

Forms 990 / 990-EZ Return Summary

For calendar year 2013, or tax year beginning 07/01/13 , and ending 06/30/14

SOUTH CENTRAL HUMAN RESOURCE AGENCY 62-0944179
INC.

Net Asset / Fund Balance at Beginning of Year		<u>3,279,307</u>
Revenue		
Contributions	<u>14,458,411</u>	
Program service revenue	<u>4,586,876</u>	
Investment income	<u>3,436</u>	
Capital gain / loss	<u> </u>	
Fundraising / Gaming:		
Gross revenue	<u> </u>	
Direct expenses	<u> </u>	
Net income	<u> </u>	
Other income	<u>0</u>	
Total revenue		<u>19,048,723</u>
Expenses		
Program services	<u>17,995,216</u>	
Management and general	<u>1,002,317</u>	
Fundraising	<u> </u>	
Total expenses		<u>18,997,533</u>
Excess / (deficit)		<u>51,190</u>
Changes		<u> </u>
Net Asset / Fund Balance at End of Year		<u>3,330,497</u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>19,048,723</u>
Less:	
Unrealized gains	<u> </u>
Donated services	<u> </u>
Recoveries	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total revenue per return	<u>19,048,723</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>18,997,533</u>
Less:	
Donated services	<u> </u>
Prior year adjustments	<u> </u>
Losses	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total expenses per return	<u>18,997,533</u>

	Balance Sheet		Differences
	Beginning	Ending	
Assets	<u>4,553,650</u>	<u>5,313,116</u>	
Liabilities	<u>1,274,343</u>	<u>1,982,619</u>	
Net assets	<u>3,279,307</u>	<u>3,330,497</u>	<u>51,190</u>

Miscellaneous Information

Amended return _____
Return / extended due date 02/15/15
Failure to file penalty _____

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury
Internal Revenue Service

For calendar year 2013, or fiscal year beginning 7/01, 2013, and ending 6/30, 2014.

2013

u Do not send to the IRS. Keep for your records.

u Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization	SOUTH CENTRAL HUMAN RESOURCE AGENCY INC.	Employer identification number	62-0944179
Name and title of officer	JAMES COY ANDERSON EXECUTIVE DIRECTOR		

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	19,048,723
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize RODEFER MOSS & CO, PLLC to enter my PIN 44179 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature } _____ Date } 02/10/15

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

62151836735
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } TIMOTHY L. VAN CLEVE Date } 02/10/15

**ERO Must Retain This Form—See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2013)

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047

2013
Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07/01/13, and ending 06/30/14

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization: SOUTH CENTRAL HUMAN RESOURCE AGENCY INC. Doing Business As: Number and street (or P.O. box if mail is not delivered to street address): P.O. BOX 683 City or town, state or province, country, and ZIP or foreign postal code: FAYETTEVILLE TN 37334-0638	D Employer identification number: 62-0944179 E Telephone number: 931-433-7182 G Gross receipts: 19,048,723
F Name and address of principal officer: JAMES COY ANDERSON P.O. BOX 638 FAYETTEVILLE TN 37334-0638		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number u
J Website: u WWW.SCHRA.US		L Year of formation: 1975 M State of legal domicile: TN
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u		

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: SCHRA'S MISSION IS TO HELP PEOPLE IN NEED TO HELP THEMSELVES AND EACH OTHER TO ENRICH THEIR LIVES.			
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	27	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	27	
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	610	
	6 Total number of volunteers (estimate if necessary)	6	630	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		0
7b Net unrelated business taxable income from Form 990-T, line 34	7b		0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	15,706,755	14,458,411	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,682,557	4,586,876	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,739	3,436	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,394,051	19,048,723	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,329,626	8,273,297	
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0	
	b Total fundraising expenses (Part IX, column (D), line 25) u		0	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,986,690	10,724,236	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	20,316,316	18,997,533	
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	77,735	51,190	
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	4,553,650	5,313,116	
	22 Net assets or fund balances. Subtract line 21 from line 20	1,274,343	1,982,619	
		3,279,307	3,330,497	

