

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2009

<b>Prepared for</b>	CHARLOTTE/MECKLENBURG SENIOR CENTERS, INC. 2225 TYVOLA RD. CHARLOTTE, NC 28210
<b>Prepared by</b>	J. RONALD MARTIN, PA 1850 EAST THIRD STREET, SUITE 305 CHARLOTTE, NC 28204
<b>Amount due or refund</b>	NOT APPLICABLE
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
<b>Return must be mailed on or before</b>	FEBRUARY 16, 2010
<b>Special Instructions</b>	THE RETURN SHOULD BE SIGNED AND DATED.

**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)

Department of the Treasury  
 Internal Revenue Service

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

**A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009**

<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 Name of organization</b> CHARLOTTE/MECKLENBURG SENIOR CENTERS, INC.  Doing Business As  Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2225 TYVOLA RD.  City or town, state or country, and ZIP + 4 CHARLOTTE, NC 28210	<b>D Employer identification number</b>  56-1382158
		<b>E Telephone number</b> (704) 522-6222	<b>G Gross receipts \$</b> 1,340,488.
		<b>F Name and address of principal officer:</b> TRENA PALMER SAME AS C ABOVE	<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c) Group exemption number</b> ▶	
<b>J Website:</b> ▶ WWW.CMSSENIORCENTERS.ORG		<b>K Type of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
		<b>L Year of formation:</b> 1983	<b>M State of legal domicile:</b> NC

Part I Summary			
	1	Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE A CENTRAL LOCATION OF SERVICES TO MEET THE SPECIAL NEEDS OF THE ELDERLY AND TO PROVIDE</b>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3 14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 14
	5	Total number of employees (Part V, line 2a)	5 122
	6	Total number of volunteers (estimate if necessary)	6 375
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)
9		Program service revenue (Part VIII, line 2g)	112,741. 110,667.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	492. 988.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	54,548. 50,760.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,332,036. 1,335,359.
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)	816,720. 919,937.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 79,955.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	500,042. 495,323.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,316,762. 1,415,260.
	19	Revenue less expenses. Subtract line 18 from line 12	15,274. <79,901.>
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year 1,572,516. End of Year 1,481,551.
	21	Total liabilities (Part X, line 26)	137,507. 126,443.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,435,009. 1,355,108.

Part II Signature Block				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Sign Here		Signature of officer TRENA PALMER, EXECUTIVE DIRECTOR Type or print name and title	Date	
Paid Preparer's Use Only	Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4	Date J. RONALD MARTIN, PA 1850 EAST THIRD STREET, SUITE 305 CHARLOTTE, NC 28204	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) EIN ▶ Phone no. ▶ (704) 375-6405

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION THE MISSION OF CHARLOTTE/MECKLENBURG SENIOR CENTERS, INC. IS TO SERVE AS A FOCAL POINT FOR THE PROVISION AND COORDINATION OF A BROAD SPECTRUM OF SERVICES AND ACTIVITIES FOR OLDER ADULTS THROUGHOUT THE CHARLOTTE-MECKLENBURG COMMUNITY. THE ORGANIZATION STRIVES TO HELP

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 [X] 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 [X] 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 \$ 445,097. including grants of \$ ) (Revenue \$ ) SENIOR AIDES - PLACES ELIGIBLE INCOME SENIOR IN NON-PROFIT AGENCIES TO INTERN, LEARN A NEW SKILL, OR REGAIN CONFIDENCE IN THEMSELVES BEFORE ENTERING THE WORK FORCE.

4b (Code: ) (Expenses \$ 406,982. including grants of \$ ) (Revenue \$ ) EDUCATION AND SOCIAL - PROVIDES INSTRUCTIONAL CLASSES SUCH AS COMPUTERS, LANGUAGES, ARTS; ALSO INCLUDED ARE SEMINARS AND WORKSHOPS WHICH ARE INFORMATIONAL SUCH AS RETIREMENT PLANNING, AND AARP DRIVE ALIVE AFTER 55.

4c (Code: ) (Expenses \$ 139,955. including grants of \$ ) (Revenue \$ ) HEALTH AND WELLNESS - PROGRAMS AND SERVICES WHICH ARE TARGETED TOWARDS HEALTH AND WELLNESS SUCH AS: FREE HEALTH SCREENINGS, FLU SHOTS, EXERCISE CLASSES, FITNESS AND NUTRITION, DISTRIBUTION OF DISEASE PREVENTION MATERIALS, SUPERVISION AND DIRECTION FOR ENROLLED SENIORS EXERCISING IN THE HEALTH SUITE, COUNSELING AND SUPPORT GROUPS.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 223,840. including grants of \$ ) (Revenue \$ )

4e Total program service expenses \$ 1,215,874. (Must equal Part IX, Line 25, column (B).)

**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 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 hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> .....	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....		X
13	Is the organization a school as 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 U.S.? .....		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <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 more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
18	Did the organization report more than \$15,000 total 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 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
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> .....		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i> .....		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....		X

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

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <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</b>	<b>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

Form 990 (2008)

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

		Yes	No
<b>1a</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>1a</b> 11		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</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?		X
<b>2a</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>2a</b> 122		
<b>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 e-file this return. (see instructions)		X
<b>3a</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		
<b>4a</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>5a</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 question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	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 tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<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>7d</b>	
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	X
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	<b>7h</b>	X
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter: N/A		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter: N/A		
<b>a</b>	Gross income from members or shareholders	<b>11a</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>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	<b>12b</b>	

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body .....		
<b>1b</b>	Enter the number of voting members that are independent .....		
<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? .....		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? .....		X
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? .....		X
<b>6</b>	Does the organization have members or stockholders? .....		X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? .....		X
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .....		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body? .....	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9a</b>	Does the organization have local chapters, branches, or affiliates? .....		X
<b>9b</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>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 .....	X	
<b>11</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 .....		X

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>12b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>12c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done .....	X	
<b>13</b>	Does the organization have a written whistleblower policy? .....	X	
<b>14</b>	Does the organization have a written document retention and destruction policy? .....	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>15a</b>	The organization's CEO, Executive Director, or top management official? .....	X	
<b>15b</b>	Other officers or key employees of the organization? .....	X	
<b>16a</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? .....		X
<b>16b</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? .....		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ NC**
- 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: **▶** \_\_\_\_\_  
**BOB JANCERAK - (704) 522-6222**  
**2225 TYVOLA ROAD, CHARLOTTE, NC 28210**

**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**

1a Complete this table for all persons required to be listed. 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, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• 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 officer, director, trustee, or key employee.

(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			
JENNIFER SCOTT PRESIDENT	1.00		X					0.	0.	0.
BOB SHAFFER 1ST VICE PRESIDENT	1.00		X					0.	0.	0.
ALFREDO SOLIS PAST PRESIDENT	1.00		X					0.	0.	0.
HOWARD BRAVERMAN TREASURER	1.00		X					0.	0.	0.
ROSALIE SPANIEL SECRETARY	1.00		X					0.	0.	0.
EVELYN NEWMAN BOARD MEMBER	1.00		X					0.	0.	0.
FRAN MATHAY BOARD MEMBER	1.00		X					0.	0.	0.
DARRELL E WILLIAMS BOARD MEMBER	1.00		X					0.	0.	0.
RODNEY MOORE BOARD MEMBER	1.00		X					0.	0.	0.
STEADMAN MCCURRY BOARD MEMBER	1.00		X					0.	0.	0.
ROSANNA TSAVDAR BOARD MEMBER	1.00		X					0.	0.	0.
LAWRENCE DENNY BOARD MEMBER	1.00		X					0.	0.	0.
B.G. METZLER BOARD MEMBER	1.00		X					0.	0.	0.
ANN HUGHES BOARD MEMBER	1.00		X					0.	0.	0.
TRENA PALMER EXECUTIVE DIRECTOR	40.00			X		X		56,716.	0.	0.



CHARLOTTE/MECKLENBURG SENIOR CENTERS, INC.

Form 990 (2008)

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Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a 158,729.				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 940,271.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 73,944.				
	g Noncash contributions included in lines 1a-1f: \$	369.				
	h Total. Add lines 1a-1f	▶ 1,172,944.				
	Program Service Revenue	2 a PROGRAM FEES	Business Code 900099	89,445.	89,445.	
b MEMBERSHIP DUES		900099	21,222.	21,222.		
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		▶ 110,667.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	488.	488.		
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)	▶	34,366.	34,366.		
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other	500.			
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)	500.			
	d Net gain or (loss)	▶	500.	500.		
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	17,413.			
		b Less: direct expenses	b 5,129.			
c Net income or (loss) from fundraising events		▶	12,284.	12,284.		
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Business Code				
11 a MISCELLANEOUS	900099	4,110.	4,110.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	▶	4,110.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	▶	1,335,359.	162,415.	0.	0.	

