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CLIENT'S COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2016

Prepared for	
	COUNCIL ON AGING IN UNION COUNTY 1401 SKYWAY DRIVE MONROE, NC 28110
Prepared by	J. RONALD MARTIN, PA 1850 EAST THIRD STREET, SUITE 305 CHARLOTTE, NC 28204
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	NOVEMBER 15, 2016
Special Instructions	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 private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.



AF	or the 2	2015 calendar year, or tax year beginning $ { m JUL}1,2015$ and	ending J	UN 30, 2016	
B c	heck if oplicable:	C Name of organization		D Employer identific	ation number
	Address change	COUNCIL ON AGING IN UNION COUNTY			
	Name change	Doing business as		56-10	81558
	Initial return	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/	1401 SKYWAY DRIVE		704-2	92-1797
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	610,691.
	Amendeo	MONROE, NC 20110		H(a) Is this a group ret	
	Applica-	F Name and address of principal officer: LINDA SMOSKY		for subordinates?	Yes 🔀 No
	pending	1401 SKYWAY DROVE, MONROE, NC 28110		H(b) Are all subordinates inc	Iuded? Yes No
		npt status: X 501(c)(3) \Box 501(c) () (insert no.) \Box 4947(a)(1)	or 527	If "No," attach a li	st. (see instructions)
		COAUNION.ORG		H(c) Group exemption	
		ganization: 🔀 Corporation 🔄 Trust 🦲 Association 🔄 Other 🕨	L Year (of formation: 1973 M	State of legal domicile: NC
Pa		Summary			
e	1 Br	riefly describe the organization's mission or most significant activities: TOP	ROVIDE	SUPPORT PRO	GRAMS FOR
Activities & Governance		LDER ADULTS IN UNION COUNTY, NORTH CARO			
/ern		heck this box if the organization discontinued its operations or dispo			sets. 12
Go		umber of voting members of the governing body (Part VI, line 1a)			12
8		umber of independent voting members of the governing body (Part VI, line 1b)			33
ties		otal number of individuals employed in calendar year 2015 (Part V, line 2a)			50
tivi		otal number of volunteers (estimate if necessary)			
Ac		otal unrelated business revenue from Part VIII, column (C), line 12			0.
	b Ne	et unrelated business taxable income from Form 990-T, line 34	<u> </u>		
	•			Prior Year 672,198.	Current Year 597,539.
Revenue		ontributions and grants (Part VIII, line 1h)		14,468.	12,379.
ven		rogram service revenue (Part VIII, line 2g)		620.	773.
Re		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		020.	0.
		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		687,286.	610,691.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) rants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	010,001
		enefits paid to or for members (Part IX, column (A), line 4)		0.	0.
		alaries, other compensation, employee benefits (Part IX, column (A), line 4)		528,698.	469,186.
Expenses				0.	0.
per	b To	rofessional fundraising fees (Part IX, column (A), line 11e)	16.		••
Ĕ		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		135,657.	131,640.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		664,355.	600,826.
		evenue less expenses. Subtract line 18 from line 12		22,931.	9,865.
or				ginning of Current Year	End of Year
Net Assets or Fund Balances	20 To	otal assets (Part X, line 16)		983,502.	1,003,866.
ASS d Ba		otal liabilities (Part X, line 26)		17,876.	19,207.
Fund		et assets or fund balances. Subtract line 21 from line 20		965,626.	984,659.
		Signature Block	I	· · ·	-
Unde	r penaltie	es of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, 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 LINDA SMOSKY, EXECUTIN Type or print name and title	/E DIRECTOR		Date
Paid	Print/Type preparer's name MICHAEL WILSON	Preparer's signature	Date	Check PTIN if self-employed P00584491
Preparer	Firm's name ▶ J. RONALD MARTIN	-		Firm's EIN 20-3963763
Use Only	Firm's address 1850 EAST THIRD CHARLOTTE, NC 28			Phone no. (704)375-6405
May the I	RS discuss this return with the preparer shown ab	ove? (see instructions)		X Yes No
532001 12-	6-15 LHA For Paperwork Reduction Act Noti	ice, see the separate instructions.		Form 990 (2015)

Form	(2015) COUNCIL ON AGING IN UNION COUNTY 56-1081558 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROMOTE A QUALITY OF LIFE AND SUPPORTIVE SERVICES FOR ADULTS 60
	YEARS OF AGE AND OLDER LIVING INDEPENDENTLY.
2	Did the organization undertake any significant program services during the year which were not listed on
2	the prior Form 990 or 990-EZ?
	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?
-	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 532,205. including grants of \$) (Revenue \$)
	THE COUNCIL SUPPORTS PEOPLE 60 YEARS OF AGE AND OLDER IN THEIR EFFORTS
	TO REMAIN HEALTHY, ACTIVE, AND LIVING INDEPENDENTLY BY PROVIDING THE FOLLOWING SERVICES: INFORMATION AND COUNSELING REGARDING OPTIONS
	AVAILABLE, IN-HOME AIDE SERVICES INCLUDING HOUSEHOLD MANAGEMENT,
	CHORES, ASSISTANCE WITH PERSONAL CARE, SHOPPING AND CAREGIVER RESPITE,
	CAREGIVER SUPPORT GROUPS AND CLASSES, EVIDENCE-BASED HEALTH PROMOTION
	CLASSES, MEDICARE COUNSELING, HOME SAFETY REPAIRS, YARD WORK, AND OTHER
	NEEDS AS APPROPRIATE.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 532,205.
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COUNCIL ON AGING IN UNION COUNTY

Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X

Form **990** (2015)

532003 12-16-15

Form	000	(2015)	
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Part IV Checklist of Required Schedules (continued)

COUNCIL ON AGING IN UNION COUNTY

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	26		x
27	<i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		- 23
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			37
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	51		<u> </u>
00	Note. All Form 990 filers are required to complete Schedule O	38	х	
		1 00	_	

Form **990** (2015)

