

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2005

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

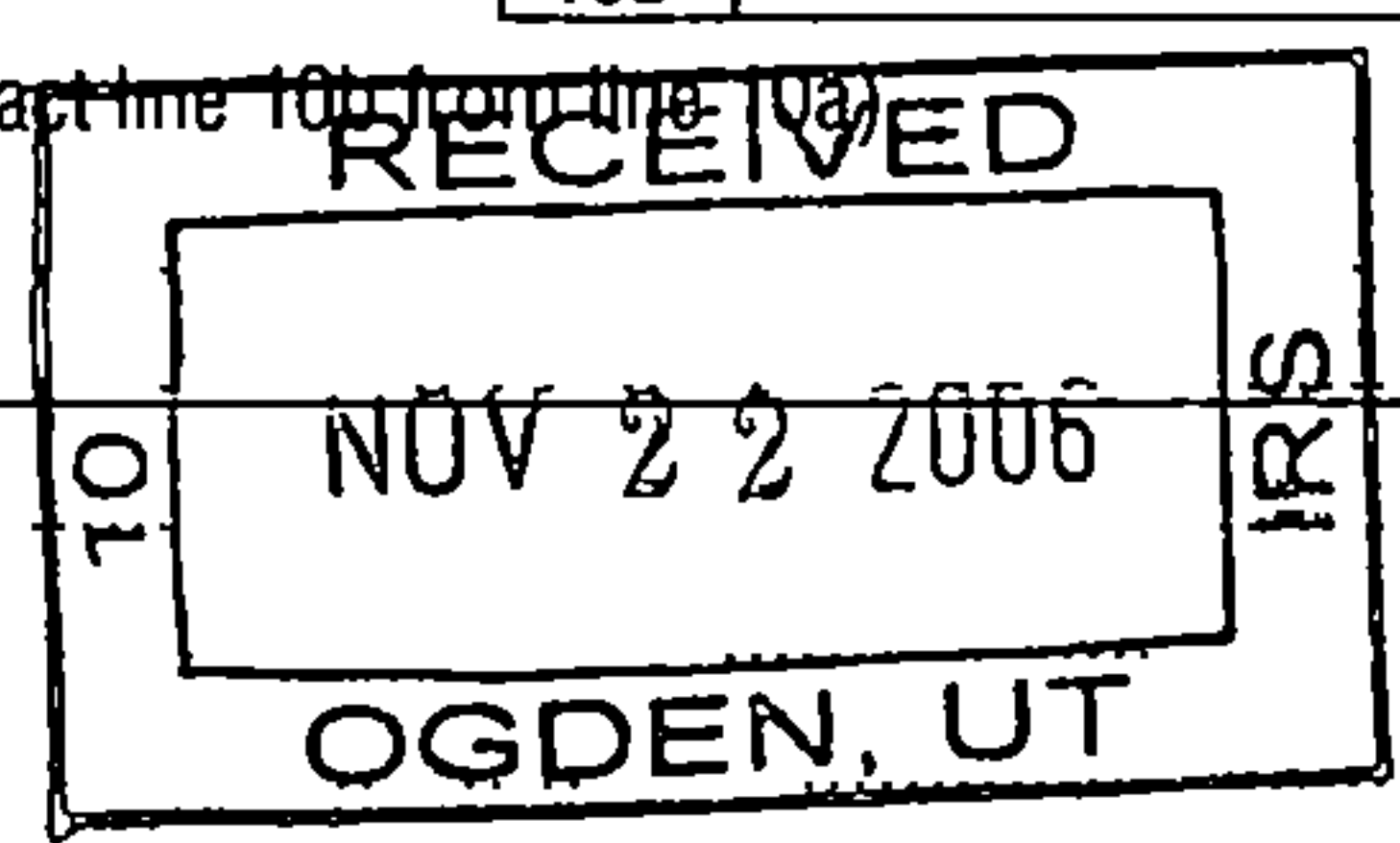
For the 2005 calendar year, or tax year beginning APR 1, 2005 and ending MAR 31, 2006

Section B: Check if applicable. Section C: Name of organization SENIOR CITIZENS OF GREATER DALLAS, INC. Address 1215 SKILES DALLAS, TX 75204. Section D: Employer identification number 75-1085555. Section E: Telephone number (214) 823-5700. Section F: Accounting method Accrual.

