

Form **990**
 Department of the Treasury
 Internal Revenue Service

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

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

OMB No 1545-0047
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 04-01-2011 and ending 03-31-2012

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
 SENIOR CITIZENS OF GREATER DALLAS INC

Doing Business As
 THE SENIOR SOURCE

Number and street (or P O box if mail is not delivered to street address) Room/suite
 3910 HARRY HINES BLVD

City or town, state or country, and ZIP + 4
 DALLAS, TX 75219

D Employer identification number
 75-1085555

E Telephone number
 (214) 823-5700

G Gross receipts \$ 5,115,624

F Name and address of principal officer
 MOLLY BOGEN
 3910 HARRY HINES BLVD
 DALLAS, TX 75219

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: ▶ WWW.THESENIORSOURCE.ORG

K Form of organization Corporation Trust Association Other ▶ **L** Year of formation 1961 **M** State of legal domicile TX

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO IMPROVE THE QUALITY OF LIFE OF OLDER ADULTS IN THE GREATER DALLAS AREA THROUGH PROTECTION, ELDERCARE, ADVOCACY, VOLUNTEERISM, AND EMPLOYMENT SERVICES		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	56
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	56
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	63
	6 Total number of volunteers (estimate if necessary)	6	5,000
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 5,352,336	Current Year 4,048,590
	9 Program service revenue (Part VIII, line 2g)	93,635	125,427
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	177,094	203,859
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-25,914	-46,193
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,597,151	4,331,683
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	211,278	177,710
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,609,736	2,868,009
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 321,383		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,448,281	1,745,628
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,269,295	4,791,347	
19 Revenue less expenses Subtract line 18 from line 12	1,327,856	-459,664	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 12,834,239	End of Year 12,319,694
	21 Total liabilities (Part X, line 26)	100,907	152,952
	22 Net assets or fund balances Subtract line 21 from line 20	12,733,332	12,166,742

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
 2013-01-07
 Date

MOLLY BOGEN EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ IRA L NEVELOW Date
 Check if self-employed Preparer's taxpayer identification number (see instructions) P00083210

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ WEAVER AND TIDWELL LLP
 12221 MERIT DRIVE SUITE 1400
 DALLAS, TX 75251
 EIN ▶ 75-0786316
 Phone no ▶ (972) 490-1970

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission
 TO IMPROVE THE QUALITY OF LIFE OF OLDER ADULTS IN THE GREATER DALLAS AREA THROUGH PROTECTION, ELDERCARE, ADVOCACY, VOLUNTEERISM, AND EMPLOYMENT SERVICES

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 538,069 including grants of \$ 20,000) (Revenue \$)
 ELDER SUPPORT PROGRAM (ESP) 4,683 OLDER ADULTS AND THEIR CAREGIVERS RECEIVED CRITICALLY NEEDED CASE COORDINATION, SUPPORTIVE COUNSELING, AND HELP IN DEVELOPING PLANS FOR INDEPENDENCE, INCLUDING ASSISTANCE WITH IN-HOME CARE, FINANCIAL ASSISTANCE, PRESCRIPTION DRUGS, HEALTH CARE AND TRANSPORTATION THIS ASSISTANCE HELPED ENABLE 93% OF THE CLIENTS RECEIVING FIVE OR MORE CONTACTS TO REMAIN INDEPENDENT IN THEIR OWN HOMES

4b (Code) (Expenses \$ 599,492 including grants of \$ 449,870) (Revenue \$ 656)
 FOSTER GRANDPARENT PROGRAM (FGP) 114 LOW-INCOME OLDER ADULTS WORKED 15 TO 40 HOURS A WEEK WITH 3,273 SPECIAL NEEDS CHILDREN AT HOSPITALS, HOMELESS SHELTERS AND SPECIAL CARE FACILITIES PROVIDING 98,955 HOURS OF SPECIAL ATTENTION THE CHILDREN BENEFITTED FROM THE ATTENTION OF THE FOSTER GRANDPARENTS, AND THE LIVES OF THE GRANDPARENTS WERE ENRICHED BY A SENSE OF BEING NEEDED