Part II Signature Block

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

Sign Here	Signature of officer: _____ Date: _____	
	Type or print name and title: JAMES COY ANDERSON EXECUTIVE DIRECTOR	
Paid Preparer Use Only	Print/Type preparer's name: TIMOTHY L. VAN CLEVE Preparer's signature: TIMOTHY L. VAN CLEVE Date: 02/10/15	Check <input type="checkbox"/> if self-employed PTIN: P00236735
	Firm's name: RODEFER MOSS & CO, PLLC Firm's address: 3011 ARMORY DRIVE SUITE 290 NASHVILLE, TN 37204	Firm's EIN: 62-1690032 Phone no.: 615-370-3663
	May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part 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:
SCHRA'S MISSION IS TO HELP PEOPLE IN NEED TO HELP THEMSELVES AND EACH OTHER TO ENRICH THEIR LIVES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 6,667,917 including grants of\$) (Revenue \$ 7,356,988)
HEAD START

4b (Code:) (Expenses \$ 3,655,548 including grants of\$) (Revenue \$ 3,747,264)
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

4c (Code:) (Expenses \$ 1,934,002 including grants of\$) (Revenue \$ 1,950,010)
COMMUNITY REPRESENTATIVE PAYEE

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 5,737,749 including grants of\$) (Revenue \$ 5,990,348)

4e Total program service expenses **u** 17,995,216

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: <u>u</u> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	27		
1b	Enter the number of voting members included in line 1a, above, who are independent		
	27		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		X
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u** TN
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **u** JAME H. REYNOLDS P.O. BOX 638

FAYETTEVILLE

TN 37334

931-433-7182

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JANET VANZANT CHAIRPERSON-GOV BD	2.00 0.00	X						0	0	0
(2) DAVID PENNINGTON VICE CHAIRMAN-GOV BD	2.00 0.00	X						0	0	0
(3) WALLACE CARTWRIGHT SECRETARY-GOV BD	2.00 0.00	X						0	0	0
(4) PEGGY BEVELS VICE CHAIRPERSON-PC	2.00 0.00	X						0	0	0
(5) JOANNE LORD SECRETARY-PC	2.00 0.00	X						0	0	0
(6) JAMES COY ANDERSON EXECUTIVE DIRECTOR	37.50 0.00			X				73,967	0	3,695
(7) JAMES H REYNOLDS DIRECTOR-FISCAL OFFI	37.50 0.00			X				67,628	0	17,914
(8)										
(9)										
(10)										
(11)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Sub-total							141,595		21,609	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							141,595		21,609	

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	14,234,785			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	223,626			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f	u	14,458,411			
Program Service Revenue	2a COMMUNITY REPRESENTATIVE PAYE	Busn. Code 624100	1,950,010	1,950,010		
	b FOOD SERVICE	624310	1,125,902	1,125,902		
	c NUTRITION SERVICES - ELDERLY	624210	972,595	972,595		
	d HOMEMAKER SERVICES - ELDERLY	624100	466,171	466,171		
	e COMMUNITY CORRECTIONS	624100	36,545	36,545		
	f All other program service revenue	624210	35,653	35,653		
	g Total. Add lines 2a-2f	u	4,586,876			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	3,436	3,436	
4 Income from investment of tax-exempt bond proceeds		u				
5 Royalties		u				
6a Gross rents		(i) Real				
		(ii) Personal				
b Less: rental exps.						
c Rental inc. or (loss)						
d Net rental income or (loss)		u				
7a Gross amount from sales of assets other than inventory		(i) Securities				
		(ii) Other				
b Less: cost or other basis & sales exps.						
c Gain or (loss)						
d Net gain or (loss)		u				
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a				
		b Less: direct expenses	b			
	c Net income or (loss) from fundraising events	u				
9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	u				
10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	u				
Miscellaneous Revenue		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	u					
12 Total revenue. See instructions.	u		19,048,723	4,590,312	0	0