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Form 990 (2008)

**CHARLOTTE/MECKLENBURG SENIOR  
CENTERS, INC.**

Form 990 (2008)

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**Part IX Statement of Functional Expenses**

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	56,716.	42,537.	8,507.	5,672.
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 .....	727,509.	616,962.	69,283.	41,264.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....				
9 Other employee benefits .....	49,667.	37,164.	8,673.	3,830.
10 Payroll taxes .....	86,045.	73,121.	7,473.	5,451.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....				
c Accounting .....	10,030.	7,288.	1,801.	941.
d Lobbying .....	285.		285.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....				
g Other .....	8,537.	5,543.	2,921.	73.
12 Advertising and promotion .....				
13 Office expenses .....	18,245.	15,406.	2,259.	580.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	158,337.	152,281.	4,864.	1,192.
17 Travel .....	12,449.	10,922.	520.	1,007.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .....				
20 Interest .....	10,049.	273.	9,676.	100.
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	62,006.	62,006.		
23 Insurance .....				
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 <b>PROGRAM EXPENSES</b> .....	150,578.	150,578.		
b <b>UTILITIES</b> .....	54,305.	53,087.	1,218.	
c <b>CONTRACTED SERVICES</b> .....	49,568.	49,523.	45.	
d <b>MAINTENANCE AND REPAIRS</b> .....	30,710.	30,359.	351.	
e <b>FUNDRAISING</b> .....	24,282.			24,282.
f All other expenses .....	<94,058.>	<91,176.>	1,555.	<4,437.>
25 <b>Total functional expenses.</b> Add lines 1 through 24f	1,415,260.	1,215,874.	119,431.	79,955.
26 <b>Joint Costs.</b> Check here <input checked="" 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 ...				

CHARLOTTE/MECKLENBURG SENIOR CENTERS, INC.

Form 990 (2008)

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**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing .....	108,414.	1	110,334.
	2 Savings and temporary cash investments .....		2	
	3 Pledges and grants receivable, net .....	327,062.	3	282,236.
	4 Accounts receivable, net .....		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. 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 .....	22,493.	9	24,368.
	10a Land, buildings, and equipment: cost basis ...	10a 1,981,549.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D .....	10b 820,934.	10c	1,160,615.
	11 Investments - publicly traded securities .....		11	
	12 Investments - other securities. See Part IV, line 11 .....		12	
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....	<90,000.>	15	<96,002.>
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	1,572,516.	16	1,481,551.	
Liabilities	17 Accounts payable and accrued expenses .....	50,410.	17	30,975.
	18 Grants payable .....		18	
	19 Deferred revenue .....		19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow 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 .....		24	
	25 Other liabilities. Complete Part X of Schedule D .....	87,097.	25	95,468.
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	137,507.	26	126,443.
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 .....	998,789.	27	993,993.
	28 Temporarily restricted net assets .....	436,220.	28	361,115.
	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, or equipment fund .....		31	
	32 Retained earnings, endowment, accumulated income, or other funds .....		32	
33 <b>Total net assets or fund balances</b> .....	1,435,009.	33	1,355,108.	
34 <b>Total liabilities and net assets/fund balances</b> .....	1,572,516.	34	1,481,551.	

**Part XI Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....		X
b Were the organization's financial statements audited by an independent accountant? .....	X	
c If "Yes" to lines 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? .....	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....	X	
b If "Yes," did the organization undergo the required audit or audits? .....	X	

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **CHARLOTTE/MECKLENBURG SENIOR CENTERS, INC.** Employer identification number **56-1382158**

**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: (Please check only **one** organization.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 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 the Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	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? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	
- h Provide the following information about the organizations the organization supports.

(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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1075166.	942,795.	1023678.	1183705.	1194166.	5419510.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 - 3 .....	1075166.	942,795.	1023678.	1183705.	1194166.	5419510.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public Support.</b> Subtract line 5 from line 4.						5419510.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4 .....	1075166.	942,795.	1023678.	1183705.	1194166.	5419510.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	78.	117.	334.	492.	988.	2,009.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	53,101.	38,410.	58,243.	54,548.	50,760.	255,062.
<b>11 Total support.</b> Add lines 7 through 10						5676581.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	438,996.
<b>13 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**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	95.47 %
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f .....	<b>15</b>	94.95 %
<b>16a 33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2007.</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 stop here. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2008.</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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2007.</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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 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 year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 - 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

**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 2008 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2008</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2007</b> Schedule A, Part IV-A, line 27h .....	<b>18</b>	%

**19a 33 1/3% support tests - 2008.** 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 - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Schedule D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

**Name of the organization** CHARLOTTE/MECKLENBURG SENIOR CENTERS, INC.

**Employer identification number**  
56-1382158

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or pleasure)       Preservation of an historically important land area  
 Protection of natural habitat       Preservation of certified historic structure  
 Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06 .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

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

- 3** Using the organization's 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 Trust, 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    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 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
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Investment earnings or losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment  \_\_\_\_\_ %
  - b** Permanent endowment  \_\_\_\_\_ %
  - c** Term endowment  \_\_\_\_\_ %

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations .....   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations .....  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ..... | <b>3b</b>     |    |

- 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) Depreciation	(d) Book value
<b>1a</b> Land .....		300,000.		300,000.
<b>b</b> Buildings .....		1,311,700.	499,847.	811,853.
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		164,136.	116,219.	47,917.
<b>e</b> Other .....		205,713.	204,868.	845.
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) .....				1,160,615.







CHARLOTTE/MECKLENBURG SENIOR

**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.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		GOLF TOURNAMENTS, (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	17,413.		17,413.
	2	Less: Charitable contributions			
	3	Gross revenue (line 1 minus line 2)	17,413.		17,413.
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Other direct expenses	5,129.		5,129.
	8	Direct expense summary. Add lines 4 through 7 in column (d)			( 5,129.)
	9	Net income summary. Combine lines 3 and 8 in column (d)			12,284.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	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	<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 and 7 in column (d)			

	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	

**13** Indicate the percentage of gaming activity operated in:

<b>a</b> The organization's facility .....	<b>13a</b>	%
<b>b</b> An outside facility .....	<b>13b</b>	%

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? .....

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_ .

**c** If "Yes," enter name and address:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

	Yes	No
<b>13a</b>		
<b>13b</b>		
<b>14</b>		
<b>15a</b>		
<b>16</b>		
<b>17a</b>		
<b>17b</b>		

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization	CHARLOTTE/MECKLENBURG SENIOR CENTERS, INC.	Employer identification number	56-1382158
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**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

OPPORTUNITIES FOR ELDERLY ADULTS IN THE COMMUNITY.

**FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

IMPROVE SENIORS' HEALTH AND WELLNESS, DECREASE THEIR LONLINESS AND ISOLATION, AND PROVIDE ASSISTANCE TO SENIORS WITH SOCIAL, ECONOMIC, AND EDUCATIONAL MATTERS THAT WILL ENHANCE THE QUALITY OF THEIR LIVES.

**FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:**

**MULTICULTURAL**

EXPENSES \$ 131113. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

**RSVP**

EXPENSES \$ 66469. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

**NORTH MECKLENBURG SERVICES**

EXPENSES \$ 94906. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

**OTHER PROGRAMS**

EXPENSES \$ 18907. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

**(LESS) CONTRIBUTED FACILITIES**

EXPENSES \$ -87555. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

**FORM 990, PART VI, SECTION A, LINE 10: THE ORGANIZATION'S FEDERAL FORM 990 IS MADE AVAILABLE TO THE BOARD OF DIRECTORS BY THE EXECUTIVE DIRECTOR PRIOR**

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

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization	CHARLOTTE/MECKLENBURG SENIOR CENTERS, INC.	Employer identification number	56-1382158
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TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST POLICY IS SELF-MONITORED AND ENFORCED BY THE BOARD AND EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION B, LINE 15: EXECUTIVE COMPENSATION IS REVIEWED AND APPROVED BY THE BOARD, BASED ON JOB PERFORMANCE AND COMPARISON TO EXECUTIVE COMPENSATION AT SIMILAR-SIZED ORGANIZATIONS.

FORM 990, PART VI, SECTION C, LINE 18: THE PRGANIZATION MAKES ITS' FEDERAL FROM 990 AVAILABLE TO THE PUBLIC ON ITS' WEBSITE, ON WWW.GUIDESTAR.ORG, AND BY WRITTEN REQUEST TO THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS' GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC BY WRITTEN REQUEST TO THE EXECUTIVE DIRECTOR.

FORM 990, PART XI, LINE 2C.