4c (Code) (Expenses \$ 504,019 including grants of \$ 362,856) (Revenue \$ 24,369)
 SENIOR COMPANION PROGRAM (SCP) - 108 LOW-INCOME SENIOR COMPANIONS PROVIDED 15 TO 40 HOURS A WEEK OF ASSISTANCE TO 159 FRAIL ELDERLY ALLOWING THEM TO REMAIN IN THEIR OWN HOMES COMPANIONS ACCOMPANIED CLIENTS TO MEDICAL APPOINTMENTS AND THE GROCERY STORE, ASSISTED WITH RESPITE CARE AND PREPARED MEALS BY RECEIVING THE SERVICES OF A SENIOR COMPANION, 90% OF THE CLIENTS INDICATED THAT THEIR SENIOR COMPANION HELPED THEM KEEP THEIR INDEPENDENCE

(Code) (Expenses \$ 518,533 including grants of \$ 240,485) (Revenue \$)
 NURSING HOME OMBUDSMAN PROGRAM (NHOP) 9,499 NURSING HOME AND ASSISTED LIVING RESIDENTS RECEIVED 58,083 CONTACTS FROM OMBUDSMAN STAFF AND VOLUNTEERS IN 69 NURSING HOMES AND 190 ASSISTED LIVING FACILITIES OMBUDSMEN RESOLVED 3,706 COMPLAINTS, SUCH AS UNANSWERED CALL BUTTONS, DIETARY CONCERNS, AND UNSANITARY CONDITIONS 1,653 FRIENDLY VISITOR VOLUNTEERS BROUGHT THE COMMUNITY INTO NURSING HOMES THROUGH VISITATION, PARTIES, AND SOCIAL OPPORTUNITIES

(Code) (Expenses \$ 534,367 including grants of \$ 296,829) (Revenue \$ 58,563)
 GUARDIANSHIP AND MONEY MANAGEMENT PROGRAM (GMMP) 135 INCAPACITATED ELDERLY RECEIVED LEGAL GUARDIANSHIP SERVICES, AND 158 MONEY MANAGEMENT CLIENTS WERE ASSISTED WITH CHECK WRITING, BILL PAYING AND BUDGETING 164 VOLUNTEERS PROVIDED MORE THAN 5,400 HOURS OF DIRECT SERVICE TO THE 293 CLIENTS PROTECTING VULNERABLE ELDERLY FROM ABUSE, NEGLECT AND EXPLOITATION

(Code) (Expenses \$ 457,960 including grants of \$ 216,825) (Revenue \$)
 RETIRED & SENIOR VOLUNTEER PROGRAM (RSVP) - 1,970 RSVP MEMBERS VOLUNTEERED AT 152 NONPROFIT AGENCIES, HEALTH CARE FACILITIES AND SCHOOLS BY SERVING AS TUTORS, WORKING ON MEDICARE FRAUD PATROLS AND BOOMER GREEN CORPS, ASSISTING AT FOOD BANKS, ETC 240,298 HOURS OF VOLUNTEER SERVICE WERE PROVIDED 67% OF VOLUNTEERS BECAME MORE INVOLVED IN THE COMMUNITY AFTER JOINING RSVP, AN ACTIVITY PROVEN TO IMPROVE HEALTH

(Code) (Expenses \$ 48,075 including grants of \$) (Revenue \$)
 PUBLIC EDUCATION COMMUNICATIONS DEPARTMENT IS RESPONSIBLE FOR EDUCATING THE PUBLIC ABOUT THE MISSION AND THE PROGRAMS OF SENIOR CITIZENS OF GREATER DALLAS TARGETED MARKETING, PUBLIC RELATIONS EFFORTS AND COMMUNICATION VEHICLES ARE UTILIZED TO ACHIEVE THIS GOAL

(Code) (Expenses \$ 176,527 including grants of \$) (Revenue \$ 309)
 ADVOCACY GROUP FOR ELDERS (AGE) - 5,109 INDIVIDUALS PARTICIPATED IN EDUCATIONAL PROGRAMS AND COMMUNITY COLLABORATIONS, AND ELECTED OFFICIALS AND POLICY MAKERS WERE EDUCATED ON CRITICAL ISSUES CITY OFFICIALS WERE EDUCATED ON SENIOR EMPLOYMENT AND BI-LINGUAL CASEWORK AT THE OFFICE OF SENIOR AFFAIRS STATE LEGISLATORS WERE EDUCATED ABOUT UTILITY ASSISTANCE, FUNDING OF MEDICAID NURSING HOME BEDS, AND OMBUDSMEN FOR ASSISTED LIVING FACILITIES AGE LED 86 MEETINGS ON ISSUES INCLUDING THE AFFORDABLE CARE ACT, THE TEXAS LEGISLATURE, AND THE SENIOR CORP PROGRAMS