532004 12-16-15

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1a Enter the number reported in Box 3 of Form 1096. Enter 4- if not applicable 1a 1a <t< th=""><th>Par</th><th>Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V</th><th></th><th></th><th></th></t<>	Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
a Entre the number of ports W2G headed in the 1a. Enter -0 - frot applicable 1a 0 b Enter the number of ports W3G headed in the 1a. Enter -0 - frot applicable 1b 0 b Enter the number of ports winnes? 2a 33 c Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field or the calendar year ending with or within the year covered by this return 33 3 c Ent the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field or the calendar year ending with or within the year covered by this return? 3a X b If at least one is reported on Inter 2a, dift the organization hear an interport end to resplay the year? 3a X b If the organization hear unrefacted business groose isoncen of \$1,000 or more during the year? 3a X b If the organization hear enterport on Inters it, or a signification or other authority over, a financial account is a toroign country. 5a X b If the organization hear entreport on Inters is or a signification or other authority over, a financial accounts of FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP). 5a X b Did any statematization hear entrangly greater than \$100,000, and did the organization and exponsization hear entrangly greater than \$100,000, and did the organization solit and an organization thear exponsization thear exponsing organization hear exponsization hear exponsiza				Yes	s No
b Intert the number of Forms W-20 included in line 1a. Enter O in not applicable 10 b 0 c Did the organization comply which inques for reportable payments to vendors and reportable gaming (gambling winnings to price winnes?) 1a X 2a Enter the number of entrolyces reported on Form W-3, transmitta of Wage and Tax Statements, like tor the calendar year ending with or within the year covered by this return 2a 33 2b X 3b If at least one is reported on line 2a, did the organization file all required tee All explained ensite the summer of the organization have a interest in, or a signature or other authority over, a 3a X 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3c Did the organization have an interest in, or a signature or other authority over, a 3b X 3c Did the organization have an interest in, or a signature or other authority over, a 3b X 3c Did the organization have an interest in, or a signature or other authority over, a 3c X	1a	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0		
c Dit the organization comply with backup withholding usis for reportable payments to vendors and reportable gaming tigm witing with or within the year covered by this return 2a 33 2a Either the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. 2a 33 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X b Che Conganization have unreled business gross income of 31 (000 or more dump the year? 3a X b If Yes, 'Instit Ited a Form 990-T for this year? If 'No,'' to ine 3b, provide an explanation in Schedule O 3b X b If Yes, 'Instit Ited a Form 990-T for this year? If 'No,'' to ine 3b, provide an explanation in Schedule O 3b X b If Yes, 'Instit Ited a Forigin country (such as a bank account, securities account, or other financial account)? 4a X b If Yes, 'Instit Ited a Forigin country (such as a bank account, securities account, or other financial account)? 5a X b If Yes, 'Instit Ited a organization have the sheart transaction at any time during the tax year? 5a X b If Yes, 'Instit Ited as or Sb, did the organization in St an entrally greater than \$100,000, and did the organization solit any contributions and party to a prohibit tax set or this organization active set or Sb, did the organization index with were yeart tax electributions and party for gods and services provided to the payer? 7a X	b		0		
(gambling) winnings to prize winners? to X 2a Enter the number of employees reported on from W-3. Transmittal of Wage and Tax Statements. 2a 33 b If at least one is reported on fine 2a, did the organization file all required federal employment tax returns? 2b X b If at least one is reported on fine 2a, did the organization file all required to delig (see instructions) 3a X b If at least one is reported on fine 2a, did the organization have an inferest 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 accounts (FBAR). 5a X 5a If Yes, "net the name of the foreign country. 5a X 5a If Yes," inter the name of the foreign country. 5a X 5a If Yes," inter the name of the foreign country. 5a X 5a If Yes," inter the name of the foreign country. 5a X 5a If Yes," inter the name of the foreign country. 5a X 5a If Yes," inter the accounts of the organization from R98.77 5a X 6b If Yes," into the sace obs. di the foreign country into the sace sch country. 5a X 7b If Ye	с		aming		
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. 2a 33 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of line 3a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X a Did the organization have unrelade business groups anisome of S1000 or more during the year? 3a X b If Yes, 'nast if led a form 990-T for this year? If 'No,' to line 3b, provide an explanation in X-stackule 0 3b X d A lary time the name of the origin country year, dit the origin country year, and the origin country year. 3a X d If 'Yes,' to line 5a or 5b, did the origin country year. 5a X d Did any taxable party notify the organization that was or is a party to a prohibed tax shelter transaction?. 5c C d Did any taxable party notify the organization have mail gross necellists that an onmally greater than \$100,000, and did the organization set. 6b C d D'Yes,' to line 5a or 5b, did the organization file form 8087 6b C C D D'Yes,' tolit the organization have any sta contribution and party for goo				c X	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X b If Yes,' has it filed a form 990.1 for this year? If YNG,' to line 3b, provide an explanation in Schedule O 3b X d At any time during the calendary year, did the organization have an interest in, or signature or other suthority over, a 4a d At any time the name of the foreign country (such as a bark account, securities account, or other financial account)? 4a See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X See instructions of the organization have party to a probleted tax shelter thransaction? 5b X Did any taxable party notify the organization the Form 82861? 5c X O cost the organization neukar party to a probleted tax shelter thransaction? 5b X Di If Yes,'' full the organization neiker server statement that such contributions or gifts were not tax deductible? 7a X 7 Organization neike apprecise that are normally greater than 3100,000, and did the organization feele apprecise that are ontributions or gifts were not tax deductible? 7c X 7 Organizat	2a				
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b If Yes, 'that if field a form 990-1 for this year? If 'Nw, 'to line 3b, provide an explanation in Schedule 0 3b X 3b If Yes, 'that if field a form 990-1 for this year? If 'Nw, 'to line 3b, provide an explanation in Schedule 0 3b X 3b If Yes, 'that if field a form 990-1 for this year? If 'Nw, 'to line 3b, provide an explanation in Schedule 0 4a X 3c If Yes, 'to an other year, other an one of the foreign country (such as a bark account, securities account, or other financial account)? 4a X 3c Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a X 3c Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a X 3c Did the organization neave annual gross receives that are normally greater than \$100,000, and did the organization neave annual gross receives that a contributions? 5a X 3c Dif the organization neave annual gross receives that are normally greater than \$100,000, and did the organization neave annual gross receives that are nor		filed for the calendar year ending with or within the year covered by this return 2a	33		
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					
				_	<u> x</u>
	b	o If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			

