November 16, 2015

CONFIDENTIAL

Douglas County Senior Services, Inc
745 Vermont
Lawrence, KS 66044

Dear Gary:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

SS&C Solutions, Inc.
Filing Instructions

Douglas County Senior Services, Inc

Exempt Organization Tax Return

Taxable Year Ended December 31, 2014

Date Due: November 16, 2015

Remittance: None is required. Your Form 990 for the tax year ended 12/31/14 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

SS&C Solutions, Inc.
3320 Clinton Parkway Court, Suite 220
Lawrence, KS 66047

Other: Initial and date the copies of the IRS e-file Signature Authorization and the Form 990. Retain them for your records. If previously signed and returned no further action is required for Form 8879-EO.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.
### Form 8879-EO

**Title:** IRS e-file Signature Authorization for an Exempt Organization

**OMB No.:** 1545-1878

**Department of the Treasury**

**Internal Revenue Service**

**Name of exempt organization:** Douglas County Senior Services, Inc

**Employer identification number:** 48-0802260

**Name and title of officer:** Doni Mooberry, Treasurer

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### 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.**

<table>
<thead>
<tr>
<th>Line</th>
<th>Form</th>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Form 990 check here</td>
<td>Total revenue, if any (Form 990, Part VIII, column (A), line 12)</td>
<td>1b 1,097,016</td>
</tr>
<tr>
<td>2a</td>
<td>Form 990-EZ check here</td>
<td>Total revenue, if any (Form 990-EZ, line 9)</td>
<td>2b</td>
</tr>
<tr>
<td>3a</td>
<td>Form 1120-POL check here</td>
<td>Total tax (Form 1120-POL, line 22)</td>
<td>3b</td>
</tr>
<tr>
<td>4a</td>
<td>Form 990-PF check here</td>
<td>Tax based on investment income (Form 990-PF, Part VI, line 5)</td>
<td>4b</td>
</tr>
<tr>
<td>5a</td>
<td>Form 8868 check here</td>
<td>Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)</td>
<td>5b</td>
</tr>
</tbody>
</table>

---

### 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 2014 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 enter my PIN on the return’s disclosure consent screen.

**Officer’s PIN:** check one box only

- [X] I authorize SS&C Solutions, Inc. to enter my PIN 86753 as my signature on the organization’s tax year 2014 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 2014 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:** 11/12/15

---

### 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.

- [ ]

**Date:** 11/12/15

---

**I certify that the above numeric entry is my PIN, which is my signature on the 2014 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.**

---

**EROS’s signature:**

- [ ]

**Date:** 11/12/15

---

**EROS Must Retain This Form—See Instructions**

**Do Not Submit This Form To the IRS Unless Requested To Do So**

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**For Paperwork Reduction Act Notice, see back of form.**
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.

Part I Summary

1. Briefly describe the organization’s mission or most significant activities:
   Creating opportunities that allow older residents of Douglas County, Lawrence, KS 66044, to remain independent and active in their homes and communities.

2. Check this box □ 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 11

4. Number of independent voting members of the governing body (Part VI, line 1b)
   4 11

5. Total number of individuals employed in calendar year 2014 (Part V, line 2a)
   5 32

6. Total number of volunteers (estimate if necessary)
   6 85

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

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

Doni Mooberry

Treasurer

Preparer’s name

Michele C. Hammann, CPA

Preparer’s signature

11/16/15

Check: □ self-employed

PTIN

P00624381

Preparer’s EIN

48-0802260

Firm’s name

SS&C Solutions, Inc.

Firm’s address

3320 Clinton Parkway Court, Suite 220

Lawrence, KS 66047

Phone no.

785-838-4484

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes □ No X

Form 990 (2014)
Douglas County Senior Services, Inc48-0802260

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

Creating opportunities that allow older residents of Douglas County, Kansas to remain independent and active in their homes and communities.

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?

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 $832,573 including grants of $ ) (Revenue $ )

Provided 20,331 lunchtime meals to clients at several locations and delivered meals to 42,419 clients living in Douglas County, Kansas. Provided transportation for seniors to and from appointments and grocery shopping. Provided a safe and clean environment for seniors to gather for support and fellowship.

4b (Code: ) (Expenses $ ) (Revenue $ )

4c (Code: ) (Expenses $ ) (Revenue $ )

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $ ) (Revenue $ )