(Code) (Expenses \$ 401,062 including grants of \$) (Revenue \$)
 SENIOR SAFETY MODEL - THE PROGRAM WILL DETERMINE THE VIABILITY AND APPROPRIATENESS OF THE MODEL PROGRAM, CREATE STANDARDS, LEGAL AND BUSINESS RULES/PROCESSES, AND IDENTIFY TECHNOLOGIES AND SUPPORT STRATEGIES TO FACILITATE REAL-TIME, COMMUNITY-BASED PUBLIC SAFETY AND SOCIAL SERVICES FOR SENIOR CITIZEN CLIENTS SERVED BY MULTIPLE AGENCIES IN THE DALLAS COUNTY AREA

(Code) (Expenses \$ 243,926 including grants of \$) (Revenue \$ 41,530)
 GERIATRIC CARE MANAGEMENT - THIS NEW FEE-FOR-SERVICE PROGRAM PROVIDED COMPREHENSIVE AND PERSONALIZED SERVICES FOR OLDER ADULTS AND THEIR CAREGIVERS SERVICES INCLUDE DEVELOPMENT OF A WRITTEN CARE PLAN OUTLINING THE OLDER ADULT'S NEEDS, PROFESSIONAL ASSESSMENT TO EXAMINE THE LEVEL OF CARE NEEDED THROUGH AN EVALUATION OF LIVING ARRANGEMENTS, MEMORY SCREENING AND THE DETERMINATION OF DESIGNATED SPECIALIZED SERVICES, IMPLEMENTATION AND COORDINATION OF THE CUSTOMIZED CARE PLAN AND VENDOR RECOMMENDATIONS, COUNSELING AND CRISIS INTERVENTION

(Code) (Expenses \$ 245,704 including grants of \$ 43,141) (Revenue \$)
 SENIOR EMPLOYMENT PROGRAM (ESP) - 1,768 OLDER JOB SEEKERS RECEIVED COMPREHENSIVE JOB SEARCH ASSISTANCE, INDIVIDUAL EMPLOYMENT COUNSELING, AND NETWORKING OPPORTUNITIES THROUGH BI-WEEKLY SENIOR CONNECTION MEETINGS OF THOSE RECEIVING INDIVIDUAL COUNSELING, 42% FOUND JOBS INFORMATION ABOUT EMPLOYMENT AND HIRING OLDER WORKERS WAS PROVIDED TO 1,155 INDIVIDUALS AND EMPLOYERS THROUGH COMMUNITY MEETINGS AND BRIEFINGS

4d Other program services (Describe in Schedule O)
 (Expenses \$ 2,626,154 including grants of \$ 797,280) (Revenue \$ 100,402)

4e Total program service expenses \$ 4,267,734

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/>		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> <input checked="" type="checkbox"/>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> <input checked="" type="checkbox"/>		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II and IV.</i>		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Part III and IV.</i>		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		
20b			

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 5		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return. 63		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year. 7d		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.		
13b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the aggregate amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		No
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
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		No

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

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

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (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
- 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. See Additional Data Table.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 SANDRA LANDERS
 3910 HARRY HINES BLVD
 DALLAS, TX 75219
 (214) 823-5700

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

(A) Name and Title	(B) Average hours per week per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							276,602	0	36,361	

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 **1**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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

