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## Form **996-EZ** Department of the Treasury

Internal Revenue Service

Short Form
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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form
The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

Open to Public Inspection

_		he 2009 calendar year, or tax year beginning $JUL1,2009$ and en	ding JUN 3	0,	2010	
В	Check I applicat	of the please C Name of organization	D Em	loyer	identification number	
	Addre	use IRS PRATIT. COINTY SENTOR CTUTZEN CRANTER				
Ē	Name	ge print or BOARD, INC. DBA TRAILL COUNTY SENIOR SER	3	36-3620411		
F	Initia	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite E Teli			
늗	retur Term	1986		-		
⊨	— ated	I Instruct DOX 2211, 2001 32ND AVE SO			<u>293-1440</u>	
닏	—Jretur		F Gro	up Exe	emption	
上	pendi	FARGO, ND 58108		nber 🕽		
	• Se	ction 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed	G Accounting m	ethod:	X Cash Accrual	
		Schedule A (Form 990 or 990-EZ).	Other (specify	<b>)</b>		
$\overline{}$	Websi	ite: ►N/A	H Check ▶		the organization is not	
			1 -		dule B (Form 990, 990-EZ, or 990-PF)	
	Check					
Α.	CHECK			шан ф	23,000. A FUIIII 990-EZ UI	
_		Form 990 return is not required, but if the organization chooses to file a return, be sure to file a	<del></del>			
		nes 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of For		\$		
Р	<u>art l</u>	Revenue, Expenses, and Changes in Net Assets or Fund Balances	See the instructions	tor Pa	, <del>.</del>	
	1	Contributions, gifts, grants, and similar amounts received		1_	50,382.	
	2	Program service revenue including government fees and contracts		2		
	3	Membership dues and assessments		3		
	4	Investment income		4	1,658.	
	5a	Gross amount from sale of assets other than inventory 5a				
	Ь	Less: cost or other basis and sales expenses 5b				
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<del> </del>	5c		
0	1 -	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, or	shock hara			
ᇎ	".	Gross revenue (not including \$ of contributions	SHOCK HOLE			
Š.	a					
<b>E</b>	١.	reported on line 1) 6a				
>	þ	Less: direct expenses other than fundraising expenses 6b		_		
enuever CANNED	C	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c		
4	7a	Gross sales of inventory, less returns and allowances 7a				
Ü	b	Less: cost of goods sold   RECENTIFICATION   7b				
	C	Gross profit or (loss) from sales of inventory (Suptractyline 7b from fine Van D		7c		
H	8	Other revenue (describe	)	8		
$\subseteq$	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 / NOV 2 2 2040	<u> </u>	9	52,040. 45,500.	
2	10	Grants and similar amounts paid (attach schedule)		10	45,500.	
<b>)</b>		Benefits paid to or for members  Salaries, other compensation, and employee benefits		11		
28	12	Salaries, other compensation, and employee benefits		12		
Experises 2	13	Professional fees and other payments to independent contractors	13			
ge	14	Occupancy, rent, utilities, and maintenance		14		
ũ	15	Printing, publications, postage, and shipping	15	<b>—</b>		
	16	Other expenses (describe Miscellaneous expense	<b>1</b>	16	365.	
	17	Total expenses. Add lines 10 through 16		17	45,865.	
_	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			6,175.	
ş				18	0,173.	
330	19	Net assets or fund balances at beginning of year (from line 27, column (A))			72 265	
Net Assets		(must agree with end-of-year figure reported on prior year's return)		19	73,365.	
Ž	20	Other changes in net assets or fund balances (attach explanation)		20		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	79,540.	
P	<u>art II</u>			D-EZ.		
		(See the instructions for Part II.) (A)	Beginning of year	4	(B) End of year	
22	Cas	sh, savings, and investments	<u>73,365</u>	. 22	79,540.	
23		nd and buildings		23		
24	Oth	ner assets (describe )		24		
25	Tot	tal assets	73,365	. 25	79,540.	
26	Tot	tal liabilities (describe 🕨)	0	. 26	0.	
27		t assets or fund balances (line 27 of column (B) must agree with line 21)	73,365	. 27	79,540.	
932	171 08-10	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.		4	Form <b>990-EZ</b> (2009)	

