

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**Open to Public Inspection**

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A** For the 2013 calendar year, or tax year beginning **10-1-2012**, 20**13**, and ending **9-30-2013**, 20**13**

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

**C** Name of organization  
**SIM AUXILIARY INC.**  
Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**P. O. BOX 271756**  
City or town, state or province, country, and ZIP or foreign postal code  
**FLOWER MOUND, TEXAS 75028**

**D** Employer identification number  
**27-1237633**  
**E** Telephone number  
**214-513-1308**  
**F** Group Exemption Number ▶

**G** Accounting Method:  Cash  Accrual Other (specify) ▶

**I** Website: ▶ **FLOWERMOUNDSENIORS.ORG**

**J** Tax-exempt status (check only one) –  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ **24,356.20**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I . . . . .

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21																					
Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .															8,273.28																																	
	2	Program service revenue including government fees and contracts . . . . .																																																
	3	Membership dues and assessments . . . . .																																																
	4	Investment income . . . . .																																																
	5a	Gross amount from sale of assets other than inventory . . . . .																																																
	b	Less: cost or other basis and sales expenses . . . . .																																																
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .																																																
	6	Gaming and fundraising events																																																
	a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .																																																
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .															16,082.92																																	
c	Less: direct expenses from gaming and fundraising events . . . . .															4,819.79																																		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .																																																	
7a	Gross sales of inventory, less returns and allowances . . . . .																																																	
b	Less: cost of goods sold . . . . .																																																	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .																																																	
8	Other revenue (describe in Schedule O) . . . . .																																																	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶																																																	
Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . .															8,273.28																																	
	11	Benefits paid to or for members . . . . .																																																
	12	Salaries, other compensation, and employee benefits . . . . .																																																
	13	Professional fees and other payments to independent contractors . . . . .																																																
	14	Occupancy, rent, utilities, and maintenance . . . . .																																																
	15	Printing, publications, postage, and shipping . . . . .															536.30																																	
	16	Other expenses (describe in Schedule O) . . . . .															2,387.97																																	
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶																																																	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .															8,338.86																																	
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .															9,593.50																																	
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .																																																
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶															17,932.36																																	

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	9,583.50	<b>22</b> 17,932.50
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .		<b>24</b>
<b>25</b> <b>Total assets</b> . . . . .	9,583.50	<b>25</b> 17,932.50
<b>26</b> <b>Total liabilities</b> (describe in Schedule O) . . . . .	0	<b>26</b> .00
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	9,583.50	<b>27</b> 17,932.36

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **Senior Center Recreation for 900 members**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

<b>28</b> <b>Entirely new library used by 300 to 400 members (painting 650.00)</b>		
(Grants \$ <b>8,273.50</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	<b>8,923.28</b>
<b>29</b> <b>Installed coffee &amp; punch bar with running water for all members.</b>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	<b>1,247.28</b>
<b>30</b>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b> <b>Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>	<b>10,170.28</b>

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<b>Mary K Walker</b> 3229 Oak Meadow Dr., Flower Mound, TX 75028	Pres. 25 hrs	0	0	none
<b>Paul Fouch</b> 180 Oak Trail, Dpouble Oak, Flower Mound, TX 75077	VP 5 hrs	0	0	none
<b>Sandra Garcia</b> 5210 Long Prarie RD, Flower Mound, TX 75028	Secretary 10	0	0	none
<b>Leo Gonya</b> 2217 Shumard Lane, Flower Mound Tx 75028	Treas	0	0	none

**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) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .		9,385.00	3,800.00	1,580.00	8,273.28	23,038.28
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .		9,385.00	3,800.00	1,580.00	8,273.28	23,038.28
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						23,038.28

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 . . . . .		9,385.00	3,800.00	1,580.00	8,273.28	23,038.28
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .			9,631.00	7,372.00	11,263.13	28,266.13
<b>11 Total support.</b> Add lines 7 through 10						51,304.41
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input checked="" type="checkbox"/>

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

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 33 1/3% support test—2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>