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

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

Part VIII Statement of Revenue

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 436,107				
	b	Membership dues	1b				
	c	Fundraising events	1c 907,025				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 1,630,006				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 1,075,452				
	g	Noncash contributions included in lines 1a-1f \$ 74,035					
	h	Total. Add lines 1a-1f		4,048,590			
Program Service Revenue			Business Code				
	2a	GUARDIANSHIP FEES	900099	46,494	46,494		
	b	GERIATRIC CARE MGT FEE	900099	41,530	41,530		
	c	FOOD/TRAVEL REIMBURSE	900099	25,334	25,334		
	d	VGP CLIENT	900099	12,069	12,069		
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		125,427				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		4,021		4,021	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	856,750		3,000	
			(ii) Other				
	b	Less cost or other basis and sales expenses	656,912		3,000		
c	Gain or (loss)	199,838		0			
d	Net gain or (loss)		199,838		199,838		
8a	Gross income from fundraising events (not including \$ 907,025 of contributions reported on line 1c) See Part IV, line 18						
a		75,929					
b	Less direct expenses	b 124,029					
c	Net income or (loss) from fundraising events		-48,100		-48,100		
9a	Gross income from gaming activities See Part IV, line 19						
a							
b	Less direct expenses	b					
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances	a					
b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS REVENUE	900099	1,907		1,907		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		1,907				
12	Total revenue. See Instructions		4,331,683	125,427	0	157,666	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	177,710	177,710		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	328,703	246,447	32,871	49,385
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,024,702	1,815,309	59,449	149,944
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	129,893	98,371	22,041	9,481
9	Other employee benefits	193,957	168,025	9,654	16,278
10	Payroll taxes	190,754	165,759	7,790	17,205
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	28,900	25,923	983	1,994
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	289,343	284,053	2,857	2,433
12	Advertising and promotion	17,632	6,997	135	10,500
13	Office expenses	89,944	72,246	14,160	3,538
14	Information technology	3,627	2,771	129	727
15	Royalties				
16	Occupancy	111,018	99,491	3,874	7,653
17	Travel	114,278	112,349	1,727	202
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	27,526	22,111	5,320	95
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	287,775	244,608	23,311	19,856
23	Insurance	62,165	54,450	6,389	1,326
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	STIPEND	484,120	484,120		
b	PROGRAM SUPPLIES	132,979	125,356	6,210	1,413
c	MAINTENANCE AGREEMENTS	25,614	11,844	449	13,321
d	EQUIPMENT	22,472	20,034	2,438	
e					
f	All other expenses	48,235	29,760	2,443	16,032
25	Total functional expenses. Add lines 1 through 24f	4,791,347	4,267,734	202,230	321,383
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	122,360	1	62,566
	2 Savings and temporary cash investments	1,921,268	2	1,575,639
	3 Pledges and grants receivable, net	448,272	3	204,124
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	34,979	9	17,448
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	7,355,819		
	b Less accumulated depreciation	1,220,116	10c	6,135,703
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11	3,851,939	12	4,270,177
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	35,545	15	54,037
16 Total assets. Add lines 1 through 15 (must equal line 34)	12,834,239	16	12,319,694	
Liabilities	17 Accounts payable and accrued expenses	26,662	17	31,728
	18 Grants payable		18	
	19 Deferred revenue	38,700	19	67,187
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	35,545	25	54,037
	26 Total liabilities. Add lines 17 through 25	100,907	26	152,952
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	8,946,179	27	8,947,876
	28 Temporarily restricted net assets	3,787,153	28	3,218,866
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	12,733,332	33	12,166,742	
34 Total liabilities and net assets/fund balances	12,834,239	34	12,319,694	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,331,683
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,791,347
3	Revenue less expenses Subtract line 2 from line 1	3	-459,664
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,733,332
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-106,926
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	12,166,742

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
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?	Yes	
b	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	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
SENIOR CITIZENS OF GREATER DALLAS INC

Employer identification number

75-1085555

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 **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	5,309,367	3,791,959	3,822,279	5,352,336	4,048,590	22,324,531
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5,309,367	3,791,959	3,822,279	5,352,336	4,048,590	22,324,531
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)						348,902
6 Public Support. Subtract line 5 from line 4						21,975,629

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	5,309,367	3,791,959	3,822,279	5,352,336	4,048,590	22,324,531
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	182,419	56,809	50,174	177,094	203,859	670,355
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	3,898	3,502	9,040	31	1,907	18,378
11 Total support (Add lines 7 through 10)						23,013,264
12 Gross receipts from related activities, etc (See instructions)					12	416,367

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	95.490%
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	95.400%

16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2010.** 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 **17a 10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2011.** 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—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 75-1085555
Name: SENIOR CITIZENS OF GREATER DALLAS INC

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 518,533 including grants of \$ 240,485) (Revenue \$)

NURSING HOME OMBUDSMAN PROGRAM (NHOP) 9,499 NURSING HOME AND ASSISTED LIVING RESIDENTS RECEIVED 58,083 CONTACTS FROM OMBUDSMAN STAFF AND VOLUNTEERS IN 69 NURSING HOMES AND 190 ASSISTED LIVING FACILITIES OMBUDSMEN RESOLVED 3,706 COMPLAINTS, SUCH AS UNANSWERED CALL BUTTONS, DIETARY CONCERNS, AND UNSANITARY CONDITIONS 1,653 FRIENDLY VISITOR VOLUNTEERS BROUGHT THE COMMUNITY INTO NURSING HOMES THROUGH VISITATION, PARTIES, AND SOCIAL OPPORTUNITIES