4e Total program service expenses $832,573
<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>X</td>
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<tr>
<td>2</td>
<td></td>
<td>X</td>
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<tr>
<td>3</td>
<td></td>
<td>X</td>
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<td>4</td>
<td>X</td>
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<td>11d</td>
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<td>11e</td>
<td>X</td>
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<td>X</td>
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<td>14a</td>
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<td>14c</td>
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<td>X</td>
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<td>19</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>20a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>20b</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
### Part IV Checklist of Required Schedules (continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If “Yes,” complete Schedule I, Parts I and II</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>22. Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If “Yes,” complete Schedule I, Parts I and III</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>24b. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24c. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24d. Did the organization act as an “on behalf of” issuer for bonds outstanding at any time during the year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25a. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If “Yes,” complete Schedule L, Part I</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>25b. 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 II</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>26. Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If “Yes,” complete Schedule L, Part III</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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 IV</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. A current or former officer, director, trustee, or key employee? If “Yes,” complete Schedule L, Part I</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b. A family member of a current or former officer, director, trustee, or key employee? If “Yes,” complete Schedule L, Part II</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>29. Did the organization receive more than $25,000 in non-cash contributions? If “Yes,” complete Schedule M</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>30. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If “Yes,” complete Schedule M</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>31. Did the organization liquidate, terminate, or dissolve and cease operations? If “Yes,” complete Schedule N, Part I</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>32. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If “Yes,” complete Schedule N, Part II</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>35a. Did the organization have a controlled entity within the meaning of section 512(b)(13)?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>35b. 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</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>38. Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <strong>Note.</strong> All Form 990 filers are required to complete Schedule O</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
**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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td></td>
<td>2a</td>
</tr>
<tr>
<td>b</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>c</td>
<td></td>
<td>1c</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th></th>
<th>2a</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>32</td>
</tr>
<tr>
<td>b</td>
<td>x</td>
</tr>
</tbody>
</table>

If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)

<table>
<thead>
<tr>
<th>3a</th>
<th>x</th>
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</thead>
<tbody>
<tr>
<td>b</td>
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</tbody>
</table>

If “Yes,” has it filed a Form 990-T for this year? If “No” to line 3b, provide an explanation in Schedule O

<table>
<thead>
<tr>
<th>4a</th>
<th>x</th>
</tr>
</thead>
<tbody>
<tr>
<td>b</td>
<td></td>
</tr>
</tbody>
</table>

If “Yes,” enter the name of the foreign country:


<table>
<thead>
<tr>
<th>5a</th>
<th>x</th>
</tr>
</thead>
<tbody>
<tr>
<td>b</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
</tr>
</tbody>
</table>

If “Yes” to line 5a or 5b, did the organization file Form 8886-T?

<table>
<thead>
<tr>
<th>6a</th>
<th>x</th>
</tr>
</thead>
<tbody>
<tr>
<td>b</td>
<td></td>
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<tr>
<td>c</td>
<td></td>
</tr>
</tbody>
</table>

If 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?

<table>
<thead>
<tr>
<th>7a</th>
<th>x</th>
</tr>
</thead>
<tbody>
<tr>
<td>b</td>
<td></td>
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<td>g</td>
<td></td>
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<tr>
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<td></td>
</tr>
</tbody>
</table>

If “Yes,” indicate the number of Forms 8282 filed during the year

| 8  |    |

Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?

<table>
<thead>
<tr>
<th>9a</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>b</td>
<td></td>
</tr>
</tbody>
</table>

Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?

<table>
<thead>
<tr>
<th>10</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
</tr>
</tbody>
</table>

Initiation fees and capital contributions included on Part VIII, line 12

<table>
<thead>
<tr>
<th>10a</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>b</td>
<td></td>
</tr>
</tbody>
</table>

Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

| 10b |     |

<table>
<thead>
<tr>
<th>11</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
</tr>
</tbody>
</table>

Gross income from members or shareholders

| 11a |     |

Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

| 11b |     |

<table>
<thead>
<tr>
<th>12a</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>b</td>
<td></td>
</tr>
</tbody>
</table>

Is the organization filing Form 990 in lieu of Form 1041?

| 12b |     |

<table>
<thead>
<tr>
<th>13</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td></td>
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<tr>
<td>b</td>
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<td>c</td>
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</tr>
</tbody>
</table>

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.

| 13a |     |

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

| 13b |     |

Enter the amount of reserves on hand

| 13c |     |

Did the organization receive any payments for indoor tanning services during the tax year?

<table>
<thead>
<tr>
<th>14a</th>
<th>x</th>
</tr>
</thead>
<tbody>
<tr>
<td>b</td>
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</tr>
</tbody>
</table>

If “Yes,” has it filed a Form 720 to report these payments? If “No,” provide an explanation in Schedule O

| 14b |     |
Douglas County Senior Services, Inc

Part VI Governance, Management, and Disclosure

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year: 11

b Enter the number of voting members included in line 1a, above, who are independent: 11

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

7 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

b 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:

a The governing body? X

b 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

10 Did the organization have local chapters, branches, or affiliates? X

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches? If the organization's exempt purposes? X

11 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X

b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X

12 Did the organization have a written conflict of interest policy? If "No," go to line 13

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X

c 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 organization have a written policy to determine whether a joint venture or similar arrangement with an entity or individual established by the organization was consistent with the organization's exempt purposes? X

a The organization's CEO, Executive Director, or top management official X

b Other officers or key employees of the organization X

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). X

16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X

b 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? X

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed. NONE

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, address, and telephone number of the person who possesses the organization's books and records:

Gary Nelson 745 Vermont St. Lawrence KS 66044 785-842-0543
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 organization compensated any current officer, director, or trustee.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (list any hours for related organizations below dotted line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Kristin Scheurer</td>
<td>40.00 X</td>
<td></td>
<td>62,108</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Executive Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Judy Bellome</td>
<td>2.00</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Director</td>
<td>0.00 X</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(3) Hank Booth</td>
<td>2.00</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Director</td>
<td>0.00 X</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(4) Sue Brown</td>
<td>2.00</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Director</td>
<td>0.00 X</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(5) Kelly Calvert</td>
<td>2.00</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Director</td>
<td>0.00 X</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(6) Kathy Clausing-Willis</td>
<td>2.00</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Director</td>
<td>0.00 X</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(7) Dennis Domer</td>
<td>2.00</td>
<td>X X</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Vice Chair</td>
<td>0.00</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(8) Dr. Phil Godwin</td>
<td>2.00</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Director</td>
<td>0.00 X</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(9) Jason Hornberger</td>
<td>2.00</td>
<td>X X</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Treasurer</td>
<td>0.00 X</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(10) Pattie Johnston</td>
<td>2.00</td>
<td>X X</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Chair</td>
<td>0.00 X</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(11) Ellen Paulsen</td>
<td>2.00</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Director</td>
<td>0.00 X</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
### Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

#### (12) Judy Wright

<table>
<thead>
<tr>
<th>Name and title</th>
<th>Average hours per week</th>
<th>Position</th>
<th>Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secretary</td>
<td>2.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

#### (13) [Blank]

#### (14) [Blank]

#### (15) [Blank]

#### (16) [Blank]

#### (17) [Blank]

#### (18) [Blank]

#### (19) [Blank]

1b Sub-total: 62,108

c Total from continuation sheets to Part VII, Section A: 62,108

d Total (add lines 1b and 1c): 62,108

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

#### 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: No

#### 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: No

#### 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: No

### 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.

<table>
<thead>
<tr>
<th>Name and business address</th>
<th>Description of services</th>
<th>Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amount</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td>938,514</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>29,590</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1g Noncash contributions included in lines 1a-1f</td>
<td>$     83,620</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1h Total. Add lines 1a–1f</td>
<td></td>
<td></td>
<td></td>
<td>968,104</td>
</tr>
<tr>
<td>2a Program Revenue</td>
<td>94,469</td>
<td>94,469</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b PACE Income</td>
<td></td>
<td>54</td>
<td>54</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2e</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2f All other program service revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2g Total. Add lines 2a–2f</td>
<td></td>
<td></td>
<td></td>
<td>94,523</td>
</tr>
<tr>
<td>3 Investment income (including dividends, interest, and other similar amounts)</td>
<td></td>
<td></td>
<td>11,364</td>
<td>11,364</td>
</tr>
<tr>
<td>4 Income from investment of tax-exempt bond proceeds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6a Gross rents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6b Less: rental exps.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6c Rental inc. or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6d Net rental income or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Gross amount from sales of assets other than inventory</td>
<td></td>
<td></td>
<td>13,580</td>
<td></td>
</tr>
<tr>
<td>7b Less: cost or other basis &amp; sales exps.</td>
<td></td>
<td></td>
<td>5,945</td>
<td></td>
</tr>
<tr>
<td>7c Gain or (loss)</td>
<td></td>
<td></td>
<td>7,635</td>
<td></td>
</tr>
<tr>
<td>7d Net gain or (loss)</td>
<td></td>
<td></td>
<td>7,635</td>
<td></td>
</tr>
<tr>
<td>8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18</td>
<td></td>
<td></td>
<td>7,167</td>
<td></td>
</tr>
<tr>
<td>8b Less: direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8c Net income or (loss) from fundraising events</td>
<td></td>
<td></td>
<td>7,167</td>
<td></td>
</tr>
<tr>
<td>9a Gross income from gaming activities. See Part IV, line 19</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9b Less: direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9c Net income or (loss) from gaming activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross sales of inventory, less returns and allowances</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Less: cost of goods sold</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c Net income or (loss) from sales of inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miscellaneous Revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11a Insurance Settlement</td>
<td>7,323</td>
<td>7,323</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11b Other Revenue</td>
<td></td>
<td>900</td>
<td>900</td>
<td></td>
</tr>
<tr>
<td>11c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11d All other revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11e Total. Add lines 11a–11d</td>
<td></td>
<td></td>
<td>8,223</td>
<td></td>
</tr>
<tr>
<td>12 Total revenue. See instructions.</td>
<td></td>
<td></td>
<td>1,097,016</td>
<td>121,745</td>
</tr>
</tbody>
</table>

Douglas County Senior Services, Inc 48-0802260
L3121 11/16/2015 4:47 PM
**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