COUNCIL ON AGING IN UNION COUNTY

532005 12-16-15

Form 990 (2015)

Form 990	(2015))
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COUNCIL ON AGING IN UNION COUNTY

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

ec				
			Yes	Π
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	.2		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	.2		
2				
		2		L
3				t
-		3		
4	If there are material differences in voting rights among members of the governing body, or if the governing body delegate broad authority to an executive committee or similar committee, explain in Schedule 0. In the security committee or similar committee, explain in Schedule 0. In the security common security commends and approximately of the organization delegate control over management duties customarily performed by or under the direct supervision of officers, director, trustee, or key employees to a management company or other person? 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? Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Did the organization have members of the governing body? Did the organization become aware during body? Did the organization have members of the governing body? Did the organization have members or the other and the governing body? Did the organization and the sector on the advection and addresses in Schedule O. The governing body? Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and brancesse of the governing body the organization for event policies and procedures governing the activities of such chapters, affiliates, and brancesse or such ethic operations are consistent with the organization server policies? Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and brancets, and key empl			t
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				t
				$^{+}$
14		7a		
h		. 14		╉
b		76		
0		. 70		+
 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization have written policies required by the organization by before filing the form? b Describe in Schedule O the process, if any, used by the organization review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		80	x	ł
			X	╉
			- 23	+
9				
00				1
	tion D. Policies (mis Section B requests information about policies not required by the internal Revenue Code.)		Yes	Т
0-	Did the exception have lead chapters, branches, or effiliates?	100	res	┥
		. 1 0a		╉
D		101		I
			v	┦
		11a	X	╉
			v	ł
			X	+
		. 12b	X	+
С				
			X	4
3			X	4
4	Did the organization have a written document retention and destruction policy?	. 14	X	1
5	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?			
а	The organization's CEO, Executive Director, or top management official	. 15a	X	
b	Other officers or key employees of the organization	. 15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			T
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			I
		16b		I
ec	tion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright NC			
7		v) availal	ole	
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s on			
7 8				
	for public inspection. Indicate how you made these available. Check all that apply.			
8	for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request X Other (explain in Schedule O)	and finar	ncial	
	for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request X Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and finar	ncial	
8	for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request X Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, statements available to the public during the tax year.	and finar	ncial	
8	for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request X Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:	and finar	ncial	
8	for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request X Other (<i>explain in Schedule O</i>) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: ►	and finar	ncial	
8 9 20	for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request X Other (<i>explain in Schedule O</i>) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: ►		ncial n 990	

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

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

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

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

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

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

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

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

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

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

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

(A)	(B) (C)							(D)	(E)	(F)	
Name and Title	Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	h an	Reportable compensation	Reportable compensation	Estimated amount of	
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1) SAM GOODWIN	1.00							0	0	0	
CHAIRMAN	1 00	X		X				0.	0.	0.	
(2) DONALD G. HELMS	1.00							0	0	0	
VICE-CHAIRMAN	1 00	X		X				0.	0.	0.	
(3) HARRIS HIGH TREASURER	1.00	x		x				0.	0.	0.	
(4) CHRIS BAUCUM	1.00										
SECRETARY		x		x				0.	0.	0.	
(5) NELL BASS	1.00										
DIRECTOR		x						0.	0.	0.	
(6) DORA BRIDGET	1.00										
DIRECTOR		X						0.	0.	0.	
(7) RICHARD GARDNER	1.00										
DIRECTOR		X						0.	0.	0.	
(8) WENDY GRIFFIN	1.00										
DIRECTOR		Х						0.	0.	0.	
(9) ANN HELMS	1.00										
DIRECTOR		Х						0.	0.	0.	
(10) SANDY IVES	1.00										
DIRECTOR		х						0.	0.	0.	
(11) JL SEYMOUR	1.00										
DIRECTOR	1 00	X						0.	0.	0.	
(12) TANIA TABLINSKI	1.00									0	
DIRECTOR	10 00	X						0.	0.	0.	
(13) LINDA SMOSKY	40.00							57 667	0	C 0F1	
EXECUTIVE DIRECTOR				X				57,667.	0.	6,051.	
		1									
					-						
		1									
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Part VII Section A. Officers, Directors, T	rustees, Key Em	ploy	vees,	and	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	Average hours per week week Position (do not check more than one box, unless person is both an officer and a director/trustee) from							(E) Reportable compensation from related		Est am	(F) imated ount c other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fro orga and	ensat om the nizatio relate nizatio	on ed
1b Sub-total c Total from continuation sheets to Par								57,667.		0.	6	5,05	51. 0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but	ut not limited to th							57,667.),000 of reportabl	0.	6	5,05	
 compensation from the organization 3 Did the organization list any former official 	cer, director, or tr		· ·					•				Yes	No
 line 1a? If "Yes," complete Schedule J fe For any individual listed on line 1a, is the and related organizations greater than \$ 	e sum of reportab	le co	ompe	ensa	ation	n anc	ot	her compensation from			3		x x
5 Did any person listed on line 1a receive rendered to the organization? <i>If</i> "Yes," of Section B. Independent Contractors	or accrue compe	nsat	ion fi	rom	any	unr	elat	ed organization or indiv			5		х
1 Complete this table for your five highest the organization. Report compensation		-						n the organization's tax		ipensa			
(A) Name and busine	ess address	N	ONE	2			_	(B) Description of s	services	Co	(C) ompen		I
2 Total number of independent contractor \$100,000 of compensation from the org		not li	miteo	d to		se lis)	stec	above) who received n	nore than		Form 9	90 (2	015)
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532008 12-16-15

