5	14
	6	Total number of volunteers (estimate if necessary)	6	459
	7a	Total gross unrelated business revenue from Part VIII, Icolumn (C), ine 12	7a	35,307.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	892.	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		766,844.
	9	Program service revenue (Part VIII, line 2g)		122,408.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,043.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		151,113.
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,045,408.
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)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		575,813.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 281,100.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		499,145.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,074,958.
19	Revenue less expenses. Subtract line 18 from line 12		-29,550.	
Net Assets or Fund Balances			Beginning of Year	End of Year
	20	Total assets (Part X, line 16)	1,895,403.	1,966,657.
	21	Total liabilities (Part X, line 26)	92,587.	128,831.
22	Net assets or fund balances. Subtract line 21 from line 20	1,802,816.	1,837,826.	

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.																	
<b>Sign Here</b>	<table style="width:100%; border: none;"> <tr> <td style="border: none;">▶ _____</td> <td style="border: none; text-align: right;">Date</td> </tr> <tr> <td style="border: none;">Signature of officer</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">▶ _____</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Type or print name and title.</td> <td style="border: none;"></td> </tr> </table>	▶ _____	Date	Signature of officer		▶ _____		Type or print name and title.									
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<b>Paid Preparer's Use Only</b>	<table style="width:100%; border: none;"> <tr> <td style="border: none;">Preparer's signature ▶ _____</td> <td style="border: none; text-align: right;">Date</td> <td style="border: none;">Check if self-employed <input type="checkbox"/></td> <td style="border: none;">Preparer's identifying number (see instructions)</td> </tr> <tr> <td style="border: none;">Firm's name (or yours if self-employed), address, and ZIP + 4</td> <td style="border: none;">ROBINSON, FARMER, COX ASSOCIATES</td> <td style="border: none;">EIN ▶ _____</td> <td style="border: none;">Phone no. ▶ (434) 973-8314</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">P.O. Box 6580</td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">CHARLOTTESVILLE VA 22906</td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table>	Preparer's signature ▶ _____	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)	Firm's name (or yours if self-employed), address, and ZIP + 4	ROBINSON, FARMER, COX ASSOCIATES	EIN ▶ _____	Phone no. ▶ (434) 973-8314		P.O. Box 6580				CHARLOTTESVILLE VA 22906		
Preparer's signature ▶ _____	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)														
Firm's name (or yours if self-employed), address, and ZIP + 4	ROBINSON, FARMER, COX ASSOCIATES	EIN ▶ _____	Phone no. ▶ (434) 973-8314														
	P.O. Box 6580																
	CHARLOTTESVILLE VA 22906																

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

Senior Center, Inc. involves, enriches, and empowers seniors in our community.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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

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

4a (Code: ) (Expenses \$ 252,590. including grants of \$ 0.) (Revenue \$ 36,266.)

Recreation - These programs are held six days per week. We have over 40 different programs, many of which occur multiple times per week. Our objectives for our recreation programs are to offer a fun activity that is organized and led by a Senior Center member. Participants socialize, build friendships, have fun, and often learn something new. 16,240 duplicated participant units.

4b (Code: ) (Expenses \$ 204,119. including grants of \$ 0.) (Revenue \$ 34,599.)

Health and Fitness - These programs are held six days per week. We have over 30 different programs, many of which occur multiple times per week. Our objectives for our Health and Fitness programs is to offer choices for all ability levels at affordable prices and to encourage whole person wellness, maintain and improve physical health and balance, to learn about healthy lifestyles, to take an active role in managing one's own health. 13,124 duplicated participant units.

4c (Code: ) (Expenses \$ 136,245. including grants of \$ 0.) (Revenue \$ 2,494.)

Lifelong Learning - These programs are held several times throughout the week. We have over 30 different programs which include one time informational sessions as well as on going series. Our objective for our lifelong learning program is to offer programs that are accessible, both physically and intellectually, to stimulate one's mind, to seek understanding, to learn more about self and others. 8,762 duplicated participant units.

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

(Expenses \$ 117,767. including grants of \$ 0.) (Revenue \$ 49,049.)

4e Total program service expenses 710,721.