<table>
<thead>
<tr>
<th>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Compensation paid to or for members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td>62,108</td>
<td>45,140</td>
<td>14,875</td>
<td>2,093</td>
</tr>
<tr>
<td>6 Other salaries and wages</td>
<td>369,433</td>
<td>268,495</td>
<td>88,478</td>
<td>12,460</td>
</tr>
<tr>
<td>7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>5,716</td>
<td>3,691</td>
<td>1,796</td>
<td>229</td>
</tr>
<tr>
<td>8 Other employee benefits</td>
<td>52,986</td>
<td>34,171</td>
<td>16,664</td>
<td>2,151</td>
</tr>
<tr>
<td>9 Payroll taxes</td>
<td>33,724</td>
<td>21,752</td>
<td>10,603</td>
<td>1,369</td>
</tr>
<tr>
<td>10 Payroll taxes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Legal</td>
<td>2,993</td>
<td>2,114</td>
<td>879</td>
<td></td>
</tr>
<tr>
<td>c Accounting</td>
<td>54,731</td>
<td>38,635</td>
<td>16,096</td>
<td></td>
</tr>
<tr>
<td>d Lobbying</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Professional fundraising services. See Part IV, line 17</td>
<td>4,786</td>
<td>4,786</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Investment management fees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)</td>
<td>8,000</td>
<td>5,648</td>
<td>2,352</td>
<td></td>
</tr>
<tr>
<td>12 Advertising and promotion</td>
<td>36,025</td>
<td>27,585</td>
<td>7,630</td>
<td>810</td>
</tr>
<tr>
<td>13 Office expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Information technology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Occupancy</td>
<td>110,341</td>
<td>52,482</td>
<td>57,859</td>
<td></td>
</tr>
<tr>
<td>17 Travel</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Conferences, conventions, and meetings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Depreciation, depletion, and amortization</td>
<td>25,002</td>
<td>21,621</td>
<td>3,381</td>
<td></td>
</tr>
<tr>
<td>23 Insurance</td>
<td>30,278</td>
<td>27,106</td>
<td>3,172</td>
<td></td>
</tr>
<tr>
<td>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.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Meals</td>
<td>229,662</td>
<td>229,662</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Vehicles</td>
<td>38,174</td>
<td>37,604</td>
<td>570</td>
<td></td>
</tr>
<tr>
<td>c Community Service Expense</td>
<td>7,853</td>
<td>7,853</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Miscellaneous Expenses</td>
<td>4,737</td>
<td>4,280</td>
<td>457</td>
<td></td>
</tr>
<tr>
<td>e All other expenses</td>
<td>5,031</td>
<td>4,734</td>
<td>297</td>
<td></td>
</tr>
<tr>
<td>24 Total miscellaneous expenses</td>
<td>1,081,580</td>
<td>832,573</td>
<td>229,895</td>
<td>19,112</td>
</tr>
</tbody>
</table>

**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 ▶ 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**

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash—non-interest bearing</td>
<td>296,357</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>270,118</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>44,122</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>14,180</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>688,267</td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>542,284</td>
</tr>
<tr>
<td>11</td>
<td>Investments—publicly traded securities</td>
<td>11</td>
</tr>
<tr>
<td>12</td>
<td>Investments—other securities. See Part IV, line 11</td>
<td>12</td>
</tr>
<tr>
<td>13</td>
<td>Investments—program-related. See Part IV, line 11</td>
<td>467,088</td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td>14</td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>15</td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>1,259,990</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>17,718</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td>18</td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td>19</td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td>20</td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td>21</td>
</tr>
<tr>
<td>22</td>
<td>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</td>
<td>22</td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td>23</td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td>24</td>
</tr>
<tr>
<td>25</td>
<td>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</td>
<td>18,754</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>36,472</td>
</tr>
</tbody>
</table>

### Organizations that follow SFAS 117 (ASC 958), check here □ and complete lines 27 through 29, and lines 33 and 34.

<table>
<thead>
<tr>
<th></th>
<th>(A)</th>
<th>(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Unrestricted net assets</td>
<td>1,195,110</td>
</tr>
<tr>
<td>28</td>
<td>Temporarily restricted net assets</td>
<td>28,408</td>
</tr>
<tr>
<td>29</td>
<td>Permanently restricted net assets</td>
<td>29</td>
</tr>
</tbody>
</table>

### Organizations that do not follow SFAS 117 (ASC 958), check here □ and complete lines 30 through 34.

<table>
<thead>
<tr>
<th></th>
<th>(A)</th>
<th>(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>Capital stock or trust principal, or current funds</td>
<td>30</td>
</tr>
<tr>
<td>31</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td>31</td>
</tr>
<tr>
<td>32</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td>32</td>
</tr>
<tr>
<td>33</td>
<td>Total net assets or fund balances</td>
<td>1,223,518</td>
</tr>
<tr>
<td>34</td>
<td>Total liabilities and net assets/fund balances</td>
<td>1,259,990</td>
</tr>
</tbody>
</table>
Form 990 (2014) Douglas County Senior Services, Inc 48-0802260

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 1,097,016
2. Total expenses (must equal Part IX, column (A), line 25) .......................................................... 2 1,081,580
3. Revenue less expenses. Subtract line 2 from line 1 .................................................................. 3 15,436
4. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .......... 4 1,223,518
5. Net unrealized gains (losses) on investments ............................................................................. 5 11,538
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 1,250,492

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

1. Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ 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? .......................................................... 2a X
   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:
   ☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate basis
   2b. Were the organization’s financial statements audited by an independent accountant? ........................................................................................................ 2b X
   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:
   ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
   c. 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.
   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? .......................................................... 3a 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.
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.

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

Form 990 or 990-EZ.

[25x762]L3121 11/16/2015 4:47 PM

Name of the organization

Douglas County Senior Services, Inc

Employer identification number

48-0802260

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)(vii). (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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.

a  ☐  Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

b  ☐  Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

c  ☐  Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

d  ☐  Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

e  ☐  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f  ☐  ☐  Enter the number of supported organizations __________________________

g  ☐  ☐  Provide the following information about the supported organization(s).