Form	990	(2015) COUNC	IL ON AG	SING IN U	NION COUNT	Y	56-1081	.558 Page 9
Pa	rt VI	II Statement of Rever	nue					
		Check if Schedule O cont	ains a response	or note to any lin				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a	100,089.				
Gra	k	Membership dues	1b					
Ån,		Fundraising events						
ilar İlar		Related organizations		404 654				
Sin's,		e Government grants (contribut		421,651.				
er (f	All other contributions, gifts, gran						
9 G		similar amounts not included abo		75,799.				
Contributions, Gifts, Grants and Other Similar Amounts	-	Noncash contributions included in lines			597,539.			
0.0	r	Total. Add lines 1a-1f		Business Code	557,555.			
a	2 a	PROGRAM SERVICE	REVENU	812900	12,379.	12,379.		
, ci	2 t							
Ser	۰ د							
an								
Program Service Revenue	e							
۲ <u>۲</u>	f	All other program service reve	nue					
	ç	Total. Add lines 2a-2f			12,379.			
	3	Investment income (including			992			992
		other similar amounts)			773.			773.
	4	Income from investment of tax						
	5	Royalties						
	6.0	Gross rents	(i) Real	(ii) Personal				
		Gross rents						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	k	Less: cost or other basis						
		and sales expenses						
	c	Gain or (loss)						
		Net gain or (loss)		· ►				
Other Revenue	8 a	Gross income from fundraising including \$	•					
Sev		contributions reported on line	-					
ler I		Part IV, line 18						
Gŧ		Less: direct expenses						
		Net income or (loss) from func		▶				
	9 8	Gross income from gaming ac						
	L	Part IV, line 19 Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances		.				
	k	Less: cost of goods sold						
		Net income or (loss) from sale		>				
[Miscellaneous Revenu	e	Business Code				
[11 a	1						ļ
	k)						
	C							
		All other revenue						
	12 •	• Total. Add lines 11a-11d Total revenue. See instructions.			610,691.	12,379.	0.	773.
53200						,,,,,,		Form 990 (2015)

Part IX Statement of Functional Expenses

COUNCIL ON AGING IN UNION COUNTY

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	61 690	40 251	12 220	
_	trustees, and key employees	61,689.	49,351.	12,338.	
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)	327,304.	297,060.	30,244.	
7	Other salaries and wages	527,504.	297,000.	50,244.	
8	Pension plan accruals and contributions (include	12,412.	9,279.	3,133.	
~	section 401(k) and 403(b) employer contributions)	36,464.	33,825.	2,639.	
9	Other employee benefits	31,317.	27,539.	3,778.	
0	Payroll taxes	51,517.	27,555.	5,770•	
1	Fees for services (non-employees):				
a					
b		16,556.	13,262.	3,294.	
c		10,550.	13,202.	5,294.	
	Lobbying				
e					
f	Investment management fees				
g		2,007.	1,606.	401.	
~	column (A) amount, list line 11g expenses on Sch O.)	1,458.	1,208.	250.	
2	Advertising and promotion	4,473.	3,817.	656.	
3	Office expenses	3,950.	3,162.	788.	
4	Information technology	5,950.	5,102.	700•	
5	Royalties				
6 -					
7	Travel				
8	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials	19,195.	19,195.		
9	Conferences, conventions, and meetings	±,±,±,,	•		
0	Interest				
1	Payments to affiliates	11,663.	9,334.	2,329.	
2	Depreciation, depletion, and amortization	8,745.	6,436.	2,329.	
3	Insurance	0,743.	0,430.	4,309.	
4	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
~	amount, list line 24e expenses on Schedule 0.)	21,185.	20,460.	725.	
a b	OUTREACH SERVICES	18,420.	18,420.	125.	
a c	PRINTING & PUBLICATION	7,053.	7,053.		
c d	UTILITIES	4,439.	3,551.	888.	
	All other expenses	12,496.	7,647.	1,933.	2,916
е 5	Total functional expenses. Add lines 1 through 24e	600,826.	532,205.	65,705.	2,916
5 6	Joint costs. Complete this line only if the organization		552,205.		2,510
0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Callpage if following SOP 98-2 (ASC 958-720)				

532010 12-16-15

Form **990** (2015)

11471014 758485 COAUNIONCNTY 2015.04030 COUNCIL ON AGING IN UNION C COAUNIO1

Form 990 (2015) Part X Balance Sheet

COUNCIL ON AGING IN UNION COUNTY

56-1081558 Page 11

		Chaoli if Schodulo O contains a reasonas ar pat	<u>. to on</u>	v line in this Dart V			
		Check if Schedule O contains a response or not	e to an				
					(A) Beginning of year		(B) End of year
	1	Cash pan interact bearing			52,704.	1	37,777.
	2	Cash - non-interest-bearing Savings and temporary cash investments			353,691.	2	254,040.
	3				146,405.	2	131,478.
	4	Pledges and grants receivable, net Accounts receivable, net			110,1000	4	101/1/01
	5	Loans and other receivables from current and fo				-	
		trustees, key employees, and highest compensation					
						5	
	6	Part II of Schedule L Loans and other receivables from other disguali				<u> </u>	
	ľ	section 4958(f)(1)), persons described in section		,			
		employers and sponsoring organizations of sect					
S		employees' beneficiary organizations (see instr).		6			
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			4,114.	9	6,335.
		Land, buildings, and equipment: cost or other	I		_,	•	.,
	lou	basis. Complete Part VI of Schedule D	10a	575,498.			
	ь	Less: accumulated depreciation	10b		426,205.	10c	465,143.
	11	Investments - publicly traded securities		11	108,572.		
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		383.	15	521.	
	16	Total assets. Add lines 1 through 15 (must equa			983,502.	16	1,003,866.
	17	Accounts payable and accrued expenses	3,695.	17	6,135.		
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
ŝ	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee					
abi		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of			
		Schedule D			14,181.	25	13,072.
_	26	Total liabilities. Add lines 17 through 25			17,876.	26	19,207.
		Organizations that follow SFAS 117 (ASC 958), chec	k here ▶ X and			
es		complete lines 27 through 29, and lines 33 an	d 34.				
anc	27	Unrestricted net assets			871,953.	27	891,083.
3al;	28	Temporarily restricted net assets			93,673.	28	93,576.
Β	29	Permanently restricted net assets				29	
Fu		Organizations that do not follow SFAS 117 (A	SC 958	3), check here 🕨 📃			
ç		and complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or eq				31	
let ,	32	Retained earnings, endowment, accumulated in				32	
Z	33	Total net assets or fund balances			965,626.	33	984,659.
	34	Total liabilities and net assets/fund balances			983,502.	34	1,003,866.
							Form 990 (2015)