(Code) (Expenses \$ 534,367 including grants of \$ 296,829) (Revenue \$ 58,563)

GUARDIANSHIP AND MONEY MANAGEMENT PROGRAM (GMMP) 135 INCAPACITATED ELDERLY RECEIVED LEGAL GUARDIANSHIP SERVICES, AND 158 MONEY MANAGEMENT CLIENTS WERE ASSISTED WITH CHECK WRITING, BILL PAYING AND BUDGETING 164 VOLUNTEERS PROVIDED MORE THAN 5,400 HOURS OF DIRECT SERVICE TO THE 293 CLIENTS PROTECTING VULNERABLE ELDERLY FROM ABUSE, NEGLECT AND EXPLOITATION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services			
(Code	) (Expenses \$	457,960	including grants of \$ 216,825) (Revenue \$)
RETIREED & SENIOR VOLUNTEER PROGRAM (RSVP) - 1,970 RSVP MEMBERS VOLUNTEERED AT 152 NONPROFIT AGENCIES, HEALTH CARE FACILITIES AND SCHOOLS BY SERVING AS TUTORS, WORKING ON MEDICARE FRAUD PATROLS AND BOOMER GREEN CORPS, ASSISTING AT FOOD BANKS, ETC 240,298 HOURS OF VOLUNTEER SERVICE WERE PROVIDED 67% OF VOLUNTEERS BECAME MORE INVOLVED IN THE COMMUNITY AFTER JOINING RSVP, AN ACTIVITY PROVEN TO IMPROVE HEALTH			
(Code	) (Expenses \$	48,075	including grants of \$) (Revenue \$)
PUBLIC EDUCATION COMMUNICATIONS DEPARTMENT IS RESPONSIBLE FOR EDUCATING THE PUBLIC ABOUT THE MISSION AND THE PROGRAMS OF SENIOR CITIZENS OF GREATER DALLAS TARGETED MARKETING, PUBLIC RELATIONS EFFORTS AND COMMUNICATION VEHICLES ARE UTILIZED TO ACHIEVE THIS GOAL			

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services	
(Code) (Expenses \$ 176,527 including grants of \$) (Revenue \$ 309) ADVOCACY GROUP FOR ELDERLY (AGE) - 5,109 INDIVIDUALS PARTICIPATED IN EDUCATIONAL PROGRAMS AND COMMUNITY COLLABORATIONS, AND ELECTED OFFICIALS AND POLICY MAKERS WERE EDUCATED ON CRITICAL ISSUES CITY OFFICIALS WERE EDUCATED ON SENIOR EMPLOYMENT AND BI-LINGUAL CASEWORK AT THE OFFICE OF SENIOR AFFAIRS STATE LEGISLATORS WERE EDUCATED ABOUT UTILITY ASSISTANCE, FUNDING OF MEDICAID NURSING HOME BEDS, AND OMBUDSMEN FOR ASSISTED LIVING FACILITIES AGE LED 86 MEETINGS ON ISSUES INCLUDING THE AFFORDABLE CARE ACT, THE TEXAS LEGISLATURE, AND THE SENIOR CORP PROGRAMS	
(Code) (Expenses \$ 401,062 including grants of \$) (Revenue \$) SENIOR SAFETY MODEL - THE PROGRAM WILL DETERMINE THE VIABILITY AND APPROPRIATENESS OF THE MODEL PROGRAM, CREATE STANDARDS, LEGAL AND BUSINESS RULES/PROCESSES, AND IDENTIFY TECHNOLOGIES AND SUPPORT STRATEGIES TO FACILITATE REAL-TIME, COMMUNITY-BASED PUBLIC SAFETY AND SOCIAL SERVICES FOR SENIOR CITIZEN CLIENTS SERVED BY MULTIPLE AGENCIES IN THE DALLAS COUNTY AREA	