TRAILL COUNTY SENIOR CITIZEN GRANTEE Form 990-EZ (2009) BOARD, INC. DBA TRAILL COUNTY SENIOR SER 36-3620411 Page 2 Part III Statement of Program Service Accomplishments (See the instructions for Part III.) **Expenses** (Required for section 501(c)(3) What is the brganization's primary exempt purpose? See Statement 3 and 501(c)(4) organizations and Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe section 4947(a)(1) trusts, optional the services provided, the number of persons benefited, and other relevant information for each program title. for others ) 28 PROVIDING MEALS, TRANSPORTATION AND OTHER SERVICES TO THE ELDERLY. 45,865. (Grants \$ ) If this amount includes foreign grants, check here ] |28a (Grants \$ ) If this amount includes foreign grants, check here 30 ) If this amount includes foreign grants, check here 31 Other program services (attach schedule) ]|31a (Grants \$ ) If this amount includes foreign grants, check here 32 Total program service expenses (add lines 28a through 31a) 32 45,865. Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV) (d) Contributions (b) Title and average hours (c) Compensation (e) Expense to employee (a) Name and address per week devoted to (If not paid, enter account and benefit plans & position -0-.) deferred other allowances compensation LEROY BRENNA PRESIDENT 2801 32ND AVE SE, FARGO, ND 58108 0 0.00 0. 0. ROSE KERLIN VICE PRESIDENT 2801 32ND AVE SE, FARGO, ND 58108 0.00 0. 0. 0. GUDRUN HARSTAD SECRETARY/TREASURER 2801 32ND AVE SE, FARGO, 58108 0.00 0. 0. 0. CHARLOTTE MCMULLEN DIRECTOR 2801 32ND AVE SE, FARGO, ND 58108 0.00 0. 0. 0. RUTH FINSTROM DIRECTOR 2801 32ND AVE SE. FARGO. ND 58108 0. 0. 0. 0.00 EILEEN GUNDERSON DIRECTOR 2801 32ND AVE SE, ND 58108 0. 0. 0. FARGO. 0.00 SYLVIA HANSEN DIRECTOR 2801 32ND AVE SE, FARGO. ND 58108 0.00 0. 0. 0. LAVONNE KOZOJED DIRECTOR 2801 32ND AVE SE, 58108 0. 0. FARGO, ND 0.00 0. HARLEY MCLAIN DIRECTOR 2801 32ND AVE SE, FARGO, ND 58108 0. 0. 0. 0.00 DOREEN PAULSON DIRECTOR 2801 32ND AVE SE, FARGO, ND 58108 0. 0. 0.00 0. DORIS VIGEN DIRECTOR 2801 32ND AVE SE, ND 58108 0. 0. 0. FARGO, 0.00

Form 990-EZ (2009) BOARD, INC. DBA TRAILL COUNTY SENIOR SER

Part V Other Information (Note the statement requirements in the instructions for Part V.)