**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)? <i>If 'Yes,' complete Schedule A</i> .....	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? .....	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I</i> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If 'Yes,' complete Schedule C, Part II</i> .....		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If 'Yes,' complete Schedule C, Part III</i> .....		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I</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? <i>If 'Yes,' complete Schedule D, Part II</i> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III</i> .....		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? <i>If 'Yes,' complete Schedule D, Part IV</i> .....		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i> .....	X	
11	Is the organization's answer to any of the following questions 'Yes'? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> .....	X	
	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i> .....		
	• 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? <i>If 'Yes,' complete Schedule D, Part VII</i> .....		
	• 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? <i>If 'Yes,' complete Schedule D, Part VIII</i> .....		
	• 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? <i>If 'Yes,' complete Schedule D, Part IX</i> .....		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X</i> .....		
	• 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? <i>If 'Yes,' complete Schedule D, Part X</i> .....		
12	Did the organization obtain separate, independent audited financial statement for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII</i> .....	X	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? <i>If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional</i> .....		
		Yes	No
		X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Part I</i> .....		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? <i>If 'Yes,' complete Schedule F, Part II</i> .....		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? <i>If 'Yes,' complete Schedule F, Part III</i> .....		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? <i>If 'Yes,' complete Schedule G, Part I</i> .....	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? <i>If 'Yes,' complete Schedule G, Part II</i> .....	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III</i> .....		X
20	Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H</i> .....		X

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

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

BAA

Form 990 (2009)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

**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.

**Section A. Governing Body and Management**

		Yes	No
<b>1 a</b> Enter the number of voting members of the governing body .....	<b>1 a</b> 21		
<b>b</b> Enter the number of voting members that are independent .....	<b>1 b</b> 21		
<b>2</b> 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? .....	<b>2</b>		X
<b>3</b> 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? .....	<b>3</b>		X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? .....	<b>4</b>		X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? .....	<b>5</b>		X
<b>6</b> Does the organization have members or stockholders? .....	<b>6</b>		X
<b>7 a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? .....	<b>7 a</b>		X
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .....	<b>7 b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body? .....	<b>8 a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? .....	<b>8 b</b>	X	
<b>9</b> Is there any officer, director or 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 .....	<b>9</b>		X

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

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

**Section C. Disclosures**

- 17** List the states with which a copy of this Form 990 is required to be filed ► \_\_\_\_\_
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
 ► Peter Thompson    1180 Pepsi Place    Charlottesville, VA 22901    (434) 974-7756

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

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

1 a 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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of 'key employees.'
- 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Ed Ansell Director	2.00	X						0.	0.	0.
Raymond E. East Director	2.00	X						0.	0.	0.
David Bowerman Director	2.00	X						0.	0.	0.
Cecil Floyd Director	2.00	X						0.	0.	0.
Lynn Bradley Director	2.00	X						0.	0.	0.
Pat Cook Director	2.00	X						0.	0.	0.
Bill Hodson Secretary	2.00	X						0.	0.	0.
Pete Cross Director	2.00	X						0.	0.	0.
Barbara Kessler Director	2.00	X						0.	0.	0.
Randy Rinehart Director	2.00	X						0.	0.	0.
Gene Corrigan Director	2.00	X						0.	0.	0.
Peter Thompson Exec. Director	40.00			X				94,537.	0.	0.
Joe Gleck Vice President	2.00	X						0.	0.	0.
Randy Whitlow Director	2.00	X						0.	0.	0.
Dawn Heneberry Director	2.00	X						0.	0.	0.
Cole Hendrix Director	2.00	X						0.	0.	0.
George Thompson Director	2.00	X						0.	0.	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	
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1 a</b> Federated campaigns .....	<b>1 a</b>					
	<b>b</b> Membership dues .....	<b>1 b</b>	136,848.				
	<b>c</b> Fundraising events .....	<b>1 c</b>					
	<b>d</b> Related organizations .....	<b>1 d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1 e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1 f</b>	629,996.				
	<b>g</b> Noncash contribns included in lns 1a-1f: .....		\$ 12,495.				
	<b>h Total.</b> Add lines 1a-1f .....		766,844.				
<b>PROGRAM SERVICE REVENUE</b>	<b>Business Code</b>						
	<b>2 a</b> Newsletter .....	900099	33,415.	0.	33,415.	0.	
	<b>b</b> Lunches .....	900099	9,489.	9,489.	0.	0.	
	<b>c</b> Yoga .....	900099	9,296.	9,296.	0.	0.	
	<b>d</b> Active Aging Fair .....	900099	8,710.	8,710.	0.	0.	
	<b>e</b> Second Wind Band .....	900099	6,410.	6,410.	0.	0.	
	<b>f</b> All other program service revenue .....		55,088.	55,088.	0.	0.	
	<b>g Total.</b> Add lines 2a-2f .....		122,408.				
<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) .....		5,043.	0.	0.	5,043.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross Rents .....	(i) Real	26,417.				
		(ii) Personal					
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....	26,417.				
	<b>d</b> Net rental income or (loss) .....		26,417.	26,417.	0.	0.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
	<b>d</b> Net gain or (loss) .....						
	<b>8 a</b> Gross income from fundraising events (not including \$ 0. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	115,114.				
		<b>b</b> Less: direct expenses .....	34,185.				
<b>c</b> Net income or (loss) from fundraising events .....			80,929.	80,929.	0.	0.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....						
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....						
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> Travel Program .....	900099	25,717.	23,825.	1,892.	0.		
<b>b</b> Miscellaneous .....	900099	18,050.	18,050.	0.	0.		
<b>c</b> .....							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....		43,767.					
<b>12 Total revenue.</b> See instructions .....		1,045,408.	238,214.	35,307.	5,043.		