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,532,901	4,994,144	538,757	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	2,740,396	2,500,886	239,510	
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	676,945	627,808	49,137	
12 Advertising and promotion				
13 Office expenses	63,861	49,538	14,323	
14 Information technology				
15 Royalties				
16 Occupancy	978,317	887,062	91,255	
17 Travel	344,005	301,355	42,650	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	136,635	136,635		
23 Insurance	82,517	61,857	20,660	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PARTICIPANT COSTS	4,260,351	4,260,174	177	
b OTHER	1,925,085	1,921,442	3,643	
c FOOD	1,867,805	1,867,805		
d SUPPLIES	294,320	293,635	685	
e All other expenses	94,395	92,875	1,520	
25 Total functional expenses. Add lines 1 through 24e	18,997,533	17,995,216	1,002,317	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet		Check if Schedule O contains a response or note to any line in this Part X <input type="checkbox"/>	
		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest bearing	1,103,209	1,050,587
	2 Savings and temporary cash investments	459,000	459,000
	3 Pledges and grants receivable, net		
	4 Accounts receivable, net	860,153	1,479,223
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		
	7 Notes and loans receivable, net		
	8 Inventories for sale or use		228,392
	9 Prepaid expenses and deferred charges	65,224	34,198
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,664,838	
	b Less: accumulated depreciation	10b 1,603,122	10c 2,061,716
	11 Investments—publicly traded securities		
	12 Investments—other securities. See Part IV, line 11		
	13 Investments—program-related. See Part IV, line 11		
	14 Intangible assets		
	15 Other assets. See Part IV, line 11		
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,553,650	5,313,116	
Liabilities	17 Accounts payable and accrued expenses	908,698	1,325,878
	18 Grants payable	328,145	656,741
	19 Deferred revenue		
	20 Tax-exempt bond liabilities		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		
	23 Secured mortgages and notes payable to unrelated third parties	37,500	
	24 Unsecured notes and loans payable to unrelated third parties		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		
	26 Total liabilities. Add lines 17 through 25	1,274,343	1,982,619
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	1,250,743	1,268,782
	28 Temporarily restricted net assets	2,028,564	2,061,715
	29 Permanently restricted net assets		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds		
	31 Paid-in or capital surplus, or land, building, or equipment fund		
	32 Retained earnings, endowment, accumulated income, or other funds		
33 Total net assets or fund balances	3,279,307	3,330,497	
34 Total liabilities and net assets/fund balances	4,553,650	5,313,116	

Part 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	19,048,723
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,997,533
3	Revenue less expenses. Subtract line 2 from line 1	3	51,190
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,279,307
5	Net unrealized gains (losses) on investments	5	
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,330,497

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

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.
u Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

u Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization **SOUTH CENTRAL HUMAN RESOURCE AGENCY INC.** Employer identification number **62-0944179**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		20,489,672	16,665,682	15,706,755	14,458,411	67,320,520
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3		20,489,672	16,665,682	15,706,755	14,458,411	67,320,520
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						67,320,520

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4		20,489,672	16,665,682	15,706,755	14,458,411	67,320,520
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		10,455	3,212	4,739	3,436	21,842
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		3,902,942	4,618,369	4,682,557	4,582,763	17,786,631
11 Total support. Add lines 7 through 10						85,128,993
12 Gross receipts from related activities, etc. (see instructions)					12	4,590,312

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	79.08 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	79.99 %

16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

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

PART II, LINE 10 - OTHER INCOME DETAIL

CHARGES FOR SERVICES \$ 17,786,631

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
u Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
u Attach to Form 990.

u Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: SOUTH CENTRAL HUMAN RESOURCE AGENCY INC.
Employer identification number: 62-0944179

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use (e.g., recreation or education), Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u
4 Number of states where property subject to conservation easement is located u
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No)
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year u
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year u \$
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? (Yes/No)
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenues included in Form 990, Part VIII, line 1 u \$
(ii) Assets included in Form 990, Part X u \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a Revenues included in Form 990, Part VIII, line 1 u \$
b Assets included in Form 990, Part X u \$

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Yes No

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment **u**
 - b Permanent endowment **u**
 - c Temporarily restricted endowment **u**
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		25,000		25,000
b Buildings		1,425,224	301,816	1,123,408
c Leasehold improvements		880,056	151,990	728,066
d Equipment		1,247,708	1,149,316	98,392
e Other		86,850		86,850
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c.)	u			2,061,716

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to 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. (Column (b) must equal Form 990, Part X, col. (B) line 13.) u		

Part IX Other Assets.

Complete if the organization answered "Yes" to 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.) u	

Part X Other Liabilities.

Complete if the organization answered "Yes" to 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)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u		

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization SOUTH CENTRAL HUMAN RESOURCE AGENCY
INC.