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services			
(Code	) (Expenses \$	243,926	including grants of \$ (Revenue \$ 41,530)
GERIATRIC CARE MANAGEMENT - THIS NEW FEE-FOR-SERVICE PROGRAM PROVIDED COMPREHENSIVE AND PERSONALIZED SERVICES FOR OLDER ADULTS AND THEIR CAREGIVERS SERVICES INCLUDE DEVELOPMENT OF A WRITTEN CARE PLAN OUTLINING THE OLDER ADULT'S NEEDS, PROFESSIONAL ASSESSMENT TO EXAMINE THE LEVEL OF CARE NEEDED THROUGH AN EVALUATION OF LIVING ARRANGEMENTS, MEMORY SCREENING AND THE DETERMINATION OF DESIGNATED SPECIALIZED SERVICES, IMPLEMENTATION AND COORDINATION OF THE CUSTOMIZED CARE PLAN AND VENDOR RECOMMENDATIONS, COUNSELING AND CRISIS INTERVENTION			
(Code	) (Expenses \$	245,704	including grants of \$ 43,141) (Revenue \$)
SENIOR EMPLOYMENT PROGRAM (ESP) - 1,768 OLDER JOB SEEKERS RECEIVED COMPREHENSIVE JOB SEARCH ASSISTANCE, INDIVIDUAL EMPLOYMENT COUNSELING, AND NETWORKING OPPORTUNITIES THROUGH BI-WEEKLY SENIOR CONNECTION MEETINGS OF THOSE RECEIVING INDIVIDUAL COUNSELING, 42% FOUND JOBS INFORMATION ABOUT EMPLOYMENT AND HIRING OLDER WORKERS WAS PROVIDED TO 1,155 INDIVIDUALS AND EMPLOYERS THROUGH COMMUNITY MEETINGS AND BRIEFINGS			

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
AMY HINOJOSA DIRECTOR	30	X						0	0	0
ANNE MOTSENBOCKER CHAIRMAN-ELECT	50	X		X				0	0	0
ANSEL L CONDRAY DIRECTOR	30	X						0	0	0
AVA WASHINGTON DIRECTOR	30	X						0	0	0
BARBARA VAN RIPER DIRECTOR	30	X						0	0	0
BETTY K PURKEY DIRECTOR	30	X						0	0	0
BOB LAW DIRECTOR	30	X						0	0	0
CHARLES PISTOR DIRECTOR	30	X						0	0	0
DARRELL BALTIMORE DIRECTOR	30	X						0	0	0
DAVID M JACOBS DIRECTOR	30	X						0	0	0
DAVID S ARBUCKLE DIRECTOR	30	X						0	0	0
DEBBIE OATES DIRECTOR	30	X						0	0	0
GEORGE DUNHAM DIRECTOR	30	X						0	0	0
GREGG BALLEW DIRECTOR	30	X						0	0	0
HARRY ROBINSON JR PHD DIRECTOR	30	X						0	0	0
HECTOR ESCAMILLA JR AT-LARGE	50	X		X				0	0	0
J SCOTT WILSON TREASURER	50	X		X				0	0	0
JIM JOHNSTON DIRECTOR	30	X						0	0	0
JOAN OXFORD DIRECTOR	30	X						0	0	0
JOE V HAWN JR AT-LARGE	50	X		X				0	0	0
JOHN A BRICKER JR DIRECTOR	30	X						0	0	0
KATY SPICER DIRECTOR	30	X						0	0	0
KEN ALLEN DIRECTOR	30	X						0	0	0
MARGO GOODWIN PAST-CHAIRMAN	30	X		X				0	0	0
MICHAEL WEBSTER PLANNING CHAIR	50	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL S ALBRIGHT DIRECTOR	30	X						0	0	0
NITA J CLYDE PHD DIRECTOR	30	X						0	0	0
PASTOR CHRIS L SIMMONS DIRECTOR	30	X						0	0	0
RAY FRANCIS DIRECTOR	30	X						0	0	0
REVATHI SRINATH DIRECTOR	30	X						0	0	0
ROBERT F SPEARS DIRECTOR	30	X						0	0	0
ROBERT W BEST CHAIRMAN	80	X		X				0	0	0
SANDRA ESTESS CORPORATE SECRETARY	50	X		X				0	0	0
SUSAN PERKINS DIRECTOR	30	X						0	0	0
THOMAS J KIERNAN DIRECTOR	30	X						0	0	0
DONALD A BERG DIRECTOR	30	X						0	0	0
CHRISTIE CARTER DIRECTOR	30	X						0	0	0
LARRY GEKIERE DIRECTOR	30	X						0	0	0
TOM LAZO DIRECTOR	30	X						0	0	0
SARAH LOSINGER DIRECTOR	30	X						0	0	0
ANDY SMITH DIRECTOR	30	X						0	0	0
CHARLES ETTA WILLIAMS EDD DIRECTOR	30	X						0	0	0
CAROL WHITE AT-LARGE	50	X		X				0	0	0
NANCY CARTER DIRECTOR	30	X						0	0	0
DAVID CORRIGAN DIRECTOR	30	X						0	0	0
JOHN CUELLAR DIRECTOR	30	X						0	0	0
CHRISTINA M DUROVICH DIRECTOR	30	X						0	0	0
RUBEN E ESQUIVEL DIRECTOR	30	X						0	0	0
JAMES GARNER DIRECTOR	30	X						0	0	0
KATHY HELM DIRECTOR	30	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DANIEL M MAHONEY DIRECTOR	30	X						0	0	0
JOHN MCCARTHY DIRECTOR	30	X						0	0	0
CARRIE PARSONS DIRECTOR	30	X						0	0	0
ROSCOE SMITH PHD DIRECTOR	30	X						0	0	0
THERESA STAMBAUGH DIRECTOR	30	X						0	0	0
PHILLIP R WHITE DIRECTOR	30	X						0	0	0
MOLLY H BOGEN EXECUTIVE DIRECTOR	40 00			X				179,977	0	20,488
SANDRA J LANDERS CFO	40 00			X				96,625	0	15,873