Section G: Website WWW.THESENIORSOURCE.ORG. Section J: Organization type 501(c)(3). Section K: Check here if gross receipts are normally not more than \$25,000. Section L: Gross receipts 6,923,483. Section H and I: H(a) Is this a group return for affiliates? No. H(b) If "Yes," enter number of affiliates N/A. H(c) Are all affiliates included? N/A. H(d) Is this a separate return filed by an organization covered by a group ruling? No. I Group Exemption Number N/A. M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows. Revenue section (lines 1-12) includes contributions (5,533,878), program service revenue (53,013), membership dues, interest (104), dividends (48,749), gross rents, other investment income, sales of assets (10,600), special events (7,614), and inventory sales. Expenses section (lines 13-17) includes program services (2,650,089), management (180,085), fundraising (467,576), and total expenses (3,297,750). Net Assets section (lines 18-21) shows excess/deficit (2,356,224), beginning assets (1,077,286), other changes (<5,154>), and ending assets (3,428,356).



SCANNED DEC 19 2006

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc. **	25	461,140.	391,970.	9,222.
26 Other salaries and wages	26	1,206,840.	1,022,530.	21,503.
27 Pension plan contributions	27	109,995.	92,162.	2,405.
28 Other employee benefits	28	158,017.	139,280.	2,962.
29 Payroll taxes	29	128,837.	109,816.	2,431.
30 Professional fundraising fees	30	165,785.		165,785.
31 Accounting fees	31	14,500.		14,500.
32 Legal fees	32	6,693.		6,693.
33 Supplies	33	147,125.	136,530.	8,782.
34 Telephone	34	22,976.	16,044.	5,985.
35 Postage and shipping	35	21,572.	19,068.	1,655.
36 Occupancy	36	31,530.	27,443.	1,996.
37 Equipment rental and maintenance	37	2,378.	2,378.	
38 Printing and publications	38	19,618.	15,101.	578.
39 Travel	39			
40 Conferences, conventions, and meetings	40	15,305.	13,957.	928.
41 Interest	41	20,953.		20,953.
42 Depreciation, depletion, etc (attach schedule)	42	49,105.		49,105.
43 Other expenses not covered above (itemize)				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g SEE STATEMENT 5	43g	715,381.	663,810.	30,387.
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	3,297,750.	2,650,089.	180,085.

Joint Costs. Check if you are following SOP 98-2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

** SEE STATEMENT 6

Part III Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 7	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a FOSTER GRANDPARENT PROGRAM (FGP) - 106 LOW-INCOME GRANDPARENTS HAD MEANINGFUL ROLES & FINANCIAL SUPPORT WHILE 2,094 CHILDREN WITH SPECIAL NEEDS RECEIVED ONE TO ONE SUPPORT & CARE FOR 107,354 HRS DURING THE YEAR	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	536,382.
b SENIOR COMPANION PROGRAM (SCP) - 107 SR COMPANIONS RECD FIN'L ASSISTANCE, SOCIAL SUPPORT & AN IMPORTANT SOCIETAL ROLE WHILE PROVIDING HOME CARE (10-40 HRS/WK) TO 107 FRAIL ELDERLY ALLOWING THEM TO STAY IN THEIR HOMES	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	441,630.
c RETIRED & SENIOR VOLUNTEER PROGRAM (RSVP) - 2,874 VOLUNTEERS' MENTAL & PHYSICAL HEALTH WAS IMPROVED WHILE 222 NONPROFIT AGENCIES RECD 445,843 HRS OF VOLUNTEER SVC IN ESL CLASSES, FOOD PANTRIES & ENCOURAGING CHILD IMMUNIZATIONS	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	341,308.
d NURSING HOME OMBUDSMAN PROGRAM -64 VOLUNTEER OMBUDSMEN & 2874 FRIENDLY VISITORS MADE 63,397 CONTACTS WITH 19,541 NURSING HOME & ASSISTED LIVING RESIDENTS IN 57 NURSING HOMES & 132 ASSISTED LIVING FACILITIES. THEY HANDLED 6,040 COMPLAINTS.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	332,565.
e Other program services (attach schedule) SEE STATEMENT 8 (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	998,204.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	2,650,089.