AUDIT COMMITTEE

THE PROCESS OF SELECTING AND HIRING AN INDEPENDENT AUDITOR HAS NOT CHANGED FROM THE PRIOR YEAR.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	<b>BUILDINGS</b>							
1	<b>BUILDING</b>							
	010394	SL	40.00	16	1,272,210.		461,173.	31,805.
139	<b>SEWER LIFT PUMPS</b>							
	100807	SL	7.00	16	22,775.		2,440.	3,254.
145	<b>KITCHEN REMODEL</b>							
	112107	SL	15.00	16	10,090.		392.	673.
148	<b>REMOVE STEEL TRELLIS, REPAINT METAL FRAMES</b>							
	040909	SL	15.00	16	6,625.			110.
	<b>* 990 PAGE 10 TOTAL BUILDINGS</b>							
					1,311,700.	0.	464,005.	35,842.
	<b>FURNITURE &amp; FIXTURES</b>							
17	<b>FURNITURE REUPHOLSTERY</b>							
	020194	SL	5.00	16	5,360.		5,360.	0.
18	<b>5 LAMPS</b>							
	020194	SL	5.00	16	1,631.		1,631.	0.
19	<b>FURNITURE REUPHOLSTERY</b>							
	020194	SL	5.00	16	2,618.		2,618.	0.
20	<b>MINI BLINDS</b>							
	011494	SL	5.00	16	3,517.		3,517.	0.
21	<b>24X24, 17X16 PLAT</b>							
	011494	SL	5.00	16	2,216.		2,216.	0.
22	<b>GAME ROOM CABINET</b>							
	011494	SL	5.00	16	3,434.		3,434.	0.
23	<b>LIBRARY BOOKSHELVES</b>							
	011494	SL	5.00	16	2,162.		2,162.	0.
24	<b>LIBRARY TV/SHELF UNIT</b>							
	011494	SL	5.00	16	3,056.		3,056.	0.
25	<b>RECEPTION DESK</b>							
	011494	SL	5.00	16	6,932.		6,932.	0.
26	<b>WINDOW TREATMENTS</b>							
	011394	SL	5.00	16	7,784.		7,784.	0.
27	<b>WINDOW TREATMENTS</b>							
	021694	SL	5.00	16	4,716.		4,716.	0.
28	<b>SIGNS (INTERIOR)</b>							
	011294	SL	5.00	16	2,438.		2,438.	0.
29	<b>SOUND LECTURN</b>							
	010694	SL	5.00	16	995.		995.	0.
30	<b>SIGNS</b>							
	052594	SL	5.00	16	5,850.		5,850.	0.
31	<b>SILK TREES</b>							
	011894	SL	5.00	16	4,664.		4,664.	0.
32	<b>SILK TREES</b>							
	011894	SL	5.00	16	1,150.		1,150.	0.
33	<b>WORKSURFACES &amp; PANEL</b>							
	123093	SL	5.00	16	4,640.		4,640.	0.
34	<b>FALCON TRAIN, TABLE</b>							
	033194	SL	5.00	16	1,069.		1,069.	0.
35	<b>CORPORATE BENCH</b>							
	022894	SL	5.00	16	1,634.		1,634.	0.
36	<b>4 LOVESEATS</b>							
	021194	SL	5.00	16	6,036.		6,036.	0.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
37	8 LOUNGE CHAIRS							
	02/11/94	SL	5.00	16	8,616.		8,616.	0.
38	MESA SOFA							
	02/11/94	SL	5.00	16	1,562.		1,562.	0.
39	BL LOUNGE SOFA							
	02/11/94	SL	5.00	16	840.		840.	0.
40	BL LOUNGE LOVESEAT							
	02/11/94	SL	5.00	16	769.		769.	0.
41	5 CBF END TABLES							
	02/11/94	SL	5.00	16	1,398.		1,398.	0.
42	DR. NOVA CUBE DESK							
	02/11/94	SL	5.00	16	1,416.		1,416.	0.
43	DR. NOVA CUBE CREDENZA							
	02/11/94	SL	5.00	16	1,291.		1,291.	0.
44	2 DRAWER SECRETARIAL BC							
	02/11/94	SL	5.00	16	2,081.		2,081.	0.
45	2 DR MODULAR BC							
	02/11/94	SL	5.00	16	953.		953.	0.
46	3 FALCON TABLE							
	02/11/94	SL	5.00	16	601.		601.	0.
47	192 FALCON METAL CHAIRS							
	02/11/94	SL	5.00	16	9,514.		9,514.	0.
48	6 FALCON TRAIN TABLE							
	02/11/94	SL	5.00	16	3,206.		3,206.	0.
49	2 FALCON TABLE							
	02/11/94	SL	5.00	16	689.		689.	0.
50	4 FALCON TABLE							
	02/11/94	SL	5.00	16	762.		762.	0.
51	18 STACK CHAIRS							
	02/11/94	SL	5.00	16	1,390.		1,390.	0.
52	4 REC END TABLE							
	02/11/94	SL	5.00	16	2,016.		2,016.	0.
53	4 OCCASSIONAL TABLE							
	02/11/94	SL	5.00	16	1,656.		1,656.	0.
54	3 LATERAL FILE							
	02/11/94	SL	5.00	16	2,074.		2,074.	0.
55	22 KA FOLDING TABLE							
	02/11/94	SL	5.00	16	5,332.		5,332.	0.
56	3 KA ROUND TABLE TK							
	02/11/94	SL	5.00	16	616.		616.	0.
57	2 PATRICIAN CHAIR							
	02/11/94	SL	5.00	16	710.		710.	0.
58	PAT HB EXEC CHAIR							
	02/11/94	SL	5.00	16	729.		729.	0.
59	4 PAT GUEST CHAIR							
	02/11/94	SL	5.00	16	1,636.		1,636.	0.
60	2 PAT GUEST CHAIR							
	02/11/94	SL	5.00	16	788.		788.	0.
61	4 PB COLLECT BENCH							
	02/11/94	SL	5.00	16	2,110.		2,110.	0.
62	20 PB COLLECT BUFFET							
	02/11/94	SL	5.00	16	1,055.		1,055.	0.
63	8 REDCO FOLD TABLE							
	02/11/94	SL	5.00	16	8,372.		8,372.	0.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
64	16	THONET ARM CHAIR						
	02	11,94	SL	5.00	16	6,579.	6,579.	0.
65	12	THONET ARM CHAIR						
	02	11,94	SL	5.00	16	3,242.	3,242.	0.
66	12	THONET ARM CHAIR						
	02	11,94	SL	5.00	16	3,242.	3,242.	0.
67	18	CONFERENCE CHAIRS						
	02	11,94	SL	5.00	16	5,685.	5,685.	0.
68	6	UC TASK CHAIR						
	02	11,94	SL	5.00	16	1,818.	1,818.	0.
69	5	UC SECRET CHAIR						
	02	11,94	SL	5.00	16	1,229.	1,229.	0.
70		MYRTLE SECRETARIAL DESK						
	03	16,84	SL	5.00	16	665.	665.	0.
71		STLCAS PANELS, BRACKETS						
	03	08,84	SL	5.00	16	4,833.	4,833.	0.
72		MYRTLE EXEC DESK						
	03	08,84	SL	5.00	16	679.	679.	0.
73	2	MRYTLE SERVICE UNITS						
	03	08,84	SL	5.00	16	958.	958.	0.
74	10	MYRTLE ARM CHAIRS						
	03	08,84	SL	5.00	16	2,184.	2,184.	0.
75		MYRTLE DESK #88G-664						
	03	08,84	SL	5.00	16	830.	830.	0.
76		MYRTLE DESK #8766F						
	03	08,84	SL	5.00	16	564.	564.	0.
77		REESE BOOKCASE #D65						
	03	16,84	SL	5.00	16	670.	670.	0.
78		CAROLINA SEATING SOFA						
	03	16,84	SL	5.00	16	557.	557.	0.
79	3	RUDD TABLES						
	03	16,84	SL	5.00	16	1,541.	1,541.	0.
80	2	STLCASE FILES & TOPS						
	03	16,84	SL	5.00	16	613.	613.	0.
81	3	GAME TABLES						
	03	16,84	SL	5.00	16	540.	540.	0.
82		STLCASE FURN/PARTITIONS						
	04	13,84	SL	5.00	16	5,464.	5,464.	0.
83		ST TIMOTHY SOFA						
	05	16,84	SL	5.00	16	590.	590.	0.
84	8	CAROLINA STANDING CHAIRS						
	05	16,84	SL	5.00	16	694.	694.	0.
85		MYRTLE CHAIR 881-UB5						
	07	25,84	SL	5.00	16	655.	655.	0.
86	3	FOLDING TABLES, CHAIR						
	11	07,84	SL	5.00	16	746.	746.	0.