**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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	94,537.	69,957.	9,454.	15,126.
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	367,819.	272,186.	36,781.	58,852.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	30,740.	22,748.	3,074.	4,918.
9 Other employee benefits	38,631.	28,587.	3,863.	6,181.
10 Payroll taxes	44,086.	32,623.	4,409.	7,054.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	9,176.	6,790.	918.	1,468.
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees	1,980.	0.	1,980.	0.
g Other	5,500.	4,070.	550.	880.
12 Advertising and promotion				
13 Office expenses	15,904.	11,769.	1,590.	2,545.
14 Information technology				
15 Royalties				
16 Occupancy				
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	63,206.	46,772.	6,321.	10,113.
23 Insurance	13,079.	9,678.	1,308.	2,093.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>Program expenses</u>	79,936.	79,936.	0.	0.
b <u>Utilities</u>	33,243.	24,600.	3,324.	5,319.
c <u>Capital Campaign</u>	100,087.	0.	0.	100,087.
d <u>Training</u>	194.	144.	19.	31.
e <u>Buildings/Grounds maint.</u>	26,251.	19,426.	2,625.	4,200.
f All other expenses	150,589.	81,435.	6,921.	62,233.
25 Total functional expenses. Add lines 1 through 24f	1,074,958.	710,721.	83,137.	281,100.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A)		(B)		
		Beginning of year		End of year		
ASSETS	1	Cash — non-interest-bearing	85,072.	1	60,581.	
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net	43,340.	3	139,200.	
	4	Accounts receivable, net	1,875.	4	2,805.	
	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)) and persons described in section 4958(c)(3)(B). 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	5,524.	9	9,595.	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,420,832.		
	b	Less: accumulated depreciation.	10b	1,010,852.	10c	1,409,980.
	11	Investments — publicly-traded securities	63,520.	11	36,695.	
	12	Investments — other securities. See Part IV, line 11	226,403.	12	307,801.	
	13	Investments — program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,895,403.	16	1,966,657.		
LIABILITIES	17	Accounts payable and accrued expenses	1,749.	17	8,867.	
	18	Grants payable		18		
	19	Deferred revenue	90,838.	19	119,964.	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities. Complete Part X of Schedule D		25		
	26	<b>Total liabilities.</b> Add lines 17 through 25	92,587.	26	128,831.	
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.</b>					
	27	Unrestricted net assets	1,724,187.	27	1,634,919.	
	28	Temporarily restricted net assets	78,629.	28	202,907.	
	29	Permanently restricted net assets		29		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, and equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
33	Total net assets or fund balances.	1,802,816.	33	1,837,826.		
34	Total liabilities and net assets/fund balances.	1,895,403.	34	1,966,657.		