Employer identification number
62-0944179

FORM 990, PART III, LINE 3

THE AGENCY'S RETIRED SENIOR VOLUNTEER PROGRAM TERMINATED MARCH 2014 DUE TO
LOSS OF FUNDING.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

OTHER PROGRAMS AND RELATED EXPENSES

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

REVIEWED BY ASSISTANT FISCAL OFFICER AND HUMAN RESOURCE MANAGER PRIOR TO
BEING FILED.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

COMPENSATION REVIEWED AND APPROVED BY PERSONNEL COMMITTEE

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

COMPENSATION REVIEWED AND APPROVED BY PERSONNEL COMMITTEE AND HUMAN
RESOURCE MANAGER

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

DOCUMENTS AVAILABLE ON AGENCY WEBSITE OR UPON REQUEST.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2013

Attachment Sequence No. **179**

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

Name(s) shown on return **SOUTH CENTRAL HUMAN RESOURCE AGENCY
INC.**

Identifying number
62-0944179

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	120,313

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	16,322
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> u <input type="checkbox"/>		

Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	136,635
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2013)

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
61	Market Forge Tilt Skillet 40 G	11/08/02	7,159			7,159	5 MO S/L	7,159	0
62	Compaq Server X700-1MB, 512MB	1/02/03	9,828			9,828	5 MO S/L	9,828	0
63	Market Forge Pressure Steamer	4/02/03	11,504			11,504	5 MO S/L	11,504	0
	Sold/Scrapped: 3/27/14								
64	Market Forge Pressure Steamer	4/23/03	11,582			11,582	5 MO S/L	11,582	0
65	Vulcan Convection Oven 2 Stack	7/31/03	7,765			7,765	5 MO S/L	7,765	0
66	Vulcan Convection Oven 2 Stack	7/31/03	7,765			7,765	5 MO S/L	7,765	0
67	Camera Infrared Flir B60	2/06/09	7,800			7,800	5 MO S/L	7,020	780
68	Cisco ASA 5510	11/13/09	5,309			5,309	5 MO S/L	3,716	1,062
69	Oven Double Deck Gas Convection	7/14/11	5,489			5,489	5 MO S/L	1,647	1,098
70	IWATSU Phone System	7/29/11	29,558			29,558	5 MO S/L	8,867	5,912
71	Server	6/30/13	5,658			5,658	5 MO S/L	0	1,132
72	Refrigerator	9/01/76	6,492			6,492	5 MO S/L	6,492	0
73	Oven Vulcan Double Deck	6/30/93	5,655			5,655	5 MO S/L	5,655	0
74	Insulation Machine (Used)	2/17/94	6,500			6,500	5 MO S/L	6,500	0
75	Convection Oven Vulcan	12/14/95	6,274			6,274	5 MO S/L	6,274	0
76	Little Tikes Play System	7/31/97	9,071			9,071	5 MO S/L	9,071	0
77	Little Tikes Play System	7/31/97	9,071			9,071	5 MO S/L	9,071	0
78	Little Tikes Play System	7/31/97	9,071			9,071	5 MO S/L	9,071	0
79	Little Tikes Play System	7/31/97	9,071			9,071	5 MO S/L	9,071	0
80	Little Tikes Play System	7/31/97	9,071			9,071	5 MO S/L	9,071	0
81	Little Tikes Play System	7/31/97	9,071			9,071	5 MO S/L	9,071	0
	Sold/Scrapped: 11/07/13								