87	4	ACCORD CHAIRS						
	01	22,85	SL	5.00	16	554.	554.	0.
88		FURNITRE REUPHOLSTER						
	02	01,94	SL	5.00	16	2,256.	2,256.	0.
89		BOOKSHELVES						
	01	01,95	SL	5.00	16	908.	908.	0.
90		METAL CABINET						
	08	20,98	SL	7.00	16	581.	581.	0.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
91	FOLDING TABLES							
	052199	SL	7.00	16	1,920.		1,920.	0.
98	TABLES							
	080900	SL	5.00	17	936.		936.	0.
100	PODIUM							
	110900	SL	5.00	17	418.		418.	0.
101	TABLES							
	112100	SL	5.00	17	745.		745.	0.
103	10 TABLES							
	041202	SL	5.00	17	500.		500.	0.
105	BABY GRAND PIANO							
	113001	SL	5.00	17	4,000.		4,000.	0.
108	FLOORING-SHAMROCK							
	030102	SL	7.00	17	9,830.		8,951.	879.
110	SIGN-SHAMROCK							
	093002	SL	7.00	17	2,918.		2,293.	417.
122	ROUND TABLES							
	062705	SL	7.00	16	1,485.		636.	212.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES							
					205,713.	0.	203,360.	1,508.
	MACHINERY & EQUIPMENT							
2	STACK MULTI GYM							
	011194	SL	5.00	16	3,595.		3,595.	0.
33	COMPARTMENT SINK							
	122393	SL	5.00	16	1,107.		1,107.	0.
4	DISPOSER SALVAJOR							
	122393	SL	5.00	16	949.		949.	0.
5	UNDER DISHMACHINE							
	122393	SL	5.00	16	3,274.		3,274.	0.
6	SCOTSMAN ICEMAKER							
	122393	SL	5.00	16	1,859.		1,859.	0.
7	COMBO OVEN & STAND							
	122393	SL	5.00	16	9,455.		9,455.	0.
8	TRAULSEN REFRIGERATOR							
	122393	SL	5.00	16	2,125.		2,125.	0.
9	TRAULSEN FREEZER							
	122393	SL	5.00	16	1,895.		1,895.	0.
10	PREP SINK							
	122393	SL	5.00	16	889.		889.	0.
11	DISH TABLE							
	122393	SL	5.00	16	773.		773.	0.
12	SECURITY SYSTEM							
	011494	SL	5.00	16	6,151.		6,151.	0.
13	COMP STATION CARD							
	010195	SL	5.00	16	550.		550.	0.
14	BINGO MACHINE							
	010195	SL	5.00	16	2,280.		2,280.	0.
15	SIGN							
	081292	SL	5.00	16	615.		615.	0.
16	TREADMILL							
	031599	SL	5.00	16	3,618.		3,618.	0.
94	COMPUTER/PRINTERS/SCANNER/LAPTOP							
	030200	SL	5.00	16	4,944.		4,944.	0.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
95	COMPUTER							
	051500	SL	5.00	16	962.		962.	0.
96	COMPUTER							
	071299	SL	5.00	16	1,458.		1,458.	0.
97	COMPUTER							
	051500	SL	5.00	16	2,029.		2,029.	0.
99	COMPUTER							
	103100	SL	5.00	17	1,346.		1,346.	0.
104	HEALTH RIDER (HEALTH SUITE							
	062802	SL	5.00	17	900.		900.	0.
106	COPIER							
	052602	SL	5.00	17	5,567.		5,567.	0.
107	COMPAQ COMPUTER/PRINTER-KATHLEENS							
	033102	SL	5.00	17	1,581.		1,581.	0.
109	TELEPHONE SYSTEM-SHAMROCK							
	043002	SL	5.00	17	2,000.		2,000.	0.
111	COMPUTER-SHAMROCK							
	091002	SL	5.00	16	1,250.		1,250.	0.
112	COMPUTER-SHAMROCK							
	091002	SL	5.00	16	1,700.		1,700.	0.
113	(D) TELEPHONE SYSTEM-SHAMROCK							
	063003	SL	5.00	16	3,296.		3,296.	0.
114	(D) TELEPHONE SYSTEM-TYVOLA							
	063003	SL	5.00	16	12,995.		12,995.	0.
115	VERTICAL MARKET TREADMILL							
	062304	SL	5.00	16	2,995.		2,396.	599.
116	PRECOR CB103E01 RECUMBENT BIKE							
	062304	SL	5.00	16	1,695.		1,356.	339.
117	HP-PAVILION - SA							
	060704	SL	5.00	16	1,082.		882.	200.
118	MINOLTA C350 CAPITAL LEASE							
	120704	SL	5.00	16	15,332.		10,987.	3,066.
119	COMPUTER - SHAMROCK							
	021505	SL	5.00	16	771.		526.	154.
120	METROLOGIC SCANNERS - TYVOLA							
	060905	SL	5.00	16	584.		361.	117.
121	COFFEE BREWER							
	062205	SL	5.00	16	185.		111.	37.
123	LOCK BOX & SAFE - TYVOLA							
	063005	SL	5.00	16	374.		225.	75.
124	METROLOGIC SCANNERS - SHAMROCK							
	060905	SL	5.00	16	584.		361.	117.
125	LOCK BOX - SHAMROCK							
	063005	SL	5.00	16	117.		69.	23.
126	AIR CONDITIONER COMPRESSOR							
	070105	SL	7.00	16	2,144.		918.	306.
127	ELLIPTICAL CROSS TRAINER							
	061406	SL	5.00	16	4,395.		1,831.	879.
128	2 RECUMBENT BIKES							
	060606	SL	5.00	16	2,500.		1,042.	500.
129	6 DELL 1100 COMPUTERS							
	011506	SL	3.00	16	2,957.		2,465.	492.
130	DELL 5150 COMPUTER							
	011506	SL	3.00	16	742.		618.	124.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
131	COMPAQ COMPUTER							
	040106	SL	3.00	16	580.		434.	146.
132	FREEZER COMPRESSOR							
	042406	SL	7.00	16	958.		297.	137.
133	AWNING FOR SHAMROCK							
	052606	SL	15.00	16	1,000.		140.	67.
134	6 DELL 2400 COMPUTERS							
	091205	SL	3.00	16	2,208.		2,085.	123.
135	AIO PRINTER/FAX/COPIER							
	040406	SL	3.00	16	331.		248.	83.
136	BACKFLOW ALARM							
	032607	SL	7.00	16	1,000.		179.	143.
137	CARPET REPLACEMENT (NOT INSTALLED UNTIL FY08)							
	060707	SL	7.00	16	6,395.		914.	914.
138	PRECOR C964I TREADMILL							
	030107	SL	5.00	16	2,444.		652.	489.
140	PRECOR C546 ELLIPTICAL TRAINER							
	082807	SL	5.00	16	3,140.		523.	628.
141	PRECOR 956 TREADMILL							
	082807	SL	5.00	16	2,303.		384.	461.
142	PRECOR 956 TREADMILL							
	082807	SL	5.00	16	2,303.		384.	461.
143	LAMAR L7350 REC BIKE							
	082807	SL	5.00	16	1,254.		209.	251.
144	AUTOMATIC DOOR MOTOR AND GEARBOX							
	071207	SL	7.00	16	1,570.		224.	224.
146	SHARP MX-3501 COPIER							
	050108	SL	5.00	16	13,319.		444.	2,664.
147	TELECO CIX 670 PHONE SYSTEM							
	082207	SL	5.00	16	20,555.		3,426.	4,111.
149	DELL POWER EDGE III SERVER							
	123008	SL	5.00	16	2,728.			273.
150	STRIDEWELL ELLIPTICAL TRAINER							
	082908	SL	5.00	16	2,719.			453.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT							
					180,427.	0.	113,854.	18,656.
	LAND							
92	LANDLEASE							
	070193	SL	50.00	16	300,000.		90,000.	6,000.
	* 990 PAGE 10 TOTAL LAND							
					300,000.	0.	90,000.	6,000.
	* GRAND TOTAL 990 PAGE 10 DEPR							
					1,997,840.	0.	871,219.	62,006.