Form 990 (2005)

Part IV Balance Sheets (See the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45	Cash - non-interest-bearing	1,799.	45	10,902.
	46	Savings and temporary cash investments	170,988.	46	152,371.
	47 a	Accounts receivable			
		b Less allowance for doubtful accounts		47c	
	48 a	Pledges receivable	1,010,594.		
		b Less allowance for doubtful accounts		48c	1,010,594.
	49	Grants receivable	76,333.	49	69,865.
	50	Receivables from officers, directors, trustees, and key employees		50	
	51 a	Other notes and loans receivable			
		b Less allowance for doubtful accounts		51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	24,372.	53	19,264.
	54	Investments - securities <input checked="" type="checkbox"/> STMT 9 <input type="checkbox"/> STMT 10 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	633,735.	54	682,221.
	55 a	Investments - land, buildings, and equipment basis			
	b Less: accumulated depreciation		55c		
56	Investments - other		56		
57 a	Land, buildings, and equipment basis	1,742,323.			
	b Less accumulated depreciation	292,290.	57c	1,450,033.	
58	Other assets (describe SEE STATEMENT 11)		58	953,073.	
59	Total assets (must equal line 74) Add lines 45 through 58	1,102,929.	59	4,348,323.	
Liabilities	60	Accounts payable and accrued expenses	12,820.	60	14,732.
	61	Grants payable		61	
	62	Deferred revenue	12,823.	62	16,630.
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities		64a	
		b Mortgages and other notes payable		64b	843,500.
	65	Other liabilities (describe ANNUITY OBLIGATIONS)		65	45,105.
66	Total liabilities. Add lines 60 through 65)	25,643.	66	919,967.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	935,606.	67	2,636,173.
	68	Temporarily restricted	141,680.	68	792,183.
	69	Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	1,077,286.	73	3,428,356.	
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	1,102,929.	74	4,348,323.	

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 47
75 b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)
75 c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?
75 d Does the organization have a written conflict of interest policy?

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1 contains 'NONE' in column A.

Part VI Other Information (See the instructions)

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78 b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?
80 b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt
81 a Enter direct or indirect political expenditures (See line 81 instructions)
81 b Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued)

82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b 277,605.
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85a b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85b If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year
85c Dues, assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12
86a b Gross receipts, included on line 12, for public use of club facilities
86b
87 501(c)(12) organizations. Enter a Gross income from members or shareholders
87a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)
87b
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
88 If "Yes," complete Part IX
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 0.; section 4912 0.; section 4955 0.
89b b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
89b If "Yes," attach a statement explaining each transaction
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter Amount of tax on line 89c, above, reimbursed by the organization
90 a List the states with which a copy of this return is filed NONE
90b b Number of employees employed in the pay period that includes March 12, 2005 47
91 a The books are in care of SANDRA LANDERS Telephone no. (214) 823-5700
91a Located at 1215 SKILES, DALLAS, TX ZIP + 4 75204
91b b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
91b If "Yes," enter the name of the foreign country N/A
91c c At any time during the calendar year, did the organization maintain an office outside of the United States?
91c If "Yes," enter the name of the foreign country N/A
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year

Part VII Analysis of Income-Producing Activities (See the instructions)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a <u>FOOD/SUPPLY REIMBURSEMT</u>					48,598.
b <u>HOLIDAY MAILING</u>					3,300.
c <u>TRIBUTES/HONRORARIUMS</u>					1,115.
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	104.	
96 Dividends and interest from securities			14	48,749.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	10,600.	
101 Net income or (loss) from special events			01	7,614.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a <u>COKE/COFFEE MONIES</u>			03	16.	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		67,083.	53,013.
105 Total (add line 104, columns (B), (D), and (E))					120,096.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93	EACH OF THE REPORTED ACTIVITIES CONTRIBUTED TO THE ORGANIZATION'S ABILITY TO PROVIDE INCREASED PROGRAMMING AND SUPPORT TO THE SENIOR CITIZENS OF DALLAS AND SURROUNDING AREAS, THUS HELPING TO IMPROVE THE QUALITY OF LIFE OF INCREASED NUMBERS OF OLDER ADULTS.
103	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here

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.