BAA

Form 990 (2009)

**Part XI Financial Statements and Reporting**

	Yes	No
<b>1</b> 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.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?		X
<b>b</b> Were the organization's financial statements audited by an independent accountant?	X	
<b>c</b> 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	
<b>d</b> If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b> 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>b</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.		

BAA

Form 990 (2009)

**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

**2009**

**Open to Public Inspection**

Name of the organization

Senior Center, Inc.

Employer identification number

54-0735666

**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 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 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 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?

	Yes	No
(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? .....		

(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	
<b>Total</b>									

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') . . . . .	520,264.	545,950.	716,171.	591,740.	766,844.	3,140,969.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge . . . . .						
4 <b>Total.</b> Add lines 1-through 3 . . . . .	520,264.	545,950.	716,171.	591,740.	766,844.	3,140,969.
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) . . . . .						100,000.
6 <b>Public support.</b> Subtract line 5 from line 4 . . . . .						3,040,969.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 . . . . .	520,264.	545,950.	716,171.	591,740.	766,844.	3,140,969.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	6,267.	8,795.	12,589.	8,411.	5,043.	41,105.
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .					1,892.	1,892.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	235,963.	190,525.	220,454.	224,768.	271,629.	1,143,339.
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						4,327,305.
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ▶ <input type="checkbox"/>						

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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	70.27%
15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	15	71.06%
16a <b>33-1/3 support test – 2009.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. . . . . ▶ <input checked="" type="checkbox"/>		
16b <b>33-1/3 support test – 2008.</b> If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test – 2009</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
17b <b>10%-facts-and-circumstances test – 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') . . . . .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (add lns 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 ▶

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

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2009</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33-1/3 support tests – 2009.** 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 – 2008.** If the organization did not check a box on line 14 or 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 . . . . . ▶



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, lines 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

Employer identification number

Senior Center, Inc.

54-0735666

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor informed status.

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

Table with 3 columns: Question, Held at the End of the Year (2a-2d), and Yes/No. Rows include purpose of easements, number of easements, and monitoring details.

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.

Table with 3 columns: Question, Amount, and Yes/No. Rows include questions about reporting art and historical treasures and amounts for revenues and assets.

**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 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:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	226,403.	303,096.			
b Contributions	17,287.	727.			
c Net Investment earnings, gains, and losses	64,111.	-77,420.			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	307,801.	226,403.			

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

- a Board designated or quasi-endowment ▶ 100.00 %
- b Permanent endowment ▶ \_\_\_\_\_ %
- c Term endowment ▶ \_\_\_\_\_ %

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

	Yes	No
(i) unrelated organizations	3a(i)	X
(ii) related organizations	3a(ii)	X
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land		358,123.		358,123.
b Buildings		1,798,274.	796,957.	1,001,317.
c Leasehold improvements				
d Equipment		196,118.	169,966.	26,152.
e Other		68,317.	43,929.	24,388.

**Total.** Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 1,409,980.

BAA



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

1	Total revenue (Form 990, Part VIII, column (A), line 12)		1,045,408.
2	Total expenses (Form 990, Part IX, column (A), line 25)		1,074,958.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		-29,550.
4	Net unrealized gains (losses) on investments		64,560.
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4 through 8		64,560.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		35,010.

**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	1,187,770.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	64,560.
b	Donated services and use of facilities	2b	79,782.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	144,342.
3	Subtract line 2e from line 1	3	1,043,428.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	1,980.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	1,980.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,045,408.

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

1	Total expenses and losses per audited financial statements	1	1,152,760.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	79,782.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	79,782.
3	Subtract line 2e from line 1	3	1,072,978.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	1,980.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	1,980.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,074,958.

**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.

Pt V Line 4 Ensure the continued vitality of the Senior Center, Inc  
and its ability to be responsive to the needs of the community  
while carrying out its mission. Endowment funds will be used  
to fund new initiatives, program expansions or collaborations  
in alignment with the organization's mission and/or improvements  
to the physical plant.