83	Little Tikes Play System	7/31/97	10,326			10,326	5 MO S/L	10,326	0
84	Little Tikes Play System	7/31/97	10,326			10,326	5 MO S/L	10,326	0
85	Little Tikes Play System	7/31/97	9,071			9,071	5 MO S/L	9,071	0
86	Washer Hobart Utensil	2/10/99	16,100			16,100	5 MO S/L	16,100	0
87	Challenger Playstructure	7/12/99	12,498			12,498	5 MO S/L	12,498	0
88	Challenger Playstructure	7/12/99	12,498			12,498	5 MO S/L	12,498	0
89	Comdial Telephone System	6/30/99	36,643			36,643	5 MO S/L	36,643	0
90	Building - 1437 Winchester Hwy - Fayettev	7/01/04	887,978			887,978	40 MO S/L	199,795	22,199
91	Building - 677 Myers Road - Winchester,	7/29/05	43,169			43,169	40 MO S/L	8,544	1,079
92	Roof - 1437 Winchester Hwy - Fayetteville	6/30/08	170,300			170,300	40 MO S/L	21,288	4,257
93	Building - 215 Big Springs Avenue - Tullah	12/14/09	298,804			298,804	40 MO S/L	29,880	7,471
94	Security System - 1437 Winchester Hwy - F	5/02/11	15,392			15,392	10 MO S/L	3,848	1,539
95	Fence - 1437 Winchester Hwy - Fayetteville	7/22/11	9,581			9,581	15 MO S/L	1,277	639
96	Land - 1437 Winchester Hwy - Fayetteville	7/01/04	25,000			25,000	0 -- Land	0	0
97	Leasehold Imps - Victoria EHS	4/04/04	38,395			38,395	40 MO S/L	8,879	960
99	Leasehold Imps - Amana	6/30/04	34,030			34,030	40 MO S/L	7,728	850
100	Leasehold Imps - Bodenham/Giles Co - Nev	3/01/96	5,800			5,800	40 MO S/L	2,513	145
101	Leasehold Imps - SE Lawrence - Lawrence	11/01/98	42,201			42,201	40 MO S/L	15,474	1,055
102	Leasehold Imps - Amana/Lincoln Apt 1	1/01/98	23,850			23,850	40 MO S/L	9,242	596
103	Leasehold Imps - Bedford EHS - kitchen, dc	3/01/00	48,580			48,580	40 MO S/L	16,193	1,215
104	Leasehold Imps - Victoria H/S/Giles Co	6/01/00	43,000			43,000	40 MO S/L	14,065	1,075
105	Leasehold Imps - Giles EHS/Giles Apt 1	6/01/00	54,250			54,250	40 MO S/L	17,744	1,357
106	Leasehold Imps - So Lawrence - Heat Pump	11/09/10	5,729			5,729	7 MO S/L	2,046	818
108	Leasehold Imps - Manchester HS	11/26/12	312,231			312,231	15 MO S/L	12,142	20,816
109	Dump Trailer Model 10SR - 12XL	6/30/14	5,895			5,895	5 -- Memo	0	0
110	Steamer Market Forge Pressure	9/20/13	12,373			12,373	5 MO S/L	0	1,856
111	Roof Repair - Tullahoma	6/30/14	40,000			40,000	15 -- Memo	0	0
112	Roof Repair - Manchester	6/30/14	46,850			46,850	15 -- Memo	0	0
113	Surveillance System	1/30/14	17,383			17,383	15 MO S/L	0	483
114	Door Access	1/30/14	1,296			1,296	15 MO S/L	0	36
115	Fire Alarm	1/30/14	8,488			8,488	15 MO S/L	0	236
	Total Other Depreciation		<u>3,479,027</u>			<u>3,479,027</u>		<u>1,525,499</u>	<u>120,313</u>
	Total ACRS and Other Depreciation		<u>3,479,027</u>			<u>3,479,027</u>		<u>1,525,499</u>	<u>120,313</u>
	Grand Totals		3,723,850			3,723,850		1,525,499	136,635
	Less: Dispositions and Transfers		59,012			59,012		59,012	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>3,664,838</u>			<u>3,664,838</u>		<u>1,466,487</u>	<u>136,635</u>