Form **990** (2015)

Form	1 990 (2015) COUNCIL ON AGING IN UNION COUNTY	56-1081	558	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
				_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	610		
2	Total expenses (must equal Part IX, column (A), line 25)	2			26.
3	Revenue less expenses. Subtract line 2 from line 1	3			65.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			26.
5	Net unrealized gains (losses) on investments	5	9),1	68.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	984	.,6	59.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		L
			Form S	990 (2015)

SCHEDULE A	
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(Form	990	or	990-	ΕZ
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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

	Attaci	1 t	٥F	orm	990	or	Form	990-EZ.	

2015	
Open to Public Inspection	

OMB No. 1545-0047

201

Department of the Treasury Internal Revenue Service

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/for	rm990.

Nan	lame of the organization Employer identification number						identification number		
		COUN	CIL ON AGI	NG IN UNION	COUNT	Y		5	6-1081558
Pa	rt I	Reason for Public (Charity Status (A	All organizations must co	omplete th	is part.) Se	ee instruction	S.	
The	orgar	ization is not a private found	lation because it is: (For lines 1 through 11, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	n 170(b)(*	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	d or operat	ted by a g	overnmental	unit describ	oed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governn	nental unit described in s	section 17	70(b)(1)(A)	(v).		
7	Х	An organization that norma	lly receives a substa	intial part of its support f	rom a gov	ernmental	unit or from	the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	t II.)				
9		An organization that norma	Illy receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	ind gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its support	t from gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
10		An organization organized a	and operated exclus	ively to test for public sa	ifety. See s	section 50	09(a)(4).		
11		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to c	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section \$	509(a)(2).	See section	509(a)(3). C	Check the box in
	_	lines 11a through 11d that				-		-	
а		Type I. A supporting orga							
		the supported organization			a majority o	of the dire	ctors or trust	ees of the s	supporting
		organization. You must o	-						
b		Type II. A supporting org	-				•		-
		control or management o			ame perso	ons that co	ontrol or mana	age the sup	ported
		organization(s). You mus							
С		☐ Type III functionally inte						illy integrate	ed with,
		its supported organization							
d		Type III non-functionally						-	
		that is not functionally int	с С	e ,			•	d an attent	iveness
		requirement (see instruct							
е		Check this box if the orga functionally integrated, or					а турет, туре	еп, туре п	
f	Ent		••	• • •					
		er the number of supported over the following information							
<u> </u>		i) Name of supported	(ii) EIN		(iv) Is the o	rganization	(v) Amount o	f monetary	(vi) Amount of
		organization		(described on lines 1-9	listed i governing d		support	(see	other support (see
				above (see instructions))	Yes	No	instruct	ions)	instructions)
			1						

LHA For Paperwork Reduction Act Notice, see the Instructions for

Total

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 COUNCIL ON AGING IN UNION COUNTY Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(i

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	669,627.	669,987.	672,719.	672,198.	597,539.	3282070.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	669,627.	669,987.	672,719.	672,198.	597,539.	3282070.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						3282070.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	669,627.	669,987.	672,719.	672,198.	597,539.	3282070.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources \dots	602.	1,032.	638.	620.	773.	3,665.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital			~~ ~			~~ ~~~
	assets (Explain in Part VI.)	8,636.	85.	20,277.			28,998.
11	Total support. Add lines 7 through 10						3314733.
	Gross receipts from related activities,	•	,			12	26,847.
13	First five years. If the Form 990 is for	•	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	. —
<u> </u>	organization, check this box and stor ction C. Computation of Publ	here					
				(7)			99.01 %
	Public support percentage for 2015 (14	
	Public support percentage from 2014					15	,-
108	33 1/3% support test - 2015. If the c						
h	stop here. The organization qualifies						
ŭ	33 1/3% support test - 2014. If the c						
170	and stop here. The organization qual						
178	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
h	meets the "facts-and-circumstances" 10% -facts-and-circumstances tes						
N	more, and if the organization meets the	-					
	organization meets the "facts-and-circ						
18	Private foundation. If the organization		U U	• •	,		
				a, 100, 17a, 01 17a		edule A (Form 990	

532022 09-23-15

Schedule A (Form 990 or 990-EZ) 2015 COUNCIL ON AGING IN UNION COUNTY Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		•	·	•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth or fifth t	tax vear as a secti	on 501(c)(3) or a	anization.
	check this box and stop here	-					
Sec	ction C. Computation of Publ						
	Public support percentage for 2015 (column (f))		15	%
	Public support percentage from 2014					16	%
	ction D. Computation of Inve)			
	Investment income percentage for 20		•			17	%
18	Investment income percentage from	2014 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2015. If the					33 1/3%, and li	
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2014. If the						
~	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organization						
	23 09-23-15			, ee., encorr			990 or 990-EZ) 2015
55202				15	50		223 0. 000 LL, 2010

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

532024 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

11471014 758485 COAUNIONCNTY 2015.04030 COUNCIL ON AGING IN UNION C COAUNIO1

Schedule A (Form 990 or 990-EZ) 2015 COUNCIL ON AGING IN UNION COUNTY Part IV Supporting Organizations (continued)

_	Continued)		Vee	Na
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-		
5	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
' a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst.	ructions	1	
2	Activities Test. Answer (a) and (b) below.	uctions	/. Yes	No
ے a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organization(s) to which the organization was responsive in ros, then in rate indentity the supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	20		
h		2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	OL.		
~	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	-		
-	trustees of each of the supported organizations? Provide details in <i>Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<i>.</i>		
	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		
53202	5 09-23-15 Schedule A (Form 9	90 or 99	90-EZ)	2015
	17			

Schedule A (Form 990 or 990 EZ) 2015 COUNCIL ON AGING IN UNION COUNTY Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
6				

instructions).

