

Department of the Treasury
Internal Revenue Service

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Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning 07/01/20, and ending 06/30/21

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">Rufty-Holmes Senior Center, Inc.</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p>1120 S MLK Jr Avenue</p> City or town, state or province, country, and ZIP or foreign postal code <p>Salisbury NC 28144-6539</p>	D Employer identification number <p style="text-align: center;">56-1520956</p> E Telephone number <p style="text-align: center;">704-216-7716</p> G Gross receipts \$ 1,188,213
F Name and address of principal officer: <p>Nanette M Buehrer 1120 S MLK Jr Ave Salisbury NC 28144</p>		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) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number
J Website: ruftyholmes.org		L Year of formation: 1986
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		M State of legal domicile: NC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">The Center is a non-profit organization that provides a focal point for aging resources as well as opportunities to extend independent living and enrich the quality of life for Rowan County older adults.</p>			
	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	16	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16	
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	39	
	6 Total number of volunteers (estimate if necessary)	6	62	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue		Prior Year	Current Year	
	8 Contributions and grants (Part VIII, line 1h)	1,013,543	1,148,069	
	9 Program service revenue (Part VIII, line 2g)	96,647	39,473	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,350	554	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,115,540	1,188,213	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	0	
Expenses				
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	546,598	452,069	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0	
	b Total fundraising expenses (Part IX, column (D), line 25) 0			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	546,456	581,035	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,093,054	1,033,104	
	19 Revenue less expenses. Subtract line 18 from line 12	22,486	155,109	
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	1,846,275	2,003,976	
	21 Total liabilities (Part X, line 26)	74,163	60,651	
	22 Net assets or fund balances. Subtract line 21 from line 20	1,772,112	1,943,325	

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		Date	
	Nanette M Buehrer	Executive Director	
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name J Alan Rutherford CPA	Preparer's signature J. Alan Rutherford, CPA, P.A.	Date 12/10/21
	Firm's name 225 N Main St Ste 302	Firm's EIN 20-1842362	Check <input type="checkbox"/> if self-employed P00206851
	Firm's address Salisbury, NC 28144	Phone no. 704-633-4060	