**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
	<u>Yard Sales</u> (event type)	<u>Birthday Bash/Martin</u> (event type)	<u>NONE</u> (total number)	(Add col. (a) through col. (c))
1	Gross receipts	34,548.	80,480.	115,028.
2	Less: Charitable contributions			
3	Gross income (line 1 minus line 2)	34,548.	80,480.	115,028.
DIRECT EXPENSES	4	Cash prizes		
	5	Noncash prizes		
	6	Rent/facility costs		
	7	Food and beverages		
	8	Entertainment		
	9	Other direct expenses	3,530.	30,655.
10	Direct expense summary. Add lines 4- through 9 in column (d)			34,185.
11	Net income summary. Combine lines 3, column (d) and line 10			80,843.

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

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
				(Add col. (a) through col. (c))
1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes		
	3	Non-cash prizes		
	4	Rent/facility costs		
	5	Other direct expenses		
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)			
8	Net gaming income summary. Combine lines 1, column (d) and line 7			

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? _____	9a	
b If 'No,' explain: ----- -----		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If 'Yes,' explain: ----- -----		
11 Does the organization operate gaming activities with nonmembers? _____	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____	12	

		YES	NO
<b>13</b>	Indicate the percentage of gaming activity operated in:		
<b>a</b>	The organization's facility ..... %		
<b>b</b>	An outside facility ..... %		
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name: ▶ -----		
	Address: ▶ -----		
<b>15a</b>	Does the organization have a contact with a third party from whom the organization receives gaming revenue? .....	<b>15a</b>	
<b>b</b>	If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.		
<b>c</b>	If 'Yes,' enter name and address of the third party:		
	Name: ▶ -----		
	Address: ▶ -----		
<b>16</b>	Gaming manager information		
	Name: ▶ -----		
	Gaming manager compensation ▶ \$ _____		
	Description of services provided: ▶ -----		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
<b>17</b>	Mandatory distributions		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....	<b>17a</b>	
<b>b</b>	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ _____		

**SCHEDULE O  
(Form 990)**

**Supplemental Information to Form 990**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Senior Center, Inc.

Employer identification number

54-0735666

Pt VI-B, Line 11A The Board of Directors Finance and Audit Committees meet jointly to review Form 990 and ensure it is accurate before it is filed.

Pt VI-B, Line 12c New Board members sign a document acknowledging the review and understanding and adherence to our conflict of interest policy. Additionally, the President and Executive Director when preparing Board agendas consider if there are any potential conflicts of interest that may arise.

Pt VI-B, Line 15 The Personnel Committee of the Board of Directors of the Senior Center, Inc. is charged with the responsibility of making recommendations re: the salary of the Executive Director. In fulfilling this responsibility, the Committee considers a number of related factors, including the following:  
Evaluation of quality of performance. The Committee, consisting entirely of independent individuals, conducts an informal evaluation of the Executive Director's performance as needed, and a formal evaluation, which has been developed by the Personnel Committee, in January of each year. In preparation for the formal evaluation, the Director gives the committee a written report of his accomplishments, his sense of his strong points, and identifies any area (s) where he feels improvement is needed. In addition to the Personnel Committee's review of performance, each member of the Board of Directors completes an anonymous evaluation of the Executive Director, which is tabulated by the Chair of the Personnel Committee. The Chair of the Personnel Committee and the President of the Board of Directors then meets with the Executive Director for a formal evaluation.

Name of the organization

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Senior Center, Inc.

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The findings of the evaluation are shared with the Board which then confirms or adjusts the recommended salary increase.

Review of current salary ranges and comparison to other nonprofits in the area. To arrive at fair compensation, the committee reviews periodically the salary ranges of nonprofit organizations in the area including use of independent salary surveys, compares where we are on the scale, and then recommends to the Board any compensation adjustment. It is the Center's belief that fair and just compensation is in the best interest of the Center as a retention and recruitment strategy.

In determining the salary for the current executive director, much consideration was given to his vision for the future of the Center, his ability to translate that vision into long-range planning and a track-record of leadership qualities needed to carry-out and sustain the vision. Minutes of Committee meetings are kept to insure contemporaneous substantiation is documented.

Pt VI-C, Line 19 All of our governing documents are in a binder in our Senior Center library for anyone to review. Senior Center bylaws, which include our conflict of interest policy, are available on our website and are circulated to anyone who requests them. Our annual audit and Form 990 are also on our website and in our governing documents binder in our library and are made available upon request.