**Depreciation and Amortization** 990  
 (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return <b>CHARLOTTE/MECKLENBURG SENIOR CENTERS, INC.</b>	Business or activity to which this form relates <b>FORM 990 PAGE 10</b>	Identifying number <b>56-1382158</b>
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**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses .....	<b>1</b>	<b>250,000.</b>
2 Total cost of section 179 property placed in service (see instructions) .....	<b>2</b>	
3 Threshold cost of section 179 property before reduction in limitation .....	<b>3</b>	<b>800,000.</b>
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	<b>4</b>	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	<b>5</b>	
<b>6</b> (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29 .....	<b>7</b>	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	<b>8</b>	
9 Tentative deduction. Enter the smaller of line 5 or line 8 .....	<b>9</b>	
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 .....	<b>10</b>	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	<b>11</b>	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 .....	<b>12</b>	
13 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 .....	<b>13</b>	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14 Special depreciation for qualified property (other than listed property) placed in service during the tax year .....	<b>14</b>	
15 Property subject to section 168(f)(1) election .....	<b>15</b>	
16 Other depreciation (including ACRS) .....	<b>16</b>	<b>60,710.</b>

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2008 .....	<b>17</b>	<b>1,296.</b>
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here .....	<b>18</b>	<input type="checkbox"/>

**Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year property						
<b>b</b> 5-year property						
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions.)**

21 Listed property. Enter amount from line 28 .....	<b>21</b>	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. ....	<b>22</b>	<b>62,006.</b>
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	<b>23</b>	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use ..... **25**

**26** Property used more than 50% in a qualified business use:

	:	:	%					
	:	:	%					
	:	:	%					

**27** Property used 50% or less in a qualified business use:

	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 ..... **28**

**29** Add amounts in column (i), line 26. Enter here and on line 7, page 1 ..... **29**

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

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

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

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

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

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

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

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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**42** Amortization of costs that begins during your 2008 tax year:

	:	:			
	:	:			

**43** Amortization of costs that began before your 2008 tax year ..... **43**

**44 Total.** Add amounts in column (f). See the instructions for where to report ..... **44**

# Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>	Name of Exempt Organization <b>CHARLOTTE/MECKLENBURG SENIOR CENTERS, INC.</b>	Employer identification number <b>56-1382158</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2225 TYVOLA RD.</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>CHARLOTTE, NC 28210</b>	

**Check type of return to be filed** (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

**BOB JANCERAK**

- The books are in the care of ▶ **2225 TYVOLA ROAD - CHARLOTTE, NC 28210**  
Telephone No. ▶ **(704) 522-6222** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**.

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>N/A</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

2008 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CHARLOTTE/MECKLENBURG SENIOR CENTERS, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis *	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
1	BUILDING	010394	SL	40.00	16	1272210.			1272210.	461,173.		31,805.
139	SEWER LIFT PUMPS	100807	SL	7.00	16	22,775.			22,775.	2,440.		3,254.
145	KITCHEN REMODEL	112107	SL	15.00	16	10,090.			10,090.	392.		673.
148	REMOVE STEEL TRELLIS, REPAINT METAL FRAMES	040909	SL	15.00	16	6,625.			6,625.			110.
	* 990 PAGE 10 TOTAL BUILDINGS					1311700.		0.	1311700.	464,005.	0.	35,842.
	FURNITURE & FIXTURES											
17	FURNITURE REUPHOLSTERY	020194	SL	5.00	16	5,360.			5,360.	5,360.		0.
18	5 LAMPS	020194	SL	5.00	16	1,631.			1,631.	1,631.		0.
19	FURNITURE REUPHOLSTERY	020194	SL	5.00	16	2,618.			2,618.	2,618.		0.
20	MINI BLINDS	011494	SL	5.00	16	3,517.			3,517.	3,517.		0.
21	8 24X24, 17X16 PLAT	011494	SL	5.00	16	2,216.			2,216.	2,216.		0.
22	GAME ROOM CABINET	011494	SL	5.00	16	3,434.			3,434.	3,434.		0.
23	LIBRARY BOOKSHELVES	011494	SL	5.00	16	2,162.			2,162.	2,162.		0.
24	LIBRARY TV/SHELF UNIT	011494	SL	5.00	16	3,056.			3,056.	3,056.		0.
25	RECEPTION DESK	011494	SL	5.00	16	6,932.			6,932.	6,932.		0.
26	WINDOW TREATMENTS	011394	SL	5.00	16	7,784.			7,784.	7,784.		0.
27	WINDOW TREATMENTS	021694	SL	5.00	16	4,716.			4,716.	4,716.		0.

2008 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CHARLOTTE/MECKLENBURG SENIOR CENTERS, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis *	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
28	SIGNS (INTERIOR)	011294	SL	5.00	16	2,438.			2,438.	2,438.		0.
29	SOUND LECTURN	010694	SL	5.00	16	995.			995.	995.		0.
30	SIGNS	052594	SL	5.00	16	5,850.			5,850.	5,850.		0.
31	SILK TREES	011894	SL	5.00	16	4,664.			4,664.	4,664.		0.
32	SILK TREES	011894	SL	5.00	16	1,150.			1,150.	1,150.		0.
33	WORKSURFACES & PANEL	123093	SL	5.00	16	4,640.			4,640.	4,640.		0.
34	FALCON TRAIN, TABLE	033194	SL	5.00	16	1,069.			1,069.	1,069.		0.
35	CORPORATE BENCH	022894	SL	5.00	16	1,634.			1,634.	1,634.		0.
36	4 LOVESEATS	021194	SL	5.00	16	6,036.			6,036.	6,036.		0.
37	8 LOUNGE CHAIRS	021194	SL	5.00	16	8,616.			8,616.	8,616.		0.
38	MESA SOFA	021194	SL	5.00	16	1,562.			1,562.	1,562.		0.
39	BL LOUNGE SOFA	021194	SL	5.00	16	840.			840.	840.		0.
40	BL LOUNGE LOVESEAT	021194	SL	5.00	16	769.			769.	769.		0.
41	5 CBF END TABLES	021194	SL	5.00	16	1,398.			1,398.	1,398.		0.
42	DR. NOVA CUBE DESK	021194	SL	5.00	16	1,416.			1,416.	1,416.		0.
43	DR. NOVA CUBE CREDENZA	021194	SL	5.00	16	1,291.			1,291.	1,291.		0.
44	2 DRAWER SECRETARIAL BC	021194	SL	5.00	16	2,081.			2,081.	2,081.		0.
45	2 DR MODULAR BC	021194	SL	5.00	16	953.			953.	953.		0.

2008 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CHARLOTTE/MECKLENBURG SENIOR CENTERS, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
463	FALCON TABLE	021194	SL	5.00	16	601.			601.	601.		0.
47	192 FALCON METAL CHAIRS	021194	SL	5.00	16	9,514.			9,514.	9,514.		0.
486	FALCON TRAIN TABLE	021194	SL	5.00	16	3,206.			3,206.	3,206.		0.
492	FALCON TABLE	021194	SL	5.00	16	689.			689.	689.		0.
504	FALCON TABLE	021194	SL	5.00	16	762.			762.	762.		0.
5118	STACK CHAIRS	021194	SL	5.00	16	1,390.			1,390.	1,390.		0.
524	REC END TABLE	021194	SL	5.00	16	2,016.			2,016.	2,016.		0.
534	OCCASSIONAL TABLE	021194	SL	5.00	16	1,656.			1,656.	1,656.		0.
543	LATERAL FILE	021194	SL	5.00	16	2,074.			2,074.	2,074.		0.
5522	KA FOLDING TABLE	021194	SL	5.00	16	5,332.			5,332.	5,332.		0.
563	KA ROUND TABLE TK	021194	SL	5.00	16	616.			616.	616.		0.
572	PATRICIAN CHAIR	021194	SL	5.00	16	710.			710.	710.		0.
58	PAT HB EXEC CHAIR	021194	SL	5.00	16	729.			729.	729.		0.
594	PAT GUEST CHAIR	021194	SL	5.00	16	1,636.			1,636.	1,636.		0.
602	PAT GUEST CHAIR	021194	SL	5.00	16	788.			788.	788.		0.
614	PB COLLECT BENCH	021194	SL	5.00	16	2,110.			2,110.	2,110.		0.
6220	PB COLLECT BUFFET	021194	SL	5.00	16	1,055.			1,055.	1,055.		0.
638	REDCO FOLD TABLE	021194	SL	5.00	16	8,372.			8,372.	8,372.		0.

## 2008 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CHARLOTTE/MECKLENBURG SENIOR  
CENTERS, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis *	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
6416	THONET ARM CHAIR	021194	SL	5.00	16	6,579.			6,579.	6,579.		0.
6512	THONET ARM CHAIR	021194	SL	5.00	16	3,242.			3,242.	3,242.		0.
6612	THONET ARM CHAIR	021194	SL	5.00	16	3,242.			3,242.	3,242.		0.
6718	CONFERENCE CHAIRS	021194	SL	5.00	16	5,685.			5,685.	5,685.		0.
686	UC TASK CHAIR	021194	SL	5.00	16	1,818.			1,818.	1,818.		0.
695	UC SECRET CHAIR	021194	SL	5.00	16	1,229.			1,229.	1,229.		0.
70	MYRTLE SECRETARIAL DESK	031684	SL	5.00	16	665.			665.	665.		0.
71	STLCAS PANELS, BRACKETS	030884	SL	5.00	16	4,833.			4,833.	4,833.		0.
72	MYRTLE EXEC DESK	030884	SL	5.00	16	679.			679.	679.		0.
732	MRYTLE SERVICE UNITS	030884	SL	5.00	16	958.			958.	958.		0.
7410	MYRTLE ARM CHAIRS	030884	SL	5.00	16	2,184.			2,184.	2,184.		0.
75	MYRTLE DESK #88G-664	030884	SL	5.00	16	830.			830.	830.		0.
76	MYRTLE DESK #8766F	030884	SL	5.00	16	564.			564.	564.		0.
77	REESE BOOKCASE #D65	031684	SL	5.00	16	670.			670.	670.		0.
78	CAROLINA SEATING SOFA	031684	SL	5.00	16	557.			557.	557.		0.
793	RUDD TABLES	031684	SL	5.00	16	1,541.			1,541.	1,541.		0.
802	STLCASE FILES & TOPS	031684	SL	5.00	16	613.			613.	613.		0.
813	GAME TABLES	031684	SL	5.00	16	540.			540.	540.		0.