Signature of officer: Suzy Gekiere Date: 11/13/06 Type or print name and title: Suzy Gekiere, Chairman of the Board

Paid Preparer's Use Only

Preparer's signature: Orna Newelov Date: 11/10/06 Check if self-employed: Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: WEAVER AND TIDWELL, L.L.P.
12221 MERIT DRIVE, SUITE 1400
DALLAS, TEXAS 75251

EIN: _____ Phone no.: (972) 490-1970

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2005

Name of the organization **SENIOR CITIZENS OF GREATER DALLAS, INC.** Employer identification number **75 1085555**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
DINI PARTNERS 2727 ALLEN PARKWAY, #700, HOUSTON, TX 77019	CONSULTING	165,785.
Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
e	Transfer of any part of its income or assets?		X
3 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b	Do you have a section 403(b) annuity plan for your employees?	X	
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

- The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)
- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
 - 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
 - 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
 - 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
 - 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
 - 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
 - 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
 - 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
 - 12 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
 - 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ► Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above
N/A	

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,985,774.	2,691,014.	2,763,148.	2,716,618.	11,156,554.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	133,807.	55,304.	82,678.	75,558.	347,347.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	10,980.	8,318.	25,618.	32,994.	77,910.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	1,903.	16,420.	SEE STATEMENT 13		18,323.
23 Total of lines 15 through 22	3,132,464.	2,771,056.	2,871,444.	2,825,170.	11,600,134.
24 Line 23 minus line 17	2,998,657.	2,715,752.	2,788,766.	2,749,612.	11,252,787.
25 Enter 1% of line 23	31,325.	27,711.	28,714.	28,252.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 225,056.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 11,252,787.
d Add: Amounts from column (e) for lines: 18 77,910. 19 _____ 22 18,323. 26b _____					26d 96,233.
e Public support (line 26c minus line 26d total)					26e 11,156,554.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.1448%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2004) (2003) (2002) (2001)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2004) (2003) (2002) (2001)					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)			27f N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.) N/A
 (To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
	N/A													
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38 Total lobbying expenditures (add lines 36 and 37)	38													
39 Other exempt purpose expenditures	39													
40 Total exempt purpose expenditures (add lines 38 and 39)	40													
41 Lobbying nontaxable amount. Enter the amount from the following table -														
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">If the amount on line 40 is -</td> <td style="width: 50%;">The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is -	The lobbying nontaxable amount is -	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	
If the amount on line 40 is -	The lobbying nontaxable amount is -													
Not over \$500,000	20% of the amount on line 40													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
42 Grassroots nontaxable amount (enter 25% of line 41)	42													
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43													
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44													

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

FOOTNOTES

STATEMENT 1

SCHEDULE - PART II, LINE 42 AND PART IV, LINE 57

LAND	1,381,450.
AUTO	239,421.
FURNITURE AND FIXTURES	121,452.
TOTAL PROPERTY AND EQUIPMENT	1,742,323.
ACCUMULATED DEPRECIATION	<292,290.>
NET BOOK VALUE - PROPERTY AND EQUIPMENT	1,450,033.

ALL PROPERTY AND EQUIPMENT IS STATED AT COST AND IS DEPRECIATED USING THE STRAIGHT-LINE METHOD OVER THE ASSETS USEFULL LIFE, WHICH IS FIVE YEARS FOR AUTOS AND FURNITURE AND FIXTURES.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 2

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALES OF SECURITIES	1,201,271.	1,190,671.	0.	10,600.
TO FORM 990, PART I, LINE 8	1,201,271.	1,190,671.	0.	10,600.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 3