Schedule G Part I - The Senior Center paid MKDM \$18,759 for reimbursable fundrasing expenses such as copy, design production and other reimbursable expenses. The Senior Center paid The Curtis Group \$3,608 for reimbursable fundrasing expenses such as

Name of the organization

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Senior Center, Inc.

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copy, design production and other reimbursable expenses.

The contract agreements for MKDM and The Curtis Group differentiate between counsel fees and services/reimbursable expenses. Per the contract services include copyrighting, design, etc. and reimbursable expenses include printing, postage, courier services, mileage and meals.

Schedule B  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2009

Name of the organization

Senior Center, Inc.

Employer identification number

54-0735666

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule –

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year. . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.**

**Schedule B (Form 990, 990-EZ, or 990-PF) (2009)**

Name of organization Senior Center, Inc.	Employer identification number 54-0735666
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**Part I Contributors** (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Alria Cmp. Employee Community Fund PO Box 85088 Richmond VA 23285	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Bama Works Fund PO Box 1767 Charlottesville VA 22902	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Charlottesville Area Community Fdn. PO Box 1767 Charlottesville VA 22902	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Gertrude M. Conduff Foundation PO Box 26688 Richmond VA 23261	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	Phydele Ehrlich 250 Pantops Mountain Road, APT#326 Charlottesville VA 22911	\$ 7,792.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	Farkas Family Foundation 1720 Brown's Gap Turnpike Charlottesville VA 22901	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

Senior Center, Inc.

54-0735666

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	Genan Foundation PO Box 5386 Charlottesville VA 22905	\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	Joe Gieck 2124 Wentworth Farm Charlottesville VA 22902	\$ 50,511.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	Dr. Joe & Sally Gieck Fund PO Box 1767 Charlottesville VA 22902	\$ 12,680.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	William L. Hodson 4594 Gilbert Station Road Barboursville VA 22923	\$ 6,925.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	I.J. & Hilda M. Breeden Foundation 8817 Portner Avenue, Suite 2 Manassas VA 20110	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	Inez Duff Bishop Charitable Trust PO Box 14061 Roanoke VA 24038	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

Senior Center, Inc.

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**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	Legare, Cornelia, Martha Tarrant Fd PO Box 1767 Charlottesville VA 22902	\$ 7,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	Elisabeth F. Looney 2300 Suffolk Road Charlottesville VA 22901	\$ 7,857.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	Martha B Lowrance Trust 2836 Earlysville Road Earlysville VA 22936	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	Ian L. R. MacLeod 491 Crestwood Drive, Apt. 216 Charlottesville VA 22903	\$ 16,549.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	Jennie Sue Minor 1017 Forest Lodge Lane Charlottesville VA 22903	\$ 10,370.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	Caryl A. Mueser 751 Hillsdale Drive, Apt 307 Charlottesville VA 22901	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization Senior Center, Inc.	Employer identification number 54-0735666
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**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	Southwood, Inc 1017 Forest Lodge Lane Charlottesville VA 22903	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	Watterson Foundation 486 Fontana Drive Charlottesville VA 22911	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	Phil Wendel 1701 Bentivar Drive Charlottesville VA 22911	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	Woodson Charitable Trust 1115 Park Street Charlottesville VA 22901	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	Dr. Malcolm R. J. Wyllie 1698 Union Mills Road Troy VA 22974	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	Margaret Wyllie 1698 Union Mills Road Troy VA 22974	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

For calendar year 2009 or other tax year beginning Apr 1, 2009,  
and ending Mar 31, 2010

**2009**

Department of the Treasury  
Internal Revenue Service (77)

▶ See separate instructions.

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <u>Senior Center, Inc.</u> Number, street, and room or suite number. If a P.O. box, see instructions. <u>1180 Pepsi Place</u> City or town State ZIP code <u>Charlottesville VA 22901</u>	<b>D</b> Employer identification number (Employees' trust, see instructions for Block D.) <u>54-0735666</u>  <b>E</b> Unrelated business activity codes (See instructions for Block E.) <u>511190</u>
<b>C</b> Book value of all assets at end of year <u>1,966,657.</u>	<b>F</b> Group exemption number (See instructions for Block F.) ▶ <b>G</b> Check organization type . . . . ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust		