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization SENIOR CITIZENS OF GREATER DALLAS INC

Employer identification number 75-1085555

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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 relating to these items

a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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 XIV and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	2,889,549	2,889,549	3,193,040	5,599,509	
b Contributions			50,132	50,489	
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs			353,623	2,456,958	
f Administrative expenses					
g End of year balance	2,889,549	2,889,549	2,889,549	3,193,040	

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment
- b** Permanent endowment
- c** Term endowment 100.000 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,381,450		1,381,450
b Buildings		5,272,130	659,016	4,613,114
c Leasehold improvements				
d Equipment		131,679	126,006	5,673
e Other		570,560	435,094	135,466
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				6,135,703

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,331,683
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,791,347
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-459,664
4	Net unrealized gains (losses) on investments	4	-106,926
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-106,926
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-566,590

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	4,373,311
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-106,926
b	Donated services and use of facilities	2b	24,525
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	124,029
e	Add lines 2a through 2d	2e	41,628
3	Subtract line 2e from line 1	3	4,331,683
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	4,331,683

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	4,939,901
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	24,525
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	124,029
e	Add lines 2a through 2d	2e	148,554
3	Subtract line 2e from line 1	3	4,791,347
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	4,791,347

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION IS A TAX EXEMPT ENTITY FOR FEDERAL INCOME TAX PURPOSES UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE ACCORDINGLY, NO PROVISION FOR FEDERAL INCOME TAX IS REFLECTED IN THE ACCOMPANYING FINANCIAL STATEMENTS TAX POSITIONS TAKEN RELATED TO THE ORGANIZATION'S TAX EXEMPT STATUS, UNRELATED BUSINESS ACTIVITIES TAXABLE INCOME AND DEDUCTIBILITY OF EXPENSES AND OTHER MISCELLANEOUS TAX POSITIONS HAVE BEEN REVIEWED, AND MANAGEMENT IS OF THE OPINION THAT MATERIAL POSITIONS TAKEN BY THE ORGANIZATION WOULD MORE THAN LIKELY THAN NOT BE SUSTAINED BY EXAMINATION ACCORDINGLY, THE ORGANIZATION HAS NOT RECORDED AN INCOME TAX LIABILITY FOR UNCERTAIN TAX BENEFITS AS OF MARCH 31, 2012, THE ORGANIZATION'S TAX YEARS 2009 THROUGH 2011 REMAIN SUBJECT TO EXAMINATION
PART XII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES 124029
PART XIII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES 124029

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization SENIOR CITIZENS OF GREATER DALLAS INC

Employer identification number 75-1085555

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
b Internet and e-mail solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		SPIRIT LUNCHEON (event type)	THE JUMP (event type)	1 (total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	896,837	65,572	20,545	982,954
	2 Less Charitable contributions	854,277	52,748		907,025
	3 Gross income (line 1 minus line 2)	42,560	12,824	20,545	75,929
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	1,515			1,515
	6 Rent/facility costs	37,316	14,592		51,908
	7 Food and beverages	42,510	593		43,103
	8 Entertainment	12,912	948		13,860
	9 Other direct expenses	11,620	2,023		13,643
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(124,029)
11 Net income summary Combine lines 3 and 10 in column (d) ▶				-48,100	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶				()	
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," Explain _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a
b An outside facility	13b