2008 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CHARLOTTE/MECKLENBURG SENIOR CENTERS, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
82	STLCASE FURN/PARTITIONS	041384	SL	5.00	16	5,464.			5,464.	5,464.		0.
83	ST TIMOTHY SOFA	051684	SL	5.00	16	590.			590.	590.		0.
84	8 CAROLINA STANDING CHAIRS	051684	SL	5.00	16	694.			694.	694.		0.
85	MYRTLE CHAIR 881-UB5	072584	SL	5.00	16	655.			655.	655.		0.
86	3 FOLDING TABLES, CHAIR	110784	SL	5.00	16	746.			746.	746.		0.
87	4 ACCORD CHAIRS	012285	SL	5.00	16	554.			554.	554.		0.
88	FURNITRE REUPHOLSTER	020194	SL	5.00	16	2,256.			2,256.	2,256.		0.
89	BOOKSHELVES	010195	SL	5.00	16	908.			908.	908.		0.
90	METAL CABINET	082098	SL	7.00	16	581.			581.	581.		0.
91	FOLDING TABLES	052199	SL	7.00	16	1,920.			1,920.	1,920.		0.
98	TABLES	080900	SL	5.00	17	936.			936.	936.		0.
100	PODIUM	110900	SL	5.00	17	418.			418.	418.		0.
101	TABLES	112100	SL	5.00	17	745.			745.	745.		0.
103	10 TABLES	041202	SL	5.00	17	500.			500.	500.		0.
105	BABY GRAND PIANO	113001	SL	5.00	17	4,000.			4,000.	4,000.		0.
108	FLOORING-SHAMROCK	030102	SL	7.00	17	9,830.			9,830.	8,951.		879.
110	SIGN-SHAMROCK	093002	SL	7.00	17	2,918.			2,918.	2,293.		417.
122	ROUND TABLES	062705	SL	7.00	16	1,485.			1,485.	636.		212.

2008 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CHARLOTTE/MECKLENBURG SENIOR CENTERS, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES					205,713.		0.	205,713.	203,360.	0.	1,508.
	MACHINERY & EQUIPMENT											
2	STACK MULTI GYM	011194	SL	5.00	16	3,595.			3,595.	3,595.		0.
3	3-COMPARTMENT SINK	122393	SL	5.00	16	1,107.			1,107.	1,107.		0.
4	DISPOSER SALVAJOR	122393	SL	5.00	16	949.			949.	949.		0.
5	UNDER DISHMACHINE	122393	SL	5.00	16	3,274.			3,274.	3,274.		0.
6	SCOTSMAN ICEMAKER	122393	SL	5.00	16	1,859.			1,859.	1,859.		0.
7	COMBO OVEN & STAND	122393	SL	5.00	16	9,455.			9,455.	9,455.		0.
8	TRAUlsen REFRIGERATOR	122393	SL	5.00	16	2,125.			2,125.	2,125.		0.
9	TRAUlsen FREEZER	122393	SL	5.00	16	1,895.			1,895.	1,895.		0.
10	PREP SINK	122393	SL	5.00	16	889.			889.	889.		0.
11	DISH TABLE	122393	SL	5.00	16	773.			773.	773.		0.
12	SECURITY SYSTEM	011494	SL	5.00	16	6,151.			6,151.	6,151.		0.
13	COMP STATION CARD	010195	SL	5.00	16	550.			550.	550.		0.
14	BINGO MACHINE	010195	SL	5.00	16	2,280.			2,280.	2,280.		0.
15	SIGN	081292	SL	5.00	16	615.			615.	615.		0.
16	TREADMILL	031599	SL	5.00	16	3,618.			3,618.	3,618.		0.
94	COMPUTER/PRINTERS/SCANNER/LAPTOP	030200	SL	5.00	16	4,944.			4,944.	4,944.		0.

2008 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CHARLOTTE/MECKLENBURG SENIOR CENTERS, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis *	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
95	COMPUTER	051500	SL	5.00	16	962.			962.	962.		0.
96	COMPUTER	071299	SL	5.00	16	1,458.			1,458.	1,458.		0.
97	COMPUTER	051500	SL	5.00	16	2,029.			2,029.	2,029.		0.
99	COMPUTER	103100	SL	5.00	17	1,346.			1,346.	1,346.		0.
104	HEALTH RIDER (HEALTH SUITE)	062802	SL	5.00	17	900.			900.	900.		0.
106	COPIER COMPAQ	052602	SL	5.00	17	5,567.			5,567.	5,567.		0.
107	COMPUTER/PRINTER-KATHLEEN TELEPHONE	033102	SL	5.00	17	1,581.			1,581.	1,581.		0.
109	SYSTEM-SHAMROCK	043002	SL	5.00	17	2,000.			2,000.	2,000.		0.
111	COMPUTER-SHAMROCK	091002	SL	5.00	16	1,250.			1,250.	1,250.		0.
112	COMPUTER-SHAMROCK (D) TELEPHONE	091002	SL	5.00	16	1,700.			1,700.	1,700.		0.
113	SYSTEM-SHAMROCK (D) TELEPHONE	063003	SL	5.00	16	3,296.			3,296.	3,296.		0.
114	SYSTEM-TYVOLA VERTICAL MARKET	063003	SL	5.00	16	12,995.			12,995.	12,995.		0.
115	TREADMILL PRECOR CB103E01	062304	SL	5.00	16	2,995.			2,995.	2,396.		599.
116	RECUMBENT BIKE	062304	SL	5.00	16	1,695.			1,695.	1,356.		339.
117	HP-PAVILION - SA MINOLTA C350 CAPITAL	060704	SL	5.00	16	1,082.			1,082.	882.		200.
118	LEASE	120704	SL	5.00	16	15,332.			15,332.	10,987.		3,066.
119	COMPUTER - SHAMROCK METROLOGIC SCANNERS -	021505	SL	5.00	16	771.			771.	526.		154.
120	TYVOLA	060905	SL	5.00	16	584.			584.	361.		117.

2008 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CHARLOTTE/MECKLENBURG SENIOR CENTERS, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
121	COFFEE BREWER	062205	SL	5.00	16	185.			185.	111.		37.
123	LOCK BOX & SAFE - TYVOLA	063005	SL	5.00	16	374.			374.	225.		75.
124	METROLOGIC SCANNERS - SHAMROCK	060905	SL	5.00	16	584.			584.	361.		117.
125	LOCK BOX - SHAMROCK	063005	SL	5.00	16	117.			117.	69.		23.
126	AIR CONDITIONER COMPRESSOR	070105	SL	7.00	16	2,144.			2,144.	918.		306.
127	ELLIPTICAL CROSS TRAINER	061406	SL	5.00	16	4,395.			4,395.	1,831.		879.
128	2 RECUMBENT BIKES	060606	SL	5.00	16	2,500.			2,500.	1,042.		500.
129	6 DELL 1100 COMPUTERS	011506	SL	3.00	16	2,957.			2,957.	2,465.		492.
130	DELL 5150 COMPUTER	011506	SL	3.00	16	742.			742.	618.		124.
131	COMPAQ COMPUTER	040106	SL	3.00	16	580.			580.	434.		146.
132	FREEZER COMPRESSOR	042406	SL	7.00	16	958.			958.	297.		137.
133	AWNING FOR SHAMROCK	052606	SL	15.00	16	1,000.			1,000.	140.		67.
134	6 DELL 2400 COMPUTERS	091205	SL	3.00	16	2,208.			2,208.	2,085.		123.
135	AIO PRINTER/FAX/COPIER	040406	SL	3.00	16	331.			331.	248.		83.
136	BACKFLOW ALARM	032607	SL	7.00	16	1,000.			1,000.	179.		143.
137	CARPET REPLACEMENT (NOT INSTALLED UNTIL F	060707	SL	7.00	16	6,395.			6,395.	914.		914.
138	PRECOR C964I TREADMILL	030107	SL	5.00	16	2,444.			2,444.	652.		489.
140	PRECOR C546 ELLIPTICAL TRAINER	082807	SL	5.00	16	3,140.			3,140.	523.		628.