**H** Describe the organization's primary unrelated business activity.  
▶ Monthly newsletter to members

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ▶  Yes  No  
If 'Yes,' enter the name and identifying number of the parent corporation . . . ▶

**J** The books are in care of ▶ Senior Center, Inc Telephone number ▶ (434) 974-7756

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales . . . . .			
<b>b</b> Less returns and allowances . . . . . <b>c</b> Balance ▶ <b>1 c</b>			
<b>2</b> Cost of goods sold (Schedule A, line 7) . . . . . <b>2</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c . . . . . <b>3</b>			
<b>4 a</b> Capital gain net income (attach Schedule D) . . . . . <b>4 a</b>			
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . . . . . <b>4 b</b>			
<b>c</b> Capital loss deduction for trusts . . . . . <b>4 c</b>			
<b>5</b> Income (loss) from partnerships and S corporations (attach statement) . . . . . <b>5</b>			
<b>6</b> Rent income (Schedule C) . . . . . <b>6</b>			
<b>7</b> Unrelated debt-financed income (Schedule E) . . . . . <b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Schedule F) . . . . . <b>8</b>			
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Sch G) . . . . . <b>9</b>			
<b>10</b> Exploited exempt activity income (Schedule I) . . . . . <b>10</b>			
<b>11</b> Advertising income (Schedule J) . . . . . <b>11</b>	33,415.	13,210.	20,205.
<b>12</b> Other income (See instructions; attach schedule.) <u>Trip Planning Commissions</u> . . . . . <b>12</b>	1,892.		1,892.
<b>13 Total.</b> Combine lines 3 through 12 . . . . . <b>13</b>	35,307.	13,210.	22,097.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
<b>14</b> Compensation of officers, directors, and trustees (Schedule K) . . . . . <b>14</b>			
<b>15</b> Salaries and wages . . . . . <b>15</b>			
<b>16</b> Repairs and maintenance . . . . . <b>16</b>			
<b>17</b> Bad debts . . . . . <b>17</b>			
<b>18</b> Interest (attach schedule) . . . . . <b>18</b>			
<b>19</b> Taxes and licenses . . . . . <b>19</b>			
<b>20</b> Charitable contributions (See instructions for limitation rules.) . . . . . <b>20</b>			
<b>21</b> Depreciation (attach Form 4562) . . . . . <b>21</b>	21		
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return . . . . . <b>22 a</b>	22 a		22 b
<b>23</b> Depletion . . . . . <b>23</b>			
<b>24</b> Contributions to deferred compensation plans . . . . . <b>24</b>			
<b>25</b> Employee benefit programs . . . . . <b>25</b>			
<b>26</b> Excess exempt expenses (Schedule I) . . . . . <b>26</b>			
<b>27</b> Excess readership costs (Schedule J) . . . . . <b>27</b>			20,205.
<b>28</b> Other deductions (attach schedule) . . . . . <b>28</b>			
<b>29 Total deductions.</b> Add lines 14 through 28 . . . . . <b>29</b>			20,205.
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 . . . . . <b>30</b>			1,892.
<b>31</b> Net operating loss deduction (limited to the amount on line 30) . . . . . <b>31</b>			
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 . . . . . <b>32</b>			1,892.
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) . . . . . <b>33</b>			1,000.
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 . . . . . <b>34</b>			892.

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> . See instructions and: <b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ <b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) ..... \$ _____ (2) Additional 3% tax (not more than \$100,000) ..... \$ _____ <b>c</b> Income tax on the amount on line 34 .....		<b>35c</b>	134.
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....		<b>36</b>	
<b>37 Proxy tax.</b> See instructions .....		<b>37</b>	
<b>38 Alternative minimum tax</b> .....		<b>38</b>	
<b>39 Total.</b> Add lines 37 and 38 to line 35c or 36, whichever applies .....		<b>39</b>	134.