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A)</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

Total

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

DAA

Schedule A (Form 990 or 990-EZ) 2014
### Section A. Public Support

**Calendar year (or fiscal year beginning in) ▶**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2010</th>
<th>(b) 2011</th>
<th>(c) 2012</th>
<th>(d) 2013</th>
<th>(e) 2014</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gifts, grants, contributions, and membership fees received. (Do not include any “unusual grants.”)</td>
<td>868,489</td>
<td>907,466</td>
<td>893,004</td>
<td>995,578</td>
<td>938,929</td>
<td>4,603,466</td>
</tr>
<tr>
<td>2. Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td>82,170</td>
<td>82,170</td>
<td>82,170</td>
<td>246,510</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Total. Add lines 1 through 3</td>
<td>868,489</td>
<td>907,466</td>
<td>895,174</td>
<td>1,077,748</td>
<td>1,021,099</td>
<td>4,849,976</td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Public support. Subtract line 5 from line 4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4,849,976</td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

**Calendar year (or fiscal year beginning in) ▶**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2010</th>
<th>(b) 2011</th>
<th>(c) 2012</th>
<th>(d) 2013</th>
<th>(e) 2014</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Amounts from line 4</td>
<td>868,489</td>
<td>907,466</td>
<td>895,174</td>
<td>1,077,748</td>
<td>1,021,099</td>
<td>4,849,976</td>
</tr>
<tr>
<td>8. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td>3,963</td>
<td>-4,607</td>
<td>2,962</td>
<td>10,308</td>
<td>11,364</td>
<td>23,990</td>
</tr>
<tr>
<td>9. Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td>640</td>
<td>674</td>
<td>1,361</td>
<td>1,565</td>
<td>900</td>
<td>5,140</td>
</tr>
<tr>
<td>11. Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4,879,106</td>
</tr>
<tr>
<td>12. Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>12</td>
<td>121,277</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>14</th>
<th>15</th>
<th>16a</th>
<th>16b</th>
<th>17a</th>
<th>17b</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))</td>
<td></td>
<td></td>
<td>99.40%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Public support percentage from 2013 Schedule A, Part II, line 14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16a. 33 1/3% support test—2014. 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16b. 33 1/3% support test—2013. If the organization did not check the 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17a. 10%-facts-and-circumstances test—2014. 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 VI how the organization meets the “facts-and-circumstances” test. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17b. 10%-facts-and-circumstances test—2013. 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 VI how the organization meets the “facts-and-circumstances” test. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 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

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2010</th>
<th>(b) 2011</th>
<th>(c) 2012</th>
<th>(d) 2013</th>
<th>(e) 2014</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2010</th>
<th>(b) 2011</th>
<th>(c) 2012</th>
<th>(d) 2013</th>
<th>(e) 2014</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 VI.) |         |         |         |         |         |         |

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. |         |         |         |         |         |         |

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

<table>
<thead>
<tr>
<th></th>
<th>(a) 2010</th>
<th>(b) 2011</th>
<th>(c) 2012</th>
<th>(d) 2013</th>
<th>(e) 2014</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))</td>
<td>15%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

16 Public support percentage from 2013 Schedule A, Part III, line 15 | 16% |         |         |         |         |         |

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

<table>
<thead>
<tr>
<th></th>
<th>(a) 2010</th>
<th>(b) 2011</th>
<th>(c) 2012</th>
<th>(d) 2013</th>
<th>(e) 2014</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))</td>
<td>17%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

18 Investment income percentage from 2013 Schedule A, Part III, line 17 | 18% |         |         |         |         |         |

19a 33 1/3% support tests—2014. 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—2013. 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 Supporting Organizations**

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

### Section A. All Supporting Organizations

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

#### Section B. Type I Supporting Organizations

1. Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? **Yes No**

2. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. **Yes No**

#### Section C. Type II Supporting Organizations

1. Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). **Yes No**

#### Section D. All Type III Supporting Organizations

1. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. **Yes No**

2. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. **Yes No**

3. Parent of Supported Organizations. Answer (a) and (b) below.

   a. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**. **Yes No**

   b. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard. **Yes No**

---

**Douglas County Senior Services, Inc**

**Schedule A (Form 990 or 990-EZ) 2014**

L3121 11/16/2015 4:47 PM
### Schedule A (Form 990 or 990-EZ) 2014

#### Douglas County Senior Services, Inc 48-0802260

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Section A - Adjusted Net Income</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td><strong>8</strong></td>
<td><strong>Adjusted Net Income</strong> (subtract lines 5, 6 and 7 from line 4)</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td><strong>Section B - Minimum Asset Amount</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Average monthly value of securities</td>
<td>1a</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Average monthly cash balances</td>
<td>1b</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Fair market value of other non-exempt-use assets</td>
<td>1c</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td><strong>Total</strong> (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Discount claimed for blockage or other factors (explain in detail in Part VI)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2 from line 1d</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Multiply line 5 by .035</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Recoveries of prior-year distributions</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td><strong>8</strong></td>
<td><strong>Minimum Asset Amount</strong> (add line 7 to line 6)</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td><strong>Section C - Distributable Amount</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, Column A)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Enter 85% of line 1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td><strong>6</strong></td>
<td><strong>Distributable Amount.</strong> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Section D - Distributions</td>
<td>Current Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------</td>
<td>--------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Amounts paid to supported organizations to accomplish exempt purposes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Amounts paid to acquire exempt-use assets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Qualified set-aside amounts (prior IRS approval required)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Other distributions (describe in Part VI). See instructions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Total annual distributions. Add lines 1 through 6.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Distributable amount for 2014 from Section C, line 6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Line 8 amount divided by Line 9 amount</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section E - Distribution Allocations (see instructions)</th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2014</th>
<th>(iii) Distributable Amount for 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Distributable amount for 2014 from Section C, line 6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Excess distributions carryover, if any, to 2014:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e From 2013 . . . .</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Total of lines 3a through e</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Applied to underdistributions of prior years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Applied to 2014 distributable amount</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i Carryover from 2009 not applied (see instructions)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Distributions for 2014 from Section D, line 7:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Applied to underdistributions of prior years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Applied to 2014 distributable amount</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Excess distributions carryover to 2015. Add lines 3j and 4c.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Breakdown of line 7:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Excess from 2013 . . . .</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Excess from 2014 . . . .</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part II, Line 10 - Other Income Detail