Bonus Depreciation Report

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
107	Leasehold Imps - Columbia HS	6/30/13	244,823		0	0	0	244,823
	Form 990, Page 1		244,823		0	0	0	244,823
	Grand Total		244,823		0	0	0	244,823

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<u>Prior MACRS:</u>					
107	Leasehold Imps - Columbia HS	6/30/13	244,823	15,233	0
			<u>244,823</u>	<u>15,233</u>	<u>0</u>
<u>Other Depreciation:</u>					
1	Chevrolet Truck 1 Ton 1980	10/01/80	7,237	0	0
2	Chevrolet Truck 1 Ton 1979	10/01/80	6,648	0	0
3	1992 Oldsmobile Royale	6/20/96	7,600	0	0
4	1997 For E250 Van	5/02/97	16,498	0	0
5	2003 Blue Bird Bus w/ Child Res.	3/27/03	43,190	0	0
6	2003 Blue Bird Bus w/ Child Res.	3/27/03	43,190	0	0
7	2003 Blue Bird Bus w/ Child Res.	3/27/03	43,190	0	0
8	2003 Chev Cargo Van	6/12/03	15,600	0	0
9	2003 Chev Cargo Van	6/12/03	16,171	0	0
10	2004 Chevrolet Micro Bird Bus	2/19/04	41,234	0	0
11	2004 Chevrolet Micro Bird Bus	2/19/04	41,234	0	0
12	2005 Collins Grand Bantam Bus	1/18/05	40,650	0	0
13	2005 Collins Grand Bantam Bus	1/18/05	40,650	0	0
14	2005 Chevy Impala Red	5/11/05	17,047	0	0
15	2006 Dodge Stratus	1/20/06	12,465	0	0
16	2006 Dodge Stratus	1/20/06	12,465	0	0
17	Chevrolet Malibu Blue	1/11/07	12,367	0	0
18	Chevrolet Malibu Bronze	1/11/07	12,367	0	0
19	Chevrolet Malibu Silver	1/11/07	12,367	0	0
20	Chevrolet Malibu White	1/11/07	12,367	0	0
21	Chev Malibu 4 DR Blue	6/28/07	12,367	0	0
22	2007 Dodge Caravan Silver	10/09/06	16,566	0	0
23	2007 Dodge Caravan White	10/09/06	16,566	0	0
24	2007 Dodge Caravan Blue	10/09/06	16,566	0	0
25	2007 Ford Econoline Van	5/23/07	15,095	0	0
26	2007 Ford Econoline Van	5/23/07	15,095	0	0
27	2008 Ford F-250 Green XCab	3/17/08	20,763	0	0
28	2007 Ford Econoline Van White	8/17/07	15,095	0	0
29	2000 Freightliner FL70 White	9/17/07	14,759	0	0
30	2008 Dodge Avenger Blue	5/19/08	14,349	0	0
31	2009 Ford Focus Sed 4DR Lt Blue	3/20/09	14,089	0	0
32	2009 Ford Focus Sed 4DR Red	3/20/09	14,089	0	0
33	2009 Ford Focus Sed 4DR Gray	3/20/09	14,089	0	0
34	2009 Ford Focus	6/29/09	14,089	0	0
35	2002 Chevrolet Van White	5/26/09	6,000	0	0
36	2010 Ford Transit Van White	5/04/10	21,309	2,131	0
37	2010 Chevrolet Impala Silver	6/25/10	18,068	1,807	0
38	2010 Chevrolet Impala Gray	6/25/10	18,068	1,807	0
39	2010 Ford F150 White	4/22/10	17,896	1,790	0
40	2012 Ford Fusion Silver	8/26/11	16,519	3,304	0
41	2011 Ford Ranger White	8/26/11	12,889	2,578	0
42	2012 Ford Cargo Van White	1/13/12	18,960	3,792	0
43	2012 Ford Cargo Van White	1/13/12	18,960	3,792	0
44	2008 GMC Savanna 2500 Cargo Van	2/10/12	11,900	2,380	0
45	2008 GMC Savanna 2500 Cargo Van	2/10/12	10,700	2,140	0
46	2004 Chevrolet 1500 XCab White	2/10/12	6,800	1,360	0
47	2007 Chevrolet Malibu	1/30/13	5,000	1,000	0
48	Challenger Play Structure	9/27/99	12,498	0	0
49	Challenger Play Structure	9/27/99	12,498	0	0
50	Challenger Play Structure	9/27/99	12,498	0	0
51	Walk-in Freezer	9/21/00	7,894	0	0
52	Walk-in Freezer	9/21/00	7,894	0	0
55	Modular Play Station	7/20/01	9,275	0	0
56	Modular Play Station	7/20/01	9,275	0	0
57	Modular Play Station	7/20/01	9,275	0	0
58	Kid Village Play Structure	7/31/02	10,887	0	0
59	Kid Village Play Structure	7/31/02	10,612	0	0
61	Market Forge Tilt Skillet 40 G	11/08/02	7,159	0	0
62	Compaq Server X700-1MB, 512MB	1/02/03	9,828	0	0
64	Market Forge Pressure Steamer	4/23/03	11,582	0	0