2008 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CHARLOTTE/MECKLENBURG SENIOR CENTERS, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
141	PRECOR 956 TREADMILL	082807	SL	5.00	16	2,303.			2,303.	384.		461.
142	PRECOR 956 TREADMILL	082807	SL	5.00	16	2,303.			2,303.	384.		461.
143	LAMAR L7350 REC BIKE	082807	SL	5.00	16	1,254.			1,254.	209.		251.
144	AUTOMATIC DOOR MOTOR AND GEARBOX	071207	SL	7.00	16	1,570.			1,570.	224.		224.
146	SHARP MX-3501 COPIER	050108	SL	5.00	16	13,319.			13,319.	444.		2,664.
147	TELECO CIX 670 PHONE SYSTEM	082207	SL	5.00	16	20,555.			20,555.	3,426.		4,111.
149	DELL POWER EDGE III SERVER	123008	SL	5.00	16	2,728.			2,728.			273.
150	STRIDEWELL ELLIPTICAL TRAINER	082908	SL	5.00	16	2,719.			2,719.			453.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT					180,427.		0.	180,427.	113,854.	0.	18,656.
	LAND											
92	LANDLEASE	070193	SL	50.00	16	300,000.			300,000.	90,000.		6,000.
	* 990 PAGE 10 TOTAL LAND					300,000.		0.	300,000.	90,000.	0.	6,000.
	* GRAND TOTAL 990 PAGE 10 DEPR					1997840.		0.	1997840.	871,219.	0.	62,006.

## 2009 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

CHARLOTTE/MECKLENBURG SENIOR  
CENTERS, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	BUILDINGS								
1	BUILDING	010394	SL	40.00	1272210.		1272210.	492,978.	31,805.
139	SEWER LIFT PUMPS	100807	SL	7.00	22,775.		22,775.	5,694.	3,254.
145	KITCHEN REMODEL	112107	SL	15.00	10,090.		10,090.	1,065.	673.
	REMOVE STEEL TRELLIS, REPAINT METAL								
148	FRAMES	040909	SL	15.00	6,625.		6,625.	110.	442.
	* 990 PAGE 10 TOTAL BUILDINGS				1311700.		1311700.	499,847.	36,174.
	FURNITURE & FIXTURES								
17	FURNITURE REUPHOLSTERY	020194	SL	5.00	5,360.		5,360.	5,360.	0.
18	5 LAMPS	020194	SL	5.00	1,631.		1,631.	1,631.	0.
19	FURNITURE REUPHOLSTERY	020194	SL	5.00	2,618.		2,618.	2,618.	0.
20	MINI BLINDS	011494	SL	5.00	3,517.		3,517.	3,517.	0.
21	8 24X24, 17X16 PLAT	011494	SL	5.00	2,216.		2,216.	2,216.	0.
22	GAME ROOM CABINET	011494	SL	5.00	3,434.		3,434.	3,434.	0.
23	LIBRARY BOOKSHELVES	011494	SL	5.00	2,162.		2,162.	2,162.	0.
24	LIBRARY TV/SHELF UNIT	011494	SL	5.00	3,056.		3,056.	3,056.	0.
25	RECEPTION DESK	011494	SL	5.00	6,932.		6,932.	6,932.	0.
26	WINDOW TREATMENTS	011394	SL	5.00	7,784.		7,784.	7,784.	0.
27	WINDOW TREATMENTS	021694	SL	5.00	4,716.		4,716.	4,716.	0.
28	SIGNS (INTERIOR)	011294	SL	5.00	2,438.		2,438.	2,438.	0.
29	SOUND LECTURN	010694	SL	5.00	995.		995.	995.	0.
30	SIGNS	052594	SL	5.00	5,850.		5,850.	5,850.	0.
31	SILK TREES	011894	SL	5.00	4,664.		4,664.	4,664.	0.
32	SILK TREES	011894	SL	5.00	1,150.		1,150.	1,150.	0.
33	WORKSURFACES & PANEL	123093	SL	5.00	4,640.		4,640.	4,640.	0.
34	FALCON TRAIN, TABLE	033194	SL	5.00	1,069.		1,069.	1,069.	0.
35	CORPORATE BENCH	022894	SL	5.00	1,634.		1,634.	1,634.	0.
36	4 LOVESEATS	021194	SL	5.00	6,036.		6,036.	6,036.	0.
37	8 LOUNGE CHAIRS	021194	SL	5.00	8,616.		8,616.	8,616.	0.
38	MESA SOFA	021194	SL	5.00	1,562.		1,562.	1,562.	0.
39	BL LOUNGE SOFA	021194	SL	5.00	840.		840.	840.	0.
40	BL LOUNGE LOVESEAT	021194	SL	5.00	769.		769.	769.	0.
41	5 CBF END TABLES	021194	SL	5.00	1,398.		1,398.	1,398.	0.
42	DR. NOVA CUBE DESK	021194	SL	5.00	1,416.		1,416.	1,416.	0.

## 2009 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

CHARLOTTE/MECKLENBURG SENIOR  
CENTERS, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
43	DR. NOVA CUBE CREDENZA	021194	SL	5.00	1,291.		1,291.	1,291.	0.
44	DRAWER SECRETARIAL BC	021194	SL	5.00	2,081.		2,081.	2,081.	0.
45	DR MODULAR BC	021194	SL	5.00	953.		953.	953.	0.
46	FALCON TABLE	021194	SL	5.00	601.		601.	601.	0.
47	192 FALCON METAL CHAIRS	021194	SL	5.00	9,514.		9,514.	9,514.	0.
48	FALCON TRAIN TABLE	021194	SL	5.00	3,206.		3,206.	3,206.	0.
49	FALCON TABLE	021194	SL	5.00	689.		689.	689.	0.
50	FALCON TABLE	021194	SL	5.00	762.		762.	762.	0.
51	18 STACK CHAIRS	021194	SL	5.00	1,390.		1,390.	1,390.	0.
52	REC END TABLE	021194	SL	5.00	2,016.		2,016.	2,016.	0.
53	OCCASSIONAL TABLE	021194	SL	5.00	1,656.		1,656.	1,656.	0.
54	LATERAL FILE	021194	SL	5.00	2,074.		2,074.	2,074.	0.
55	22 KA FOLDING TABLE	021194	SL	5.00	5,332.		5,332.	5,332.	0.
56	3 KA ROUND TABLE TK	021194	SL	5.00	616.		616.	616.	0.
57	PATRICIAN CHAIR	021194	SL	5.00	710.		710.	710.	0.
58	PAT HB EXEC CHAIR	021194	SL	5.00	729.		729.	729.	0.
59	PAT GUEST CHAIR	021194	SL	5.00	1,636.		1,636.	1,636.	0.
60	PAT GUEST CHAIR	021194	SL	5.00	788.		788.	788.	0.
61	PB COLLECT BENCH	021194	SL	5.00	2,110.		2,110.	2,110.	0.
62	20 PB COLLECT BUFFET	021194	SL	5.00	1,055.		1,055.	1,055.	0.
63	8 REDCO FOLD TABLE	021194	SL	5.00	8,372.		8,372.	8,372.	0.
64	16 THONET ARM CHAIR	021194	SL	5.00	6,579.		6,579.	6,579.	0.
65	12 THONET ARM CHAIR	021194	SL	5.00	3,242.		3,242.	3,242.	0.
66	12 THONET ARM CHAIR	021194	SL	5.00	3,242.		3,242.	3,242.	0.
67	18 CONFERENCE CHAIRS	021194	SL	5.00	5,685.		5,685.	5,685.	0.
68	6 UC TASK CHAIR	021194	SL	5.00	1,818.		1,818.	1,818.	0.
69	5 UC SECRET CHAIR	021194	SL	5.00	1,229.		1,229.	1,229.	0.
70	MYRTLE SECRETARIAL DESK	031684	SL	5.00	665.		665.	665.	0.
71	STLCAS PANELS, BRACKETS	030884	SL	5.00	4,833.		4,833.	4,833.	0.
72	MYRTLE EXEC DESK	030884	SL	5.00	679.		679.	679.	0.
73	2 MRYTLE SERVICE UNITS	030884	SL	5.00	958.		958.	958.	0.
74	10 MYRTLE ARM CHAIRS	030884	SL	5.00	2,184.		2,184.	2,184.	0.
75	MYRTLE DESK #88G-664	030884	SL	5.00	830.		830.	830.	0.
76	MYRTLE DESK #8766F	030884	SL	5.00	564.		564.	564.	0.