Other Income  $  5,140
Name of the organization | Douglas County Senior Services, Inc
---|---
Employer identification number | 48-0802260

### Filers of:
- **Form 990 or 990-EZ**
  - [X] 501(c)(3) (enter number) organization
  - 4947(a)(1) nonexempt charitable trust not treated as a private foundation
  - 527 political organization
- **Form 990-PF**
  - 501(c)(3) exempt private foundation
  - 4947(a)(1) nonexempt charitable trust treated as a private foundation
  - 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

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

### Special Rules
- [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- [ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- [ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling $5,000 or more during the year. 

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer “No” on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).
<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>City of Lawrence 6 East 6th St Lawrence KS 66044</td>
<td>$107,670</td>
<td>Person X Payroll Noncash X</td>
</tr>
<tr>
<td>2</td>
<td>Douglas County Kansas 1100 Massachusetts Lawrence KS 66044</td>
<td>$538,500</td>
<td>Person X Payroll Noncash</td>
</tr>
<tr>
<td>3</td>
<td>Kansas Department of Aging (SHICK) 503 S Kansas Ave Topeka KS 66603</td>
<td>$22,614</td>
<td>Person X Payroll Noncash</td>
</tr>
<tr>
<td>4</td>
<td>USDA 1400 Independence Ave SW Washington DC 20250</td>
<td>$151,343</td>
<td>Person X Payroll Noncash</td>
</tr>
<tr>
<td>5</td>
<td>State of Kansas 913 Harrison St Topeka KS 66614</td>
<td>$104,049</td>
<td>Person X Payroll Noncash</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)
# Part II Noncash Property

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

## Rent In-Kind

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (see instructions)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Rent In-Kind</td>
<td>$82,170</td>
<td></td>
</tr>
</tbody>
</table>
**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>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Held at the End of the Tax Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Purpose(s) of conservation easements held by the organization (check all that apply).</td>
<td>Preservation of land for public use (e.g., recreation or education)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Protection of natural habitat</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Preservation of open space</td>
</tr>
<tr>
<td>2</td>
<td>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.</td>
<td>2a</td>
</tr>
<tr>
<td></td>
<td>a</td>
<td>Total number of conservation easements</td>
</tr>
<tr>
<td></td>
<td>b</td>
<td>Total acreage restricted by conservation easements</td>
</tr>
<tr>
<td></td>
<td>c</td>
<td>Number of conservation easements on a certified historic structure included in (a)</td>
</tr>
<tr>
<td></td>
<td>d</td>
<td>Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register</td>
</tr>
<tr>
<td>3</td>
<td>Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Number of states where property subject to conservation easement is located</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year</td>
<td>$</td>
</tr>
<tr>
<td>8</td>
<td>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)?</td>
<td>Yes  No</td>
</tr>
<tr>
<td>9</td>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

**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.

1b 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 | $ |
   (ii) Assets included in Form 990, Part X | $ |

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

   a Revenue included in Form 990, Part VIII, line 1 | $ |
   b Assets included in Form 990, Part X | $ |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
Schedule D (Form 990) 2014  Douglas County Senior Services, Inc 48-0802260

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

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:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning balance</td>
<td>1c</td>
</tr>
<tr>
<td>Additions during the year</td>
<td>1d</td>
</tr>
<tr>
<td>Distributions during the year</td>
<td>1e</td>
</tr>
<tr>
<td>Ending balance</td>
<td>1f</td>
</tr>
</tbody>
</table>

2a  Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b  If “Yes,” explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V  Endowment Funds.

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

1a  Beginning of year balance

<table>
<thead>
<tr>
<th>Description</th>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net investment earnings, gains, and losses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants or scholarships</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other expenditures for facilities and programs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrative expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>End of year balance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
   a  Board designated or quasi-endowment %
   b  Permanent endowment %
   c  Temporarily restricted endowment %

   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:
   (i) unrelated organizations
   (ii) related organizations

3b  If “Yes” to 3a(ii), are the related organizations listed as required on Schedule R?

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.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)
### 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.