Schedule A (Form 990 or 990-EZ) 2015

532026 09-23-15

1

Schedule A (Form 990 or 990-EZ) 2015 COUNCIL ON AGING IN UNION COUNTY

Pa	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	IS		
4	Amounts paid to acquire exempt-use assets			
_5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	·		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
с				
d	From 2013			
e	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
-	Applied to 2015 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>				
b				
-	Excess from 2013			
	Excess from 2014			
e	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

532027 09-23-15

Part VI	Supplementel	Z) 2015 COUNC	ovida the	ovplanation			56-1081558 Pa
	Part IV. Section A.	. lines 1. 2. 3b. 3c. 4	b. 4c. 5a. (6. 9a. 9b. 9c. ⁻	11a. 11b. and 1	1c: Part IV. Section	line 17a or 17b; Part III, line 12; ı B, lines 1 and 2; Part IV, Section C
	line 1; Part IV, Sec	tion D, lines 2 and 3	; Part IV, S	Section E, line	s 1c, 2a, 2b, 3a	and 3b; Part V, line	e 1; Part V, Section B, line 1e; Part V
	Section D, lines 5, (See instructions.)	6, and 8; and Part V	/, Section	E, lines 2, 5, a	nd 6. Also com	plete this part for a	ny additional information.
2028 09-23-1	5						Schedule A (Form 990 or 990-EZ
					20		

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization

Ζυ Ιΰ

OMB No. 1545-0047

Employer identification number

C

Organization type (check one):								
Filers of:	Section:							
Form 990 or 990-EZ	$\fbox{3}$ 501(c)(3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							

COUNCIL ON AGING IN UNION COUNTY

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name	of	oraa	nization
11441110			

56-1081558

COUNCIL ON AGING IN UNION COUNTY

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JAMES R AND BONNIE L BRASWELL TRUST 300 E WADE ST WADESBORO, NC 28170	\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
523452 10-2	6-15	\$ Schedule B (Form	Person Payroll Noncash Complete Part II for noncash contributions.)
	22		, , ,, , , , , , , , , , , , , , ,

Employer identification number

56-1081558

COUNCIL ON AGING IN UNION COUNTY

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 _\$	

Name of orga	nization			Employer identification number
COUNCT	L ON AGING IN UNION CO	וואייע		56-1081558
Part III	Exclusively religious, charitable, etc., con	tributions to organizations described in	section 501(c)(7), (8), o	r (10) that total more than \$1,000 for
	the year from any one contributor. Complete completing Part III, enter the total of exclusively religio	COIUMNS (a) through (e) and the following us, charitable, etc., contributions of \$1,000 or lea	19 IINE ENTRY. For organizatio ss for the year. (Enter this info. onc	ns ▶ \$
	Use duplicate copies of Part III if addition	nal space is needed.		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
			_	
			_	
		(e) Transfer of gift	·	
-	Transferee's name, address, a	and ZIP + 4	Relationship of tra	Insferor to transferee
(a) No.				
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held
.			_	
·		(e) Transfer of gift		
-	Transferee's name, address, a	and ZIP + 4	Relationship of tra	Insferor to transferee
(a) No.				
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held
·			_	
-				
		(e) Transfer of gift		
-	Transferee's name, address, a	and ZIP + 4	Relationship of tra	Insferor to transferee
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held
·			_	
		(e) Transfer of gift		
-	Transferee's name, address, a	and ZIP + 4	Relationship of tra	Insferor to transferee
			<u> </u>	D /Farm 000, 000 F7 000 DF1 /00 /F
523454 10-26-1	15	24	Schedule	B (Form 990, 990-EZ, or 990-PF) (2015

SCHEDULE D	Sup
(Form 990)	► Com

plemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.
 Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.



Internal Revenue Service Name of the organization

Department of the Treasury

COUNCIL ON AGING IN UNION COUNTY

Employer identification number 56-1081558

Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.					
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of 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 advise	d funds				
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No				
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be u	ised only				
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose c	onferring				
	impermissible private benefit?		Yes No				
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7.				
1	Purpose(s) of conservation easements held by the organizat	ion (check all th <u>at a</u> pply).					
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histor	rically important land area				
	Protection of natural habitat	Preservation of a certifi	ied historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	f a conservation easement on the last				
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b							
с	Number of conservation easements on a certified historic str	ructure included in (a)	2c				
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structur	re				
	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, re		organization during the tax				
	year ►						
4	Number of states where property subject to conservation ea	sement is located					
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements	t holds?	Yes 🗌 No				
6	Staff and volunteer hours devoted to monitoring, inspecting	handling of violations, and enforcing conse	ervation easements during the year				
	▶						
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year				
	▶\$						
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h	n)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?		YesNo				
9	In Part XIII, describe how the organization reports conservat						
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes th	ne organization's accounting for				
	conservation easements.						
Pa	rt III Organizations Maintaining Collections of	f Art, Historical Treasures, or Otl	her Similar Assets.				
	Complete if the organization answered "Yes" on Forn	1 990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS 116 (As	SC 958), not to report in its revenue stateme	ent and balance sheet works of art,				
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherand	ce of public service, provide, in Part XIII,				
	the text of the footnote to its financial statements that descr	ibes these items.					
b	If the organization elected, as permitted under SFAS 116 (As	SC 958), to report in its revenue statement a	and balance sheet works of art, historical				
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of publ	lic service, provide the following amounts				
	relating to these items:						
	(i) Revenue included on 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 tre	asures, or other similar assets for financial	gain, provide				
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:					
а	Revenue included on Form 990, Part VIII, line 1		• • •				
b	Assets included in Form 990, Part X		-				
	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2015				
53205 11-02-	1 15						

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2015.04030 COUNCIL ON AGING IN UNION C COAUNIO1 11471014 758485 COAUNIONCNTY