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
SPIRIT OF GENERATIONS LUNCHEON	460,000.	418,700.	41,300.	65,751.	<24,451.>
SAGE SOCIETY	95,585.	71,458.	24,127.	13,087.	11,040.
GOLF TOURNAMENT	21,025.		21,025.		21,025.
TO FM 990, PART I, LINE 9	576,610.	490,158.	86,452.	78,838.	7,614.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	<5,154.>
TOTAL TO FORM 990, PART I, LINE 20	<5,154.>

FORM 990 OTHER EXPENSES STATEMENT 5

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
STIPEND	493,615.	493,615.		
CONTRACT SERVICES	19,670.	5,705.	1,102.	12,863.
SUBSCRIPTIONS	1,343.	886.	388.	69.
LIAB INS & FID BOND	26,840.	17,828.	9,012.	0.
MEMBERSHIPS	3,525.	1,730.	1,365.	430.
VOLUNTEER RECOGNITION	11,223.	9,397.	1,394.	432.

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VOLUNTEER TRAVEL	51,123.	51,123.	0.	0.
JANITORIAL	10,560.	8,800.	880.	880.
TRANSPORTATION COSTS	26,214.	23,672.	2,311.	231.
RECRUITING	1,661.	1,589.	72.	0.
BANK CHARGES	7,781.	239.	7,542.	0.
MAINTENANCE				
AGREEMENTS	11,096.	9,250.	921.	925.
WEB SITE	684.	570.	57.	57.
HOUSEHOLD SUPPLIES	1,867.	1,540.	165.	162.
INSURANCE	31,670.	26,584.	3,492.	1,594.
VEHICLE EXPENSE	10,708.	10,039.	669.	0.
SOFTWARE	5,088.	1,243.	304.	3,541.
ANNUITY EXPENSE	713.		713.	
TOTAL TO FM 990, LN 43	715,381.	663,810.	30,387.	21,184.

FORM 990

OFFICER COMPENSATION ALLOCATION
PART II, LINE 25

STATEMENT 6

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
MOLLY BOGEN	142,700.	17,906.	1,500.	162,106.
A. PROGRAM SERVICES	121,295.	15,220.	1,275.	137,790.
B. MANAGEMENT AND GENERAL	2,854.	358.	30.	3,242.
C. FUNDRAISING	18,551.	2,328.	195.	21,074.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
BONNIE DICKINSON	76,041.	12,048.		88,089.
A. PROGRAM SERVICES	64,635.	10,241.		74,876.
B. MANAGEMENT AND GENERAL	1,521.	241.		1,762.
C. FUNDRAISING	9,885.	1,566.		11,451.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
SANDRA LANDERS	79,541.	12,420.		91,961.
A. PROGRAM SERVICES	67,610.	10,557.		78,167.
B. MANAGEMENT AND GENERAL	1,591.	248.		1,839.
C. FUNDRAISING	10,340.	1,615.		11,955.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
PATRICIA DUCAYET	55,216.	5,361.		60,577.
A. PROGRAM SERVICES	46,934.	4,557.		51,491.
B. MANAGEMENT AND GENERAL	1,104.	107.		1,211.
C. FUNDRAISING	7,178.	697.		7,875.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
CARIN HUGHES	53,262.	5,145.		58,407.
A. PROGRAM SERVICES	45,273.	4,373.		49,646.
B. MANAGEMENT AND GENERAL	1,065.	103.		1,168.
C. FUNDRAISING	6,924.	669.		7,593.

TOTAL PROGRAM SERVICES				391,970.
TOTAL MANAGEMENT AND GENERAL				9,222.
TOTAL FUNDRAISING				59,948.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				461,140.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 7
PART III

EXPLANATION

TO PROVIDE PROGRAMS THAT IMPROVE THE QUALITY OF LIFE OF OLDER ADULTS IN THE GREATER DALLAS AREA.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 8

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
"OFF OUR ROCKERS" INTERGENERATIONAL PROGRAM		100,407.
ELDER SUPPORT PROGRAM		254,533.
GUARDIANSHIP AND MONEY MANAGEMENT PROGRAM		296,996.
ADVOCACY GROUP FOR THE ELDERLY (AGE)		127,500.
SENIOR EMPLOYMENT SOURCE		188,114.
PUBLIC EDUCATION		30,654.
TOTAL TO FORM 990, PART III, LINE E		998,204.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 9

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
MUTUAL FUNDS	FMV			180,682.	180,682.
TO FORM 990, LINE 54, COL B				180,682.	180,682.

