

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
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 04-01-2012, 2012, and ending 03-31-2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SENIOR CITIZENS OF GREATER DALLAS INC	D Employer identification number 75-1085555
	Doing Business As THE SENIOR SOURCE	E Telephone number (214) 823-5700
	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		G Gross receipts \$ 4,965,521
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.THESENIORSOURCE.ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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)	58	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	58	
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	60	
	6	Total number of volunteers (estimate if necessary)	5,000	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
7b	Net unrelated business taxable income from Form 990-T, line 34	0		
Revenue	8	Contributions and grants (Part VIII, line 1h)	4,048,590	3,864,459
	9	Program service revenue (Part VIII, line 2g)	125,427	232,894
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	203,859	193,535
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-46,193	-26,206
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,331,683	4,264,682
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	177,710	143,511
	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)	2,868,009	3,050,991
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) <u>341,784</u>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,745,628	1,510,683
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,791,347	4,705,185	
19	Revenue less expenses Subtract line 18 from line 12	-459,664	-440,503	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	12,319,694	12,077,174
	21	Total liabilities (Part X, line 26)	152,952	191,259
	22	Net assets or fund balances Subtract line 21 from line 20	12,166,742	11,885,915

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	*****	2013-11-13
	Signature of officer	Date
Paid Preparer Use Only	MOLLY BOGEN EXECUTIVE DIRECTOR	
	Type or print name and title	
	Prnt/Type preparer's name IRA L NEVELOW	Preparer's signature
Firm's name WEAVER AND TIDWELL LLP		Check <input type="checkbox"/> if self-employed
Firm's address 12221 MERIT DRIVE SUITE 1400		PTIN P00083210
DALLAS, TX 75251		Firm's 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 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 \$ 553,272 including grants of \$ 132,022) (Revenue \$ 0)
 ELDER SUPPORT PROGRAM (ESP) 4,613 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 \$ 628,901 including grants of \$) (Revenue \$ 1,143)
 FOSTER GRANDPARENT PROGRAM (FGP) 110 LOW-INCOME OLDER ADULTS WORKED 15 TO 40 HOURS A WEEK WITH 4,259 SPECIAL NEEDS CHILDREN AT HOSPITALS, HOMELESS SHELTERS AND SPECIAL CARE FACILITIES PROVIDING 99,462 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 \$ 533,948 including grants of \$) (Revenue \$ 26,091)
 SENIOR COMPANION PROGRAM (SCP) - 123 LOW-INCOME SENIOR COMPANIONS PROVIDED 15 TO 40 HOURS A WEEK OF ASSISTANCE TO 115 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, 100% OF THE CLIENTS INDICATED THAT THEIR SENIOR COMPANION HELPED THEM KEEP THEIR INDEPENDENCE

(Code) (Expenses \$ 590,693 including grants of \$ 200) (Revenue \$ 0)
 NURSING HOME OMBUDSMAN PROGRAM (NHOP) 12,417 NURSING HOME AND ASSISTED LIVING RESIDENTS RECEIVED 67,726 CONTACTS FROM OMBUDSMAN STAFF AND VOLUNTEERS IN 69 NURSING HOMES AND 187 ASSISTED LIVING FACILITIES OMBUDSMEN RESOLVED 3,659 COMPLAINTS, SUCH AS UNANSWERED CALL BUTTONS, DIETARY CONCERNS, AND UNSANITARY CONDITIONS 1,533 FRIENDLY VISITOR VOLUNTEERS BROUGHT THE COMMUNITY INTO NURSING HOMES THROUGH VISITATION, PARTIES, AND SOCIAL OPPORTUNITIES

(Code) (Expenses \$ 617,962 including grants of \$ 10,275) (Revenue \$ 130,086)
 GUARDIANSHIP AND MONEY MANAGEMENT PROGRAM (GMMP) 144 INCAPACITATED ELDERLY RECEIVED LEGAL GUARDIANSHIP SERVICES, AND 154 MONEY MANAGEMENT CLIENTS WERE ASSISTED WITH CHECK WRITING, BILL PAYING AND BUDGETING 183 VOLUNTEERS PROVIDED MORE THAN 5,800 HOURS OF DIRECT SERVICE TO THE 298 CLIENTS TO PROTECT VULNERABLE ELDERLY FROM ABUSE, NEGLECT AND EXPLOITATION