## 2009 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

CHARLOTTE/MECKLENBURG SENIOR  
CENTERS, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
77	REESE BOOKCASE #D65	031684	SL	5.00	670.		670.	670.	0.
78	CAROLINA SEATING SOFA	031684	SL	5.00	557.		557.	557.	0.
793	RUDD TABLES	031684	SL	5.00	1,541.		1,541.	1,541.	0.
802	STLCASE FILES & TOPS	031684	SL	5.00	613.		613.	613.	0.
813	GAME TABLES	031684	SL	5.00	540.		540.	540.	0.
82	STLCASE FURN/PARTITIONS	041384	SL	5.00	5,464.		5,464.	5,464.	0.
83	ST TIMOTHY SOFA	051684	SL	5.00	590.		590.	590.	0.
848	CAROLINA STANDING CHAIRS	051684	SL	5.00	694.		694.	694.	0.
85	MYRTLE CHAIR 881-UB5	072584	SL	5.00	655.		655.	655.	0.
863	FOLDING TABLES, CHAIR	110784	SL	5.00	746.		746.	746.	0.
874	ACCORD CHAIRS	012285	SL	5.00	554.		554.	554.	0.
88	FURNITRE REUPHOLSTER	020194	SL	5.00	2,256.		2,256.	2,256.	0.
89	BOOKSHELVES	010195	SL	5.00	908.		908.	908.	0.
90	METAL CABINET	082098	SL	7.00	581.		581.	581.	0.
91	FOLDING TABLES	052199	SL	7.00	1,920.		1,920.	1,920.	0.
98	TABLES	080900	SL	5.00	936.		936.	936.	0.
100	PODIUM	110900	SL	5.00	418.		418.	418.	0.
101	TABLES	112100	SL	5.00	745.		745.	745.	0.
103	10 TABLES	041202	SL	5.00	500.		500.	500.	0.
105	BABY GRAND PIANO	113001	SL	5.00	4,000.		4,000.	4,000.	0.
108	FLOORING-SHAMROCK	030102	SL	7.00	9,830.		9,830.	9,830.	0.
110	SIGN-SHAMROCK	093002	SL	7.00	2,918.		2,918.	2,710.	208.
122	ROUND TABLES	062705	SL	7.00	1,485.		1,485.	848.	212.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES				205,713.		205,713.	204,868.	420.
	MACHINERY & EQUIPMENT								
2	STACK MULTI GYM	011194	SL	5.00	3,595.		3,595.	3,595.	0.
3	3-COMPARTMENT SINK	122393	SL	5.00	1,107.		1,107.	1,107.	0.
4	DISPOSER SALVAJOR	122393	SL	5.00	949.		949.	949.	0.
5	UNDER DISH MACHINE	122393	SL	5.00	3,274.		3,274.	3,274.	0.
6	SCOTSMAN ICEMAKER	122393	SL	5.00	1,859.		1,859.	1,859.	0.
7	COMBO OVEN & STAND	122393	SL	5.00	9,455.		9,455.	9,455.	0.
8	TRAUlsen REFRIGERATOR	122393	SL	5.00	2,125.		2,125.	2,125.	0.
9	TRAUlsen FREEZER	122393	SL	5.00	1,895.		1,895.	1,895.	0.

## 2009 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

CHARLOTTE/MECKLENBURG SENIOR  
CENTERS, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
10	PREP SINK	122393	SL	5.00	889.		889.	889.	0.
11	DISH TABLE	122393	SL	5.00	773.		773.	773.	0.
12	SECURITY SYSTEM	011494	SL	5.00	6,151.		6,151.	6,151.	0.
13	COMP STATION CARD	010195	SL	5.00	550.		550.	550.	0.
14	BINGO MACHINE	010195	SL	5.00	2,280.		2,280.	2,280.	0.
15	SIGN	081292	SL	5.00	615.		615.	615.	0.
16	TREADMILL	031599	SL	5.00	3,618.		3,618.	3,618.	0.
94	COMPUTER/PRINTERS/SCANNER/LAPTOP	030200	SL	5.00	4,944.		4,944.	4,944.	0.
95	COMPUTER	051500	SL	5.00	962.		962.	962.	0.
96	COMPUTER	071299	SL	5.00	1,458.		1,458.	1,458.	0.
97	COMPUTER	051500	SL	5.00	2,029.		2,029.	2,029.	0.
99	COMPUTER	103100	SL	5.00	1,346.		1,346.	1,346.	0.
104	HEALTH RIDER (HEALTH SUITE	062802	SL	5.00	900.		900.	900.	0.
106	COPIER	052602	SL	5.00	5,567.		5,567.	5,567.	0.
107	COMPAQ COMPUTER/PRINTER-KATHLEENS	033102	SL	5.00	1,581.		1,581.	1,581.	0.
109	TELEPHONE SYSTEM-SHAMROCK	043002	SL	5.00	2,000.		2,000.	2,000.	0.
111	COMPUTER-SHAMROCK	091002	SL	5.00	1,250.		1,250.	1,250.	0.
112	COMPUTER-SHAMROCK	091002	SL	5.00	1,700.		1,700.	1,700.	0.
115	VERTICAL MARKET TREADMILL	062304	SL	5.00	2,995.		2,995.	2,995.	0.
116	PRECOR CB103E01 RECUMBENT BIKE	062304	SL	5.00	1,695.		1,695.	1,695.	0.
117	HP-PAVILION - SA	060704	SL	5.00	1,082.		1,082.	1,080.	0.
118	MINOLTA C350 CAPITAL LEASE	120704	SL	5.00	15,332.		15,332.	14,053.	1,279.
119	COMPUTER - SHAMROCK	021505	SL	5.00	771.		771.	680.	91.
120	METROLOGIC SCANNERS - TYVOLA	060905	SL	5.00	584.		584.	478.	106.
121	COFFEE BREWER	062205	SL	5.00	185.		185.	148.	37.
123	LOCK BOX & SAFE - TYVOLA	063005	SL	5.00	374.		374.	300.	74.
124	METROLOGIC SCANNERS - SHAMROCK	060905	SL	5.00	584.		584.	478.	106.
125	LOCK BOX - SHAMROCK	063005	SL	5.00	117.		117.	92.	23.
126	AIR CONDITIONER COMPRESSOR	070105	SL	7.00	2,144.		2,144.	1,224.	306.
127	ELLIPTICAL CROSS TRAINER	061406	SL	5.00	4,395.		4,395.	2,710.	879.
128	2 RECUMBENT BIKES	060606	SL	5.00	2,500.		2,500.	1,542.	500.
129	6 DELL 1100 COMPUTERS	011506	SL	3.00	2,957.		2,957.	2,957.	0.
130	DELL 5150 COMPUTER	011506	SL	3.00	742.		742.	742.	0.
131	COMPAQ COMPUTER	040106	SL	3.00	580.		580.	579.	0.

2009 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

CHARLOTTE/MECKLENBURG SENIOR  
CENTERS, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
132	FREEZER COMPRESSOR	042406	SL	7.00	958.		958.	434.	137.
133	AWNING FOR SHAMROCK	052606	SL	15.00	1,000.		1,000.	207.	67.
134	6 DELL 2400 COMPUTERS	091205	SL	3.00	2,208.		2,208.	2,208.	0.
135	AIO PRINTER/FAX/COPIER	040406	SL	3.00	331.		331.	331.	0.
136	BACKFLOW ALARM	032607	SL	7.00	1,000.		1,000.	322.	143.
137	CARPET REPLACEMENT (NOT INSTALLED UNTIL FY08)	060707	SL	7.00	6,395.		6,395.	1,828.	914.
138	PRECOR C964I TREADMILL	030107	SL	5.00	2,444.		2,444.	1,141.	489.
140	PRECOR C546 ELLIPTICAL TRAINER	082807	SL	5.00	3,140.		3,140.	1,151.	628.
141	PRECOR 956 TREADMILL	082807	SL	5.00	2,303.		2,303.	845.	461.
142	PRECOR 956 TREADMILL	082807	SL	5.00	2,303.		2,303.	845.	461.
143	LAMAR L7350 REC BIKE	082807	SL	5.00	1,254.		1,254.	460.	251.
144	AUTOMATIC DOOR MOTOR AND GEARBOX	071207	SL	7.00	1,570.		1,570.	448.	224.
146	SHARP MX-3501 COPIER	050108	SL	5.00	13,319.		13,319.	3,108.	2,664.
147	TELECO CIX 670 PHONE SYSTEM	082207	SL	5.00	20,555.		20,555.	7,537.	4,111.
149	DELL POWER EDGE III SERVER	123008	SL	5.00	2,728.		2,728.	273.	546.
150	STRIDEWELL ELLIPTICAL TRAINER	082908	SL	5.00	2,719.		2,719.	453.	544.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT				164,136.		164,136.	116,216.	15,041.
	LAND								
92	LANDLEASE	070193	SL	50.00	300,000.		300,000.	96,000.	6,000.
	* 990 PAGE 10 TOTAL LAND				300,000.		300,000.	96,000.	6,000.
	* GRAND TOTAL 990 PAGE 10 DEPR				1981549.		1981549.	916,931.	57,635.