**Part IV Tax and Payments**

<b>40a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	<b>40a</b>		
<b>b</b> Other credits (see instructions) .....	<b>40b</b>		
<b>c</b> General business credit. Attach Form 3800 .....	<b>40c</b>		
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827) .....	<b>40d</b>		
<b>e Total credits.</b> Add lines 40a through 40d .....	<b>40e</b>		
<b>41</b> Subtract line 40e from line 39 .....	<b>41</b>		134.
<b>42</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) .....	<b>42</b>		
<b>43 Total tax.</b> Add lines 41 and 42 .....	<b>43</b>		134.
<b>44a Payments:</b> A 2008 overpayment credited to 2009 .....	<b>44a</b>		
<b>b</b> 2009 estimated tax payments .....	<b>44b</b>		
<b>c</b> Tax deposited with Form 8868 .....	<b>44c</b>	0.	
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>44d</b>		
<b>e</b> Backup withholding (see instructions) .....	<b>44e</b>		
<b>f</b> Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total .....	<b>44f</b>		
<b>45 Total payments.</b> Add lines 44a through 44f .....	<b>45</b>		0.
<b>46</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached .....	<b>46</b>		
<b>47 Tax due.</b> If line 45 is less than the total of lines 43 and 46, enter amount owed .....	<b>47</b>		134.
<b>48 Overpayment.</b> If line 45 is larger than the total of lines 43 and 46, enter amount overpaid .....	<b>48</b>		
<b>49</b> Enter the amount of line 48 you want: <b>Credited to 2010 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>49</b>		

**Part V Statements Regarding Certain Activities and Other Information** (see instructions.)

<b>1</b> At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here _____	Yes	No
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see the instructions for other forms the organization may have to file.		X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> \$ _____		

**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation

<b>1</b> Inventory at beginning of year .....	<b>1</b>		<b>6</b> Inventory at end of year .....	<b>6</b>	
<b>2</b> Purchases .....	<b>2</b>		<b>7 Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 .....	<b>7</b>	
<b>3</b> Cost of labor .....	<b>3</b>				
<b>4a</b> Additional section 263A costs (attach schedule) .....	<b>4a</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....		Yes No
<b>b</b> Other costs (attach sch) .....	<b>4b</b>				
<b>5 Total.</b> Add lines 1 through 4b .....	<b>5</b>				

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

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

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

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  Preparer's SSN or PTIN P00045082

Firm's name (or yours if self-employed), address, and ZIP code ROBINSON, FARMER, COX ASSOCIATES EIN 54-1896113  
P.O. Box 6580 CHARLOTTESVILLE VA 22906 Phone no. (434) 973-8314

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)

1 Description of property		2 Rent received or accrued	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)		
(1)			
(2)			
(3)			
(4)			
Total		Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) . . . . . ▶

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . . ▶

**Schedule E – Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals . . . . . ▶		Enter here and on page 1, Part I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 . . . . . ▶				

**Schedule F – Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1 Name of Controlled Organization	2 Employer Identification Number	Exempt Controlled Organizations				
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations		7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)						
(2)						
(3)						
(4)						
Totals . . . . . ▶				Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, part I, line 8, column (B).	

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> .....	Enter here and on page 1, Part I, line 10, column (A).	Enter here and on page 1, Part I, line 10, column (B).				Enter here and on page 1, Part II, line 26.

**Schedule J – Advertising Income** (See instructions.)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) .....						

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) Newsletter	33,415.	13,210.	20,205.	4,984.	28,791.	20,205.
(2)						
(3)						
(4)						
<b>(5) Totals from Part I</b> .....						
<b>Totals, Part II</b> (lines 1-5) .....	Enter here and on page 1, Part I, line 11, column (A). 33,415.	Enter here and on page 1, Part I, line 11, column (B). 13,210.				Enter here and on page 1, Part II, line 27. 20,205.

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	

**Total.** Enter here and on page 1, Part II, line 14 .....

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Schedule O (Form 990), Supplemental Information to Form 990

**Form 990, Page 2, Part III, Line 4d (continued)**

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**4d** Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 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.

Code: \_\_\_\_\_ Description: Arts and other, etc.

Expenses	<u>117,767.</u>	_____
Grants Of	<u>0.</u>	_____
Revenue	<u>49,049.</u>	_____

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Supporting Statement of:**

Form 990-T, pl/Line 12, Column (A)-1

<b>Description</b>	<b>Amount</b>
Total Commissions Received	10,509.
Commissions Paid to Outside Agent	-7,356.
Commissions Paid to Travel Coordinator	-1,261.
Total	<u>1,892.</u>