(Code) (Expenses \$ 493,030 including grants of \$) (Revenue \$ 0)
 RETIRED & SENIOR VOLUNTEER PROGRAM (RSVP) - 1,704 RSVP MEMBERS VOLUNTEERED AT 138 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 170,365 HOURS OF VOLUNTEER SERVICE WERE PROVIDED 70% OF VOLUNTEERS BECAME MORE INVOLVED IN THE COMMUNITY AFTER JOINING RSVP, AN ACTIVITY PROVEN TO IMPROVE HEALTH

(Code) (Expenses \$ 39,946 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 \$ 186,515 including grants of \$) (Revenue \$ 4,409)
 ADVOCACY GROUP FOR ELDERLY (AGE) - 2,680 INDIVIDUALS PARTICIPATED IN EDUCATIONAL PROGRAMS AND COMMUNITY COLLABORATIONS, AND ELECTED OFFICIALS AND POLICY MAKERS WERE EDUCATED ON CRITICAL ISSUES INCLUDING TRANSPORTATION, BOARDING HOME ISSUES, AND CITY SERVICES FOR OLDER ADULTS PRESENTATIONS WERE MADE ON TOPICS INCLUDING THE HEALTH CARE REFORM ACT, TEXAS STATE LEGISLATURE ISSUES, AND IDENTITY THEFT

(Code) (Expenses \$ 219,713 including grants of \$ 1,014) (Revenue \$ 71,165)
 ELDER CARE PARTNERS - THIS 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 \$ 333,116 including grants of \$) (Revenue \$ 0)
 SENIOR EMPLOYMENT PROGRAM (SEP) - 1,967 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 1,195 INDIVIDUALS AND EMPLOYERS

4d Other program services (Describe in Schedule O)
 (Expenses \$ 2,480,975 including grants of \$ 11,489) (Revenue \$ 205,660)

4e Total program service expenses 4,197,096

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 for escrow or custodial account liability, 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 and XII</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 and XII 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, Parts I and IV</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 United States? <i>If "Yes," complete Schedule F, Parts 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 United States? <i>If "Yes," complete Schedule F, Parts 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 (see instructions)</i> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules *(continued)*

21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, line 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 lines 24b through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 direct or indirect 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, Part II, III, or IV, and Part V, line 1</i>	34		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
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 11b 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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a-1b, 1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-14b.

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		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
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 this 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 Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, 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 (214) 823-5700

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a 488,527					
	b Membership dues 1b					
	c Fundraising events 1c 721,158					
	d Related organizations 1d					
	e Government grants (contributions) 1e 1,611,162					
	f All other contributions, gifts, grants, and similar amounts not included above 1f 1,043,612					
	g Noncash contributions included in lines 1a-1f \$ 71,955					
	h Total. Add lines 1a-1f		3,864,459			
Program Service Revenue	2a GUARDIANSHIP FEES Business Code 900099		123,779	123,779		
	b GERIATRIC CARE MGT FEE Business Code 900099		71,165	71,165		
	c FOOD/TRAVEL REIMBURSE Business Code 900099		31,643	31,643		
	d VGP CLIENT Business Code 900099		6,307	6,307		
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		232,894			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,996		3,996	
	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	(ii) Other			
		804,047	1,139			
		b Less cost or other basis and sales expenses				
		614,508	1,139			
	c Gain or (loss)					
	189,539	0				
	d Net gain or (loss)		189,539		189,539	
	8a Gross income from fundraising events (not including \$ 721,158 of contributions reported on line 1c) See Part IV, line 18	a				
57,801						
b Less direct expenses b 85,192						
c Net income or (loss) from fundraising events		-27,391		-27,391		
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 Business Code 900099		1,185		1,185		
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		1,185				
12 Total revenue. See Instructions		4,264,682	232,894	0	167,329	

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)