Asset	Description	Date In Service	Cost	Tax	AMT
65	Vulcan Convection Oven 2 Stack	7/31/03	7,765	0	0
66	Vulcan Convection Oven 2 Stack	7/31/03	7,765	0	0
67	Camera Infrared Flir B60	2/06/09	7,800	0	0
68	Cisco ASA 5510	11/13/09	5,309	531	0
69	Oven Double Deck Gas Convection	7/14/11	5,489	1,097	0
70	IWATSU Phone System	7/29/11	29,558	5,912	0
71	Server	6/30/13	5,658	1,131	0
72	Refrigerator	9/01/76	6,492	0	0
73	Oven Vulcan Double Deck	6/30/93	5,655	0	0
74	Insulation Machine (Used)	2/17/94	6,500	0	0
75	Convection Oven Vulcan	12/14/95	6,274	0	0
76	Little Tikes Play System	7/31/97	9,071	0	0
77	Little Tikes Play System	7/31/97	9,071	0	0
78	Little Tikes Play System	7/31/97	9,071	0	0
79	Little Tikes Play System	7/31/97	9,071	0	0
80	Little Tikes Play System	7/31/97	9,071	0	0
83	Little Tikes Play System	7/31/97	10,326	0	0
84	Little Tikes Play System	7/31/97	10,326	0	0
85	Little Tikes Play System	7/31/97	9,071	0	0
86	Washer Hobart Utensil	2/10/99	16,100	0	0
87	Challenger Playstructure	7/12/99	12,498	0	0
88	Challenger Playstructure	7/12/99	12,498	0	0
89	Comdial Telephone System	6/30/99	36,643	0	0
90	Building - 1437 Winchester Hwy - Fayetteville	7/01/04	887,978	22,200	0
91	Building - 677 Myers Road - Winchester,	7/29/05	43,169	1,079	0
92	Roof - 1437 Winchester Hwy - Fayetteville	6/30/08	170,300	4,258	0
93	Building - 215 Big Springs Avenue - Tullahoma	12/14/09	298,804	7,470	0
94	Security System - 1437 Winchester Hwy - Fayet	5/02/11	15,392	1,539	0
95	Fence - 1437 Winchester Hwy - Fayetteville	7/22/11	9,581	639	0
96	Land - 1437 Winchester Hwy - Fayetteville	7/01/04	25,000	0	0
97	Leasehold Imps - Victoria EHS	4/04/04	38,395	960	0
99	Leasehold Imps - Amana	6/30/04	34,030	851	0
100	Leasehold Imps - Bodenham/Giles Co - New Ro	3/01/96	5,800	145	0
101	Leasehold Imps - SE Lawrence - Lawrence Co	11/01/98	42,201	1,055	0
102	Leasehold Imps - Amana/Lincoln Apt 1	1/01/98	23,850	596	0
103	Leasehold Imps - Bedford EHS - kitchen, doors	3/01/00	48,580	1,214	0
104	Leasehold Imps - Victoria H/S/Giles Co	6/01/00	43,000	1,075	0
105	Leasehold Imps - Giles EHS/Giles Apt 1	6/01/00	54,250	1,356	0
106	Leasehold Imps - So Lawrence - Heat Pump	11/09/10	5,729	819	0
108	Leasehold Imps - Manchester HS	11/26/12	312,231	20,815	0
109	Dump Trailer Model 10SR - 12XL	6/30/14	5,895	0	0
110	Steamer Market Forge Pressure	9/20/13	12,373	2,474	0
111	Roof Repair - Tullahoma	6/30/14	40,000	0	0
112	Roof Repair - Manchester	6/30/14	46,850	0	0
113	Surveillance System	1/30/14	17,383	1,159	0
114	Door Access	1/30/14	1,296	86	0
115	Fire Alarm	1/30/14	8,488	566	0
Total Other Depreciation			<u>3,420,015</u>	<u>106,908</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>3,420,015</u>	<u>106,908</u>	<u>0</u>
Grand Totals			<u>3,664,838</u>	<u>122,141</u>	<u>0</u>

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
CONTRACT SERVICES	\$ 455,758	\$ 417,838	\$ 37,920	\$
PROFFESIONAL SERVICES	221,187	209,970	11,217	
TOTAL	<u>\$ 676,945</u>	<u>\$ 627,808</u>	<u>\$ 49,137</u>	<u>\$ 0</u>

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
VEHICLES AND EQUIPMENT	\$ 94,395	\$ 92,875	\$ 1,520	\$
TOTAL	<u>\$ 94,395</u>	<u>\$ 92,875</u>	<u>\$ 1,520</u>	<u>\$ 0</u>

Schedule A, Part II, Line 12

<u>Description</u>	<u>Amount</u>
COMMUNITY REPRESENTATIVE PAYE	\$ 1,950,010
FOOD SERVICE	1,125,902
NUTRITION SERVICES - ELDERLY	972,595
HOMEMAKER SERVICES - ELDERLY	466,171
COMMUNITY CORRECTIONS	36,545
	35,653
TAXABLE INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS	3,436
TOTAL	<u>\$ 4,590,312</u>