FORM 990 GOVERNMENT SECURITIES STATEMENT 10

DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
TREASURY NOTES & U.S. GOVT SECURITIES	FMV	501,539.		501,539.
TOTAL TO FORM 990, LINE 54, COL B		501,539.		501,539.

FORM 990	OTHER ASSETS	STATEMENT 11
DESCRIPTION		AMOUNT
CONSTRUCTION IN PROGRESS		632,256.
BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS		320,817.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B		953,073.

FORM 990 PART V-A - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 12

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MOLLY H. BOGEN 1215 SKILES DALLAS, TX 75204	EXEC DIRECTOR 40.00	142,700.	17,906.	1,500.
BONNIE C. DICKINSON 1215 SKILES DALLAS, TX 75204	ASSOC. EXEC DIRECTOR 40.00	76,041.	12,048.	0.
SANDRA J. LANDERS 1215 SKILES DALLAS, TX 75204	FINANCE DIRECTOR 40.00	79,541.	12,420.	0.
PATRICIA A DUCAYET 1215 SKILES DALLAS, TX 75204	DIRECTOR OF PROGRAMS 40.00	55,216.	5,361.	0.
CARIN A. HUGHES 1215 SKILES DALLAS, TX 75204	DIRECTOR OF COMMUNICATIONS 40.00	53,262.	5,145.	0.
LINUS WRIGHT 1215 SKILES DALLAS, TX 75204	CHAIRMAN 0.00	0.	0.	0.
BECKY MUNOZ-DIAZ 1215 SKILES DALLAS, TX 75204	PAST CHAIRMAN 0.00	0.	0.	0.
SUZY GEKIERE 1215 SKILES DALLAS, TX 75204	CHAIRMAN ELECT 0.00	0.	0.	0.

JOHN D. SOLANA 1215 SKILES DALLAS, TX 75204	TREASURER 0.00	0.	0.	0.
PEGGY GLENN-SUMMITT 1215 SKILES DALLAS, TX 75204	PLANNING CHAIR 0.00	0.	0.	0.
JOE ATKINS 1215 SKILES DALLAS, TX 75204	DIRECTOR 0.00	0.	0.	0.
GREGG BALLEW 1215 SKILES DALLAS, TX 75204	DIRECTOR 0.00	0.	0.	0.
CORDELIA BOONE 1215 SKILES DALLAS, TX 75204	DIRECTOR 0.00	0.	0.	0.
SUZY BEEMAN 1215 SKILES DALLAS, TX 75204	DIRECTOR 0.00	0.	0.	0.
BECKY BRIGHT 1215 SKILES DALLAS, TX 75204	DIRECTOR 0.00	0.	0.	0.
BILL BROWN 1215 SKILES DALLAS, TX 75204	DIRECTOR 0.00	0.	0.	0.
CHARLES M. BEST 1215 SKILES DALLAS, TX 75204	DIRECTOR 0.00	0.	0.	0.
EDWIN CASH 1215 SKILES DALLAS, TX 75204	DIRECTOR 0.00	0.	0.	0.
ELENA CORTEZ 1215 SKILES DALLAS, TX 75204	DIRECTOR 0.00	0.	0.	0.
KANTILAL DESAI 1215 SKILES DALLAS, TX 75204	DIRECTOR 0.00	0.	0.	0.
RICHARD W. DOUGLAS 1215 SKILES DALLAS, TX 75204	DIRECTOR 0.00	0.	0.	0.