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

### 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.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Reserve Funds -DCCF</td>
<td>402,870</td>
<td>Market</td>
</tr>
<tr>
<td>(2) Duquoin Trust</td>
<td>61,798</td>
<td>Market</td>
</tr>
<tr>
<td>(3) DCCF -Meals Site (M Barrett)</td>
<td>28,303</td>
<td>Market</td>
</tr>
<tr>
<td>(4) Douglas County Community Foundation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)</strong></td>
<td><strong>492,971</strong></td>
<td></td>
</tr>
</tbody>
</table>

### Part IX Other Assets

Complete if the organization answered “Yes” to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td><strong>Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)</strong></td>
<td></td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>(a) Description of liability</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td></td>
</tr>
<tr>
<td>(2) Accrued Payroll</td>
<td>5,332</td>
</tr>
<tr>
<td>(3) Accrued Vacation</td>
<td>4,611</td>
</tr>
<tr>
<td>(4) Simple IRA</td>
<td>1,117</td>
</tr>
<tr>
<td>(5) Insurance - Health Care</td>
<td>-20</td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td><strong>Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)</strong></td>
<td><strong>11,040</strong></td>
</tr>
</tbody>
</table>
### Schedule D (Form 990) 2014

**Douglas County Senior Services, Inc 48-0802260**

#### Part XI  Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Net unrealized gains (losses) on investments</td>
<td>2a</td>
</tr>
<tr>
<td>b</td>
<td>Donated services and use of facilities</td>
<td>2b</td>
</tr>
<tr>
<td>c</td>
<td>Recoveries of prior year grants</td>
<td>2c</td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIII.)</td>
<td>2d</td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
<td>2e</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIII.)</td>
<td>4b</td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
<td>4c</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)</td>
<td>5</td>
</tr>
</tbody>
</table>

#### Part XII  Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Donated services and use of facilities</td>
<td>2a</td>
</tr>
<tr>
<td>b</td>
<td>Prior year adjustments</td>
<td>2b</td>
</tr>
<tr>
<td>c</td>
<td>Other losses</td>
<td>2c</td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIII.)</td>
<td>2d</td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
<td>2e</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIII.)</td>
<td>4b</td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
<td>4c</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)</td>
<td>5</td>
</tr>
</tbody>
</table>

#### Part XIII  Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.
### SCHEDULE M
(Form 990)

**Noncash Contributions**

- Complete if the organization answered “Yes” on Form 990, Part IV, lines 29 or 30.
- Attach to Form 990.
- Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

#### 2014

**Open To Public Inspection**

**Douglas County Senior Services, Inc**

<table>
<thead>
<tr>
<th>Employer identification number</th>
<th>48-0802260</th>
</tr>
</thead>
</table>

#### Part I Types of Property

<table>
<thead>
<tr>
<th>(a) Check if applicable</th>
<th>(b) Number of contributions or items contributed</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</th>
<th>(d) Method of determining noncash contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Art — Works of art</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Art — Historical treasures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Art — Fractional interests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Books and publications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Clothing and household goods</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Cars and other vehicles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Boats and planes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Intellectual property</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Securities — Publicly traded</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Securities — Closely held stock</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Securities — Partnership, LLC, or trust interests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Securities — Miscellaneous</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Qualified conservation contribution — Historic structures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Qualified conservation contribution — Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Real estate — Residential</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Real estate — Commercial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Real estate — Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Collectibles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Food inventory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Drugs and medical supplies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Taxidermy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Historical artifacts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Scientific specimens</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Archeological artifacts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Other ▶ Rent/Office Sup</td>
<td>X 2</td>
<td>83,620 Fair Market Value</td>
<td></td>
</tr>
<tr>
<td>26 Other ▶</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27 Other ▶</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28 Other ▶</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

#### 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

#### 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

#### 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

#### 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

---

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

Schedule M (Form 990) (2014)
Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
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.

Name of the organization: Douglas County Senior Services, Inc

Employer identification number: 48-0802260

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
Board members review the 990 by electronic means before filing the 990.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
Available upon request from the Treasurer of the organization.
Depreciation and Amortization
(Including Information on Listed Property)

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  Carrying over of disallowed deduction from line 13 of your 2013 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  Carrying over of disallowed deduction to 2015. 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  25,001

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 2014 .................................................. 17  0
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 .......................... 18

Section B—Assets Placed in Service During 2014 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

20a  12-year property
b  12-year property
c  40-year property

Section C—Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

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  25,001
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.
### Federal Asset Report