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	143,511	143,511		
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	346,473	242,577	54,119	49,777
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	2,170,918	1,950,783	48,884	171,251
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	157,665	142,667	3,670	11,328
9	Other employee benefits	172,681	157,369	3,036	12,276
10	Payroll taxes	203,254	181,407	4,662	17,185
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	29,000	25,993	1,006	2,001
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	14,678	11,314	1,092	2,272
12	Advertising and promotion	6,303	6,303		
13	Office expenses	100,137	79,675	14,742	5,720
14	Information technology	20,576	18,492	698	1,386
15	Royalties				
16	Occupancy	124,911	111,958	4,334	8,619
17	Travel	124,847	121,415	3,225	207
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	18,200	14,176	3,649	375
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	283,731	257,309	9,845	16,577
23	Insurance	66,719	61,414	1,776	3,529
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	STIPEND	474,782	474,782		
b	PROGRAM SUPPLIES	156,596	143,534	7,262	5,800
c	MAINTENANCE AGREEMENTS	24,809	13,408	501	10,900
d	SAGE SOCIETY	20,027			20,027
e	All other expenses	45,367	39,009	3,804	2,554
25	Total functional expenses. Add lines 1 through 24e	4,705,185	4,197,096	166,305	341,784
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	62,566	1	103,620
	2 Savings and temporary cash investments	1,575,639	2	1,054,980
	3 Pledges and grants receivable, net	204,124	3	240,307
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	17,448	9	13,493
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	7,360,076		
	b Less accumulated depreciation	1,502,708		
	11 Investments—publicly traded securities	6,135,703	10c	5,857,368
	12 Investments—other securities See Part IV, line 11	4,270,177	12	4,729,434
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	54,037	15	77,972
16 Total assets. Add lines 1 through 15 (must equal line 34)	12,319,694	16	12,077,174	
Liabilities	17 Accounts payable and accrued expenses	31,728	17	23,674
	18 Grants payable		18	
	19 Deferred revenue	67,187	19	89,613
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		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	54,037	25	77,972
	26 Total liabilities. Add lines 17 through 25	152,952	26	191,259
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	8,947,876	27	8,694,009
	28 Temporarily restricted net assets	3,218,866	28	3,191,906
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), 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	12,166,742	33	11,885,915	
34 Total liabilities and net assets/fund balances	12,319,694	34	12,077,174	

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	4,264,682
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,705,185
3	Revenue less expenses Subtract line 2 from line 1	3	-440,503
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,166,742
5	Net unrealized gains (losses) on investments	5	159,676
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	11,885,915

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

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

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 (list any hours for related organizations below dotted line)	(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			
AMY HINOJOSA DIRECTOR	30	X						0	0	0
ANNE MOTSENBOCKER CHAIRMAN	50	X		X				0	0	0
ANSEL L CONDRAY 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
DAVID S ARBUCKLE DIRECTOR	30	X						0	0	0
DEBBIE OATES DIRECTOR	30	X						0	0	0
GREGG BALLEW TREASURER	50	X		X				0	0	0
HARRY ROBINSON JRPHD DIRECTOR	30	X						0	0	0
HECTOR ESCAMILLA JR CORPORATE SECRETARY	50	X		X				0	0	0
J SCOTT WILSON CHAIRMAN-ELECT	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 DIRECTOR	30	X						0	0	0
KATY SPICER DIRECTOR	30	X						0	0	0
KEN ALLEN 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 PAST-CHAIRMAN	50	X		X				0	0	0
SANDRA ESTESS AT-LARGE	50	X		X				0	0	0
TOM LAZO 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 (list any hours for related organizations below dotted line)	(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			
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 DIRECTOR	30	X						0	0	0
NANCY CARTER DIRECTOR	30	X						0	0	0
DAVID CORRIGAN AT-LARGE	50	X		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
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
DONALD A BERG AT-LARGE	50	X		X				0	0	0
MATT ADAMS DIRECTOR	30	X						0	0	0
TRE' BLACK DIRECTOR	30	X						0	0	0
JORGE CALDERON DIRECTOR	30	X						0	0	0
BILL E CARTER DIRECTOR	30	X						0	0	0
CHRISTIE CARTER DIRECTOR	30	X						0	0	0
KIM COCKLIN DIRECTOR	30	X						0	0	0
LARRY GEKIERE 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 (list any hours for related organizations below dotted line)	(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				
WALTER D GRUENES DIRECTOR	30	X						0	0	0	
BILL HENRY DIRECTOR	30	X						0	0	0	
ASHLEE KLEINERT DIRECTOR	30	X						0	0	0	
MICHAEL P MASSAD JR DIRECTOR	30	X						0	0	0	
BECKY POWELL-SCHWARTZ DIRECTOR	30	X						0	0	0	
DONNA STRITTMATTER DIRECTOR	30	X						0	0	0	
EMILYNN WILSON DIRECTOR	30	X						0	0	0	
MICHAEL WEBSTER PLANNING CHAIR	50	X		X				0	0	0	
MOLLY H BOGEN EXECUTIVE DIRECTOR	40 00			X				190,510	0	21,998	
SANDRA J LANDERS CFO	40 00			X				116,176	0	16,827	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

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.