			N AGING						56-10			ıge 2
Par	rt III Organizations Mainta	-										
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):											
а			d	l 🗌 roʻ	an or exe	change progra	ms					
b			е			0 0						
с	Preservation for future genera	itions										
4	Provide a description of the organization	ation's colle	ctions and explai	n how they	further	the organizatio	on's exem	npt purpo	se in Par	XIII.		
5	During the year, did the organization											
	to be sold to raise funds rather than to be maintained as part of the organization's collection?											
Par	rt IV Escrow and Custodial reported an amount on Form	-		ete if the or	ganizatio	on answered "	Yes" on I	Form 990	, Part IV,	line 9, or		
12	Is the organization an agent, trustee			diary for co	ntributio	ns or other as	sets not i	ncluded				
Ia				-						Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in								······ ∟	165		
b	in res, explain the analysinent in	i an Air air		nowing tab	10.					Amount		
c	Beginning balance							1c		7 ano an		
	Additions during the year											
	Distributions during the year											
	Did the organization include an amo									Yes		No
	If "Yes," explain the arrangement in											
Par	rt V Endowment Funds. Co	omplete if th	e organization ar	swered "Y	es" on F	orm 990, Part	IV, line 10	0.				
		(;	a) Current year	(b) Prior	r year	(c) Two years	s back 🛛 🕻	d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance											
b	Contributions											
	Net investment earnings, gains, and											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage o	of the curren	t year end baland	e (line 1g, o	column ((a)) held as:						
а	Board designated or quasi-endowm	ent 🕨 🔄		_%								
			%									
С	Temporarily restricted endowment											
	The percentages on lines 2a, 2b, an											
3a	Are there endowment funds not in the	he possessi	on of the organiz	ation that a	ire held a	and administer	red for th	e organiz	ation	г		
	by:										Yes	No
	(i) unrelated organizations									3a(i)		
	(ii) related organizations									3a(ii)		
	If "Yes" on line 3a(ii), are the related					·				3b		
4 Dar	Tescribe in Part XIII the intended us rt VI Land, Buildings, and E		<u> </u>	owment tun	as.							
Fai					no 110	Soo Form 000	Dort V I	ina 10				
	Complete if the organization	answereu							4			
	Description of property		(a) Cost or o basis (investr			t or other (other)		cumulate reciation	u	(d) Bool	value	;
10	Land		152,	,	04313		depi	55141011		15	2,30	00.
	Land		379,					73,11			$\frac{2}{6}, \frac{3}{1}$	
	Buildings Leasehold improvements		<u> </u>					, , , , , , ,		500	~,±.	•
			35	925.				35,83	34.		(91.
	Equipment Other			050.				$\frac{33,03}{1,41}$			5,64	
-	I. Add lines 1a through 1e. (Column (c				(B) line	10c)		-,			5,14	
Total		a, mast cyu		7., 00iumm	<i>(), iii i</i> e				Schedule			

Schedule D (Form 990) 2015

532052 09-21-15

Schedule D	(Form 990) 2015	COUNCIL	ON	AGING	ΤN	UNION	COUNTY		
Part VII	Investments - Otl	her Securitie	es.						
	Complete if the organiz	ration answord	"Voc	" on Form 00		rt IV line 11h	See Form 000	Dort V I	ina 12

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1.	(a) Description of liability		(b) Book value
(1)	Federal income taxes		
(2)	ACCRUED COMPENSATED ABSENCES		12,943.
(3)	OTHER LIABILITIES		129.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	. 🕨	13,072.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2015

Sche	dule D (Form 990) 2015 COUNCIL ON AGING IN UNION	COUNTY		56-10	081558	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	nents With R				0
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.				
1	Total revenue, gains, and other support per audited financial statements			1	619	,859.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	9,168.			
b	Donated services and use of facilities					
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e		,168.
3	Subtract line 2e from line 1			3	610	,691.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5		,691.
Pa	t XII Reconciliation of Expenses per Audited Financial State		Expenses per	Returr).	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.				
1	Total expenses and losses per audited financial statements			1	600	,826.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	600	,826.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	600	,826.
Pa	rt XIII Supplemental Information.					
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV. lines 1b an	d 2b: Part V. line	4: Part X.	line 2: Part	XI.

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

PART X, LINE 2:

THERE ARE NO KNOWN LIABILITIES FOR UNCERTAIN TAX POSITIONS UNDER FIN 48.

532054 09-21-15

Schedule D (Form 990) 2015

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	ZU15 Open to Public				
Name of the organization COUNCIL ON AGING IN UNION COUNTY	Employer identification number 56-1081558				
FORM 990, PART VI, SECTION B, LINE 11:					
THE ORGANIZATION'S FORM 990 IS REVIEWED AND APPROVED BY O	RGANIZATION				
MANAGEMENT AND THE TREASURER. A COPY IS ALSO PROVIDED TO	THE FULL BOARD OF				
DIRECTORS PRIOR TO FILING.					
FORM 990, PART VI, SECTION B, LINE 12C:					
THE BOARD AND ITS OFFICERS REGULARLY AND CONSISTENTLY EVA	LUATE AND DISCLOSE				
ANY CONFLICTS OF INTEREST.					
FORM 990, PART VI, SECTION B, LINE 15:					
THE EXECUTIVE DIRECTOR'S COMPENSATION IS REVIEWED AND APP	ROVED ANNUALLY BY				
THE BOARD OF DIRECTORS. COMPENSATION IS BASED ON PERFORMA	NCE AND				
CAMPARABILITY. THE PROCESS IS CONTEMPORANEOUSLY DOCUMENTED IN THE MINUTES					
OF THE ORGANIZATION'S BOARD OF DIRECTORS.					
FORM 990, PART VI, SECTION C, LINE 18:					
THE ORGANIZATION MAKES ITS FORM 1023 AND 990 AVAILABLE TO	THE PUBLIC ON				

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 XII, LINE 2C.