DALE FULLER, M.D. 1215 SKILES DALLAS, TX 75204	DIRECTOR 0.00	0.	0.	0.
BILL CARTER 1215 SKILES DALLAS, TX 75204	DIRECTOR 0.00	0.	0.	0.
JAMES A. GETTMAN 1215 SKILES DALLAS, TX 75204	DIRECTOR 0.00	0.	0.	0.
SISSY CULLUM 1215 SKILES DALLAS, TX 75204	DIRECTOR 0.00	0.	0.	0.
COREY R. HILL 1215 SKILES DALLAS, TX 75204	DIRECTOR 0.00	0.	0.	0.
SALLY HOGLUND 1215 SKILES DALLAS, TX 75204	DIRECTOR 0.00	0.	0.	0.
MARCIA ELLIS 1215 SKILES DALLAS, TX 75204	DIRECTOR 0.00	0.	0.	0.
WILLIS C. MADDREY, M.D. 1215 SKILES DALLAS, TX 75204	DIRECTOR 0.00	0.	0.	0.
MARTY MARKS 1215 SKILES DALLAS, TX 75204	DIRECTOR 0.00	0.	0.	0.
ROBERT G. HALLAM 1215 SKILES DALLAS, TX 75204	DIRECTOR 0.00	0.	0.	0.
DARYL A. MULLIN 1215 SKILES DALLAS, TX 75204	DIRECTOR 0.00	0.	0.	0.
DOROTHY KENNINGTON 1215 SKILES DALLAS, TX 75204	DIRECTOR 0.00	0.	0.	0.
ANN POMYKAL 1215 SKILES DALLAS, TX 75204	DIRECTOR 0.00	0.	0.	0.

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MAX POST 1215 SKILES DALLAS, TX 75204	DIRECTOR 0.00	0.	0.	0.
WARREN L. RUTHERFORD 1215 SKILES DALLAS, TX 75204	DIRECTOR 0.00	0.	0.	0.
CARLOS H. SALAZAR 1215 SKILES DALLAS, TX 75204	DIRECTOR 0.00	0.	0.	0.
NAOMI SANIT 1215 SKILES DALLAS, TX 75204	DIRECTOR 0.00	0.	0.	0.
SUSAN STAHL 1215 SKILES DALLAS, TX 75204	DIRECTOR 0.00	0.	0.	0.
MANUEL SAN MIGUEL 1215 SKILES DALLAS, TX 75204	DIRECTOR 0.00	0.	0.	0.
DEBORAH ETHRIDGE SUTTON 1215 SKILES DALLAS, TX 75204	DIRECTOR 0.00	0.	0.	0.
BEVERLY TOBIAN 1215 SKILES DALLAS, TX 75204	DIRECTOR 0.00	0.	0.	0.
POLLY TRAPP 1215 SKILES DALLAS, TX 75204	DIRECTOR 0.00	0.	0.	0.
RAYMOND SMERGE 1215 SKILES DALLAS, TX 75204	DIRECTOR 0.00	0.	0.	0.
BARBARA LORD WATKINS 1215 SKILES DALLAS, TX 75204	DIRECTOR 0.00	0.	0.	0.
KRISTEN WALKER 1215 SKILES DALLAS, TX 75204	DIRECTOR 0.00	0.	0.	0.
BERNARD WILLIAMS, JR. 1215 SKILES DALLAS, TX 75204	DIRECTOR 0.00	0.	0.	0.

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JO. LYNN WILLIAMS 1215 SKILES DALLAS, TX 75204	DIRECTOR 0.00	0.	0.	0.
BARBARA YOUNT 1215 SKILES DALLAS, TX 75204	DIRECTOR 0.00	0.	0.	0.
DAVID B. MILLER 1215 SKILES DALLAS, TX 75204	CORPORATE SECRETARY 0.00	0.	0.	0.
WALLACE WHITLEY 1215 SKILES DALLAS, TX 75204	DIRECTOR 0.00	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V-A

406,760. 52,880. 1,500.

SCHEDULE A OTHER INCOME STATEMENT 13

DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
MISCELLANEOUS REVENUE	1,903.	16,420.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	1,903.	16,420.	0.	0.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization SENIOR CITIZENS OF GREATER DALLAS, INC.	Employer identification number 75-1085555
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 1215 SKILES	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DALLAS, TX 75204	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ SANDRA LANDERS
 Telephone No. ▶ (214) 823-5700 FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole group**, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a Form 990-T corporation) extension of time until NOVEMBER 15, 2006 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 - ▶ calendar year _____ or
 - ▶ tax year beginning APR 1, 2005, and ending MAR 31, 2006
- 2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.