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
Attach to Form 990

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization SENIOR CITIZENS OF GREATER DALLAS INC

Employer identification number 75-1085555

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) ASSIST LOW INCOME CLIENTS IN PAYING THEIR ELECTRIC BILLS	619	163,697		FMV (BASED ON CLIENT'S BILL)	
(2) ASSIST CLIENTS WITH TB TESTS	11	380		FMV (VENDOR BILLING)	
(3) ASSIST GUARDIANSHIP AND MONEY MANAGEMENT CLIENTS WITH LIVING EXPENSES	21	9,856		FMV (VENDOR BILLING)	
(4) CLIENT PURCHASES (EXAMPLE - SOCKS, TOILETRIES, ETC) FOR NURSING HOME RESIDENTS	200	3,777			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
------------	------------------	-------------

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
SENIOR CITIZENS OF GREATER DALLAS INC

Employer identification number
75-1085555

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|-------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION	PART III	ANNUAL COMMUNITY COUNCIL PUBLICATIONS AND ANNUAL GUIDESTAR COMPENSATION SURVEY OF SALARY STRUCTURE IN THE DALLAS AREA ARE USED TO DETERMINE THE PROPRIETY OF THE COMPENSATION OF TOP OFFICERS

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization SENIOR CITIZENS OF GREATER DALLAS INC

Employer identification number 75-1085555

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions or items contributed, (c) Contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining contribution amounts. Rows include Art, Books, Clothing, Cars, Boats, Intellectual property, Securities, Real estate, Collectibles, Food inventory, Drugs, Taxidermy, Historical artifacts, Scientific specimens, Archeological artifacts, and Other.

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 with 3 columns: Question, Yes, No. Rows include 30a (property holding period), 31 (gift acceptance policy), 32a (third parties), and 33 (revenue reporting).

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
------------	------------------	-------------

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SENIOR CITIZENS OF GREATER DALLAS INC

Employer identification number

75-1085555

Identifier	Return Reference	Explanation
CHANGES IN PROGRAM SERVICES	FORM 990, PART III, LINE 3	CONCLUSION OF THE SENIOR SAFETY MODEL PILOT PROJECT FUNDS WERE RECEIVED FROM THE CARUTH FOUNDATION TO DEVELOP A PROPOSAL FOR A TRANSFORMATIONAL AND SUSTAINABLE MODEL FOR SENIOR SAFETY THAT PROPOSAL WAS COMPLETED AS OF 3/31/12 THE SENIOR SOURCE HAS CONTINUED THE GERIATRIC CARE MANAGEMENT PROGRAM, FEE FOR SERVICE DELIVERY
	FORM 990, PART VI, SECTION B, LINE 11	A COPY OF FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE AND E-MAILED TO THE COMPLETE BOARD BEFORE SIGNATURE AND SUBMISSION TO THE IRS
	FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY AND MAINTAINED FOR REVIEW BOARD MEMBERS AND STAFF SIGN A CONFLICT OF INTEREST POLICY EACH YEAR
	FORM 990, PART VI, SECTION B, LINE 15	THE ANNUAL AGENCY BUDGET WHICH INCLUDES SALARY AND FRINGES IS APPROVED BY THE FINANCE COMMITTEE THE FINANCE COMMITTEE RECOMENDS APPROVAL OF THE BUDGET TO THE BOARD OF DIRECTORS APPROVAL OF THE BUDGET IS NOTED IN THE MINUTES SALARY INCREASES FOR THE EXECUTIVE DIRECTOR ARE INITIATED AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS THE EXECUTIVE DIRECTOR HAS AUTHORITY TO DETERMINE STAFF SALARIES UTILITIZING THE ANNUAL COMMUNITY COUNCIL PUBLICATION AND GUIDESTAR COMPENSATION REPORT FOR COMPARABILITY DATA
	FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION MAKES ITS FORM 1023 APPLICATION FOR EXEMPTION AND ITS ANNUAL FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -106926
AUDIT COMMITTEE RESPONSIBILITIES	FORM 990, PART XII, LINE 2C	THE PROCEDURES AND RESPONSIBILITIES OF THE AUDIT COMMITTEE ARE UNCHANGED FROM PRIOR PERIODS