THE ORGANIZATION'S FORM 990 IS REVIEWED AND APPROVED BY ORGANIZATION

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2015)

 532211
 29

lame of the organization COUNCIL ON AGING IN UNION COUNTY	Employer identification num 56-1081558
MANAGEMENT AND THE TREASURER. A COPY IS ALSO PROVIDED T	O THE FULL BOARD
OF DIRECTORS PRIOR TO FILING. THIS PROCESS HAS NOT CHAN	GED FROM THE
PRIOR YEAR'S RETURN.	
32212 09-02-15 Sc 30	chedule O (Form 990 or 990-EZ) (2

FORM 99	00 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	1401 SKYWAY DRIVE														
	BUILDINGS														
7	SKYWAY DR BUILDING	09/04/07	SL	39.50	Ĩ	16	263,200.				263,200.	52,502.		6,663.	59,165.
9	SKYWAY DR CLOSING COSTS	09/04/07	SL	5.00	÷	16	2,980.				2,980.	2,980.		0.	2,980.
14	SKYWAY DR WINDOWS	07/19/10	SL	15.00	:	16	2,401.				2,401.	720.		160.	880.
15	SKYWAY DR CENTRAL HVAC	01/06/11	SL	15.00	-	16	14,560.				14,560.	4,369.		971.	5,340.
	* 990 PAGE 10 TOTAL BUILDINGS						283,141.				283,141.	60,571.		7,794.	68,365.
	FURNITURE & FIXTURES														
1	HP 522 CELERON 1.8 G PC	08/20/02	SL	5.00	í	16	750.				750.	750.		0.	750.
2	HP 3820 DESK JET PRINTER	08/20/02	SL	5.00	ŕ	16	100.				100.	100.		0.	100.
3	MISC FURNITURE AND EQUIPMENT	12/31/98	SL	5.00	í	16	21,729.				21,729.	21,729.		0.	21,729.
4	TELEPHONE SYSTEM	10/18/07	SL	5.00	÷	16	3,400.				3,400.	3,400.		0.	3,400.
5	SAVIN 2527 COPIER	03/10/08	SL	5.00	í	16	1,945.				1,945.	1,945.		0.	1,945.
6	PROJECTOR	06/17/08	SL	5.00	-	16	505.				505.	505.		0.	505.
10	HP PAVILLION SLIMLINE PC	05/27/10	SL	5.00		16	460.				460.	460.		0.	460.
11	HP PAVILLION SLIMLINE PC	05/27/10	SL	5.00		16	460.				460.	460.		0.	460.
12	HP PAVILLION SLIMLINE PC	05/27/10	SL	5.00		16	459.				459.	459.		0.	459.
13	HP PAVILLION SLIMLINE PC	05/27/10	SL	5.00	Í	16	459.				459.	459.		0.	459.

528111 04-01-15

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10

990

	JU PAGE IU	_				-		990	_						
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
16	CONFERENCE ROOM TABLES & CHAIRS	02/28/11	SL	5.00		16	5,100.				5,100.	4,590.		510.	5,100.
17	REFRIGERATOR	04/30/12	SL	5.00		16	558.				558.	355.		112.	467.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						35,925.				35,925.	35,212.		622.	35,834.
	LAND														
8	SKYWAY DR LAND	09/04/07	L				86,800.				86,800.			٥.	
18	SKYWAY DR PARKING LOT RESURFACING	12/14/12	SL	20.00		16	8,050.				8,050.	1,007.		403.	1,410.
	* 990 PAGE 10 TOTAL LAND						94,850.				94,850.	1,007.		403.	1,410.
	* 990 PAGE 10 TOTAL - 1401 SKYWAY DRIVE						413,916.				413,916.	96,790.		8,819.	105,609.
	3707 POTTER RD														
	BUILDINGS														
19	POTTER RD BUILDING IMPROVEMENTS	04/28/14	SL	27.50	ММ	16	2,200.				2,200.	80.		80.	160.
20	POTTER RD BUILDING IMPROVEMENTS	05/30/14	SL	27.50	ММ	16	4,101.				4,101.	149.		149.	298.
21	POTTER RD DONATED BUILDING	10/20/14	SL	27.50	ММ	16	45,699.				45,699.	1,108.		1,662.	2,770.
23	POTTER RD CLOSING COSTS	10/20/14	SL	5.00		16	2,656.				2,656.	354.		531.	885.
24	POTTER RD SIDING	12/31/14	SL	15.00		16	6,325.				6,325.	211.		422.	633.
	* 990 PAGE 10 TOTAL BUILDINGS						60,981.				60,981.	1,902.		2,844.	4,746.
	LAND														
22	POTTER RD LAND	10/20/14	L				50,000.				50,000.			0.	

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* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 9	00 PAGE 10		_		_			990						-	
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL LAND						50,000.				50,000.	0.		0.	0.
	* 990 PAGE 10 TOTAL - 3707 POTTER RD						110,981.				110,981.	1,902.		2,844.	4,746.
	104 LYDIA ST														
	BUILDINGS														
29	LYDIA ST BUILDING - NOT IN SERVICE	01/26/16	NC	39.50	ну		34,500.				34,500.			0.	
	LYDIA ST CLOSING COSTS - NOT IN SERVICE	01/26/16	NC	5.00	ну		601.				601.			٥.	
	* 990 PAGE 10 TOTAL BUILDINGS						35,101.				35,101.	0.		0.	0.
	LAND														
	LYDIA ST LAND - NOT IN SERVICE	01/26/16	L				15,500.				15,500.			0.	
	* 990 PAGE 10 TOTAL LAND						15,500.				15,500.	٥.		0.	0.
	* 990 PAGE 10 TOTAL - 104 LYDIA ST						50,601.				50,601.	0.		0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR						575,498.				575,498.	98,692.		11,663.	110,355.
	CURRENT ACTIVITY														
	BEGINNING BALANCE						524,897.			0.	524,897.	98,692.			
	ACQUISITIONS						50,601.			0.	50,601.	0.			
	DISPOSITIONS						0.			0.	0.	0.			
	ENDING BALANCE						575,498.			0.	575,498.	98,692.			

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* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10

990 Reduction In C o n v Bus % Section 179 Expense Current Year Deduction Ending Accumulated Depreciation Date Acquired Unadjusted Cost Or Basis Beginning Accumulated Current Sec 179 Basis For Asset No. Line No. Description Method Life Basis Depreciation Excl Depreciation Expense ENDING ACCUM DEPR 110,355. 465,143. ENDING BOOK VALUE

528111 04-01-15