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 described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(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 - Non-functionally integrated
- 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 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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,791,959	3,822,279	5,352,336	4,048,590	3,864,459	20,879,623
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	3,791,959	3,822,279	5,352,336	4,048,590	3,864,459	20,879,623
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)						449,550
6 Public support. Subtract line 5 from line 4						20,430,073

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	3,791,959	3,822,279	5,352,336	4,048,590	3,864,459	20,879,623
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	48,219	50,174	13,524	4,021	3,996	119,934
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	3,502	9,040	31	1,907	1,185	15,665
11 Total support (Add lines 7 through 10)						21,015,222
12 Gross receipts from related activities, etc. (see instructions)					12	598,159
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	97.220%
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	95.490%
16a 33 1/3% support test—2012. 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 <input checked="" type="checkbox"/>		
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2012. 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 <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2011. 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2012.** 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—2011.** 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 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 include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor informed consent.

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

Form for Part II Conservation Easements including checkboxes for preservation purposes, questions about easement details, monitoring, and expenses.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets including questions about reporting and amounts.

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

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

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- 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 XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	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 XIII. Check here if the explanation has been provided in Part XIII

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

	(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	2,889,549	3,193,040	5,599,509
b Contributions				50,132	50,489
c Net investment earnings, gains, and 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	2,889,549	3,193,040

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%

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

	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 XIII 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	834,755	4,437,375
c Leasehold improvements				
d Equipment		131,679	131,679	0
e Other		574,817	536,274	38,543
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				5,857,368

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

1	Total revenue, gains, and other support per audited financial statements	1	4,534,513
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	159,676
b	Donated services and use of facilities	2b	24,963
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	85,192
e	Add lines 2a through 2d	2e	269,831
3	Subtract line 2e from line 1	3	4,264,682
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 XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	4,264,682

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

1	Total expenses and losses per audited financial statements	1	4,815,340
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	24,963
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	85,192
e	Add lines 2a through 2d	2e	110,155
3	Subtract line 2e from line 1	3	4,705,185
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 XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	4,705,185

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, 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, LINE 2	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, 2013, THE ORGANIZATION'S TAX YEARS 2010 THROUGH 2012 REMAIN SUBJECT TO EXAMINATION.
PART XI, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES 85,192
PART XII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES 85,192

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2012

Open to Public Inspection

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. Form 990-EZ filers are not required to complete this part.

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 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 email 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... 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

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (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. Includes a Total row at the bottom.

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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>SPIRIT LUNCHEON</u> (event type)	<u>JUB JAM</u> (event type)	<u>1</u> (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	741,550	19,781	17,628	778,959
	2 Less Contributions	706,590	14,568		721,158
	3 Gross income (line 1 minus line 2)	34,960	5,213	17,628	57,801
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	510			510
	6 Rent/facility costs	33,942			33,942
	7 Food and beverages	38,480			38,480
	8 Entertainment	645			645
	9 Other direct expenses	11,615			11,615
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
11 Net income summary Combine line 3, column (d), and line 10 ▶					-27,391

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))
		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 _____

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 Enter 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 of the third party

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 Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
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Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

2012

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Attach to Form 990

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. Part II can be duplicated 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.

Part III can be duplicated 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	555	132,022		FMV (BASED ON CLIENT'S BILL)	
(2) GERIATRIC CARE PURCHASES/NURSING HOME RESIDENT PURCHASES	151	1,214		FMV (VENDOR BILLING)	
(3) ASSIST GUARDIANSHIP AND MONEY MANAGEMENT CLIENTS WITH LIVING EXPENSES	25	10,275		FMV (VENDOR BILLING)	

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE NOTICE OF GRANT AWARDS AS WELL AS ANY ASSURANCES AND CERTIFICATIONS ARE MAINTAINED FOR EACH GRANT IN THE FINANCIAL OFFICE GRANT APPLICATIONS OUTLINING COMMUNITY NEED, WORK PLANS, OUTCOME MEASURES ARE ALSO MAINTAINED

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2012

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 indemnification 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 of 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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

<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 Regulations 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 II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MOLLY H BOGEN EXECUTIVE DIRECTOR	(i)	172,510	18,000	0	13,689	8,309	212,508	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. 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

2012

Open to Public Inspection

Complete if the organizations 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) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash 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

29

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

Part III **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier

Return Reference

Explanation

Schedule M (Form 990) (2012)

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

2012

Open to Public Inspection

Name of the organization
SENIOR CITIZENS OF GREATER DALLAS INC

Employer identification number

75-1085555

Identifier	Return Reference	Explanation
	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 RECOMMENDS 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 UTILIZING 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
AUDIT COMMITTEE RESPONSIBILITIES	FORM 990, PART XII, LINE 2C	THE PROCEDURES AND RESPONSIBILITIES OF THE AUDIT COMMITTEE ARE UNCHANGED FROM PRIOR PERIODS