**Form 990, Page 1**

<table>
<thead>
<tr>
<th>Asset Description</th>
<th>Date In Service</th>
<th>Cost</th>
<th>Bus %</th>
<th>Sec 179 Bonus</th>
<th>Basis for Depr</th>
<th>Per Conv Meth</th>
<th>Prior</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Other Depreciation:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 2010 Dodge Caravan #1</td>
<td>1/26/10</td>
<td>37,770</td>
<td>10</td>
<td>MO S/L</td>
<td>37,770</td>
<td>10 MO S/L</td>
<td>15,423</td>
<td>3,777</td>
</tr>
<tr>
<td>2 2010 Dodge Caravan #5</td>
<td>1/26/10</td>
<td>37,770</td>
<td>10</td>
<td>MO S/L</td>
<td>37,770</td>
<td>10 MO S/L</td>
<td>15,422</td>
<td>3,777</td>
</tr>
<tr>
<td>3 2006 Town &amp; Country</td>
<td>2/17/10</td>
<td>14,934</td>
<td>10</td>
<td>MO S/L</td>
<td>14,934</td>
<td>10 MO S/L</td>
<td>5,726</td>
<td>1,494</td>
</tr>
<tr>
<td>4 2012 Ford Focus</td>
<td>10/27/11</td>
<td>16,426</td>
<td>10</td>
<td>MO S/L</td>
<td>16,426</td>
<td>10 MO S/L</td>
<td>3,559</td>
<td>1,643</td>
</tr>
<tr>
<td>5 Computers and Equipment</td>
<td>6/30/09</td>
<td>4,132</td>
<td>5</td>
<td>MO S/L</td>
<td>4,132</td>
<td>5 MO S/L</td>
<td>3,718</td>
<td>414</td>
</tr>
<tr>
<td>6 Database Tracking System</td>
<td>4/15/11</td>
<td>2,050</td>
<td>7</td>
<td>MO S/L</td>
<td>2,050</td>
<td>7 MO S/L</td>
<td>806</td>
<td>293</td>
</tr>
<tr>
<td>7 Refrigerator</td>
<td>7/14/11</td>
<td>2,528</td>
<td>10</td>
<td>MO S/L</td>
<td>2,528</td>
<td>10 MO S/L</td>
<td>632</td>
<td>252</td>
</tr>
<tr>
<td>8 Dishwasher</td>
<td>11/22/11</td>
<td>4,849</td>
<td>10</td>
<td>MO S/L</td>
<td>4,849</td>
<td>10 MO S/L</td>
<td>1,010</td>
<td>485</td>
</tr>
<tr>
<td>9 Machinery &amp; Equipment</td>
<td>1/01/00</td>
<td>400,346</td>
<td>5</td>
<td>MO S/L</td>
<td>400,346</td>
<td>5 MO S/L</td>
<td>400,346</td>
<td>0</td>
</tr>
<tr>
<td>10 1999 Ford E-350 Conversion Van</td>
<td>12/31/12</td>
<td>23,750</td>
<td>10</td>
<td>MO S/L</td>
<td>23,750</td>
<td>10 MO S/L</td>
<td>23,750</td>
<td>0</td>
</tr>
<tr>
<td>11 2001 Chevy G3500 Express Van</td>
<td>12/31/12</td>
<td>27,500</td>
<td>10</td>
<td>MO S/L</td>
<td>27,500</td>
<td>10 MO S/L</td>
<td>27,500</td>
<td>0</td>
</tr>
<tr>
<td>13 2006 Ford Econo-Line</td>
<td>12/31/12</td>
<td>8,700</td>
<td>5</td>
<td>MO S/L</td>
<td>8,700</td>
<td>5 MO S/L</td>
<td>2,175</td>
<td>580</td>
</tr>
<tr>
<td><strong>Total Other Depreciation</strong></td>
<td>696,966</td>
<td></td>
<td>520,037</td>
<td>25,001</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total ACRS and Other Depreciation</strong></td>
<td>696,966</td>
<td></td>
<td>520,037</td>
<td>25,001</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Grand Totals</strong></td>
<td>696,966</td>
<td></td>
<td>520,037</td>
<td>25,001</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less: Dispositions and Transfers</td>
<td>8,700</td>
<td></td>
<td>2,175</td>
<td>580</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less: Start-up/Org Expense</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Net Grand Totals</strong></td>
<td>688,266</td>
<td></td>
<td>517,862</td>
<td>24,421</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Taxable Interest on Investments

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
<th>Unrelated Business Code</th>
<th>Exclusion Code</th>
<th>Postal Acquired after 6/30/75</th>
<th>US Obs ($ or %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investments</td>
<td>$1,013</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$1,013</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Taxable Dividends from Securities

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
<th>Unrelated Business Code</th>
<th>Exclusion Code</th>
<th>Postal Acquired after 6/30/75</th>
<th>US Obs ($ or %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dividend Income DCCF</td>
<td>$10,351</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$10,351</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

<table>
<thead>
<tr>
<th>Description</th>
<th>Total Expenses</th>
<th>Program Service</th>
<th>Management &amp; General</th>
<th>Fund Raising</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recruitment Fee</td>
<td>$8,000</td>
<td>$5,648</td>
<td>$2,352</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$8,000</td>
<td>$5,648</td>
<td>$2,352</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Total Expenses</th>
<th>Program Service</th>
<th>Management &amp; General</th>
<th>Fund Raising</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior Assistance Expense</td>
<td>$4,536</td>
<td>$4,536</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Event Costs</td>
<td>$495</td>
<td>$198</td>
<td>$297</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$5,031</td>
<td>$4,734</td>
<td>$297</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$0</td>
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</tbody>
</table>
# Schedule A, Part II, Line 12

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Revenue</td>
<td>$94,469</td>
</tr>
<tr>
<td>PACE Income</td>
<td>$54</td>
</tr>
<tr>
<td>Investments</td>
<td>$1,013</td>
</tr>
<tr>
<td>Dividend Income DCCF</td>
<td>$10,351</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>$900</td>
</tr>
<tr>
<td>Insurance Settlement</td>
<td>$7,323</td>
</tr>
<tr>
<td>Fundraising</td>
<td>$7,167</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$121,277</strong></td>
</tr>
</tbody>
</table>