36-3620411

Page 3

33 Did the organization engage in any activity not previously reported to the IRSY If Yes,* attach a detabed description of each activity.  34 Were any changes made to the organizating or governing documents? If Yes,* attach a conformed copy of the changes.  35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 900-1, attach a statement explaining why the organization dud not report the income on Form 900-1.  36 Did the organization have increased business gross income of \$1,000 or more or was it subject to section 6035(e) notice, reporting, and prizzy tax requirements?  38 Did the organization undergo a liquidation, dissolution, terrimitation, or significant disposition of net assets during the year? If Yes,* complete applicable parts of Sch. N/A  38 If it fair amount of political expenditures, direct or indirect, as described in the instructions.  39 Did the organization for or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?  39 If Yes,* complete Schedule 1, Part II and enter the total amount involved  30 Section 501(c)(2) organizations. Enter:  30 International formation is an expensive and still outstanding at the end of the period covered by this return?  30 If Yes,* complete Schedule 1, Part II and enter the total amount involved  31 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  31 International feet and capture in the organization of tax imposed on the organization while the year or is at aware that the transaction with a disqualitied person in a prior year, and that the transaction has not been reported on any of the organization with the organization managers or disqualited persons during the year under:  31 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax miposed on organization managers or disqualited	Г	The information (Note the statement requirements in the instructions for Part V.)			<del></del>		
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes 34 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-1, attach a statement explaining why the organization did not report the income on Form 990-1.  35a If the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?  35b If "Yes," has if filed a tax refurr on Form 990-1 for this year?  35b If "Yes," has if filed a tax refurr on Form 990-1 for this year?  35b If "Yes," has if filed a tax refurr on Form 990-1 for this year?  35c In the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N. A.  37a Enter amount of political experiedures, direct or indirect, as described in the mistructions.  37b Did the organization file Form 1120-POL for this year?  37c Did the organization file Form 1120-POL for this year?  37d Did the organization file Form 1120-POL for this year?  37d Did the organization file Form 1120-POL for this year?  37d Did the organization file Form 1120-POL for this year?  37d Did the organization file Form 1120-POL for this year?  37d Did the organization file form 1120-POL for this year?  37d Did the organization file Form 1120-POL for this year?  37d Did the organization file form 1120-POL for this year?  37d Did the organization file form 1120-POL for this year?  37d Did the organization form 1120-POL for this year?  37d Did the organization form 1120-POL for this year?  37d Did the organization form 1120-POL for this year?  37d Did the organization form 1120-POL for this year?  37d Did the organization form 1120-POL for this year?  37d Did the organization form 1120-POL for this year?  37d Did the organization form 1120-POL for this year.  37d Did the organization form 1120-POL for		•		Yes	No		
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but net reported on Form 990-T, attich a statement explaining why the organization did not report the income on Form 990-T.  a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?  b) If Yes, That filed a tax return on Form 990-T for this year?  b) If Yes, That filed a tax return on Form 990-T for this year?  b) If Yes, That filed a tax return on Form 990-T for this year?  complete applicable parts of Siok N  7a Enter amount of political expenditures, direct or indirect, as described in the instructions.  b) If the organization life Form 1120-POL for this year?  b) If the organization before when, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?  b) If Yes, Complete Schedule L, Part II and enter the total amount involved  c) If Yes, Yes, Part II and enter the total amount involved  c) Section 501(c)(3) organizations. Enter: amount of tax imposed on the organization during the year under: section 501(c)(3) and 501(c)(4) organizations. Did the organization during the year under section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization makepers or disqualmed persons during the year under sections 4912, 4955, and 4958  c) Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax miposed on organization makepers or disqualmed persons during the year under sections 4912, 4955, and 4958  c) Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax miposed on organization makepers or disqualmed persons during the year under sections 4912, 4955, and 4958  c) Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on the 40c reimbursed by the organizations is a variet with the activity of the returns	33 •	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X		
reported on Form 980-1, attach a statement explaining why the organization did not report the income on Form 990-1.  and Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?  b If Yes's, has it flied a tax return or Form 990-1 for this year?  359 N/A  360 Out the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes's complete applicable parts of Sch. N  370 Enter amount of political expenditures, direct or indirect, as described in the instructions.  b Did the organization in Form 1120-POL for this year?  370 Did the organization file Form 1120-POL for this year?  371 Did the organization file Form 1120-POL for this year?  372 Enter amount of political expenditures, direct or indirect, as described in the instructions.  b Did the organization file Form 1120-POL for this year?  373 Did the organization file Form 1120-POL for this year?  374 Did the organization file Form 1120-POL for this year?  375 Did the organization file Form 1120-POL for this year?  376 Did the organization file Form 1120-POL for this year?  377 Did the organization file Form 1120-POL for this year?  378 Did the organization file Form 1120-POL for this year?  379 Did the organization file Form 1120-POL for this year?  380 Did the organization file Form 1120-POL for this year?  381 Did the organization file Form 1120-POL for this year?  382 Did the organization file Form 1120-POL for this year.  383 Did the organization file Form 1120-POL for this year.  384 Did the organization file Form 1120-POL for this year.  385 Did the organization file Form 1120-POL for this year.  386 Did the organization file Form 1120-POL for this year.  387 Did the organization file Form 1120-POL for this year.  388 Did the organization file Form 1120-POL for file for fil	34	<b>'</b>					
and proxy tax requirements?  b If Yes, has if filed a tax return on Form 990-T for this year?  b If Yes, has if filed a tax return on Form 990-T for this year?  b If Yes, has if filed a tax return on Form 990-T for this year?  b If Yes, has if filed a tax return on Form 990-T for this year?  b If the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete aparts of Sch. N  complete applicable parts of Sch. N  complete p	35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not					
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b If Yes, fined at ax return on Form 990-T for the year?  Old the organization undergo a hquidation, descolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Sch. N  73 a first amount of political expenditures, direct or indirect, as described in the instructions.    13 a							
as Did the organization for pointical experioditives, direct or indirect, as described in the instructions.  b Did the organization file form 1120-PQL for this year?  38 Did the organization file form 1120-PQL for this year?  38 Did the organization for form 1120-PQL for this year?  38 Did the organization form organization file form 1120-PQL for this year?  b If Yes, complete Schedule L, Part II and enter the total amount involved  38 Difference for the period covered by this return?  b If Yes, complete Schedule L, Part II and enter the total amount involved  38 Section 501(c)(7) organizations. Enter:  1 Initiation fees and capital contributions included on line 9  6 Gross receipts, included on line 9, for public use of club facilities  10 Cy section 4911 → 0.; section 4912 → 0.; section 4915 → 0.; section 4915 → 0.  5 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 → 0.  5 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 → 0.  5 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 → 0.  5 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 → 0.  6 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 → 0.  6 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 → 0.  6 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 → 0.  6 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the earn amount of tax imposed on organization aparts to a prohibited tax shelter transaction? If Yes, complete Form 8	b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	A		
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.  ▶ Did the organization file Form 1120-PDL for this year?  \$\$a\$ Did the organization berrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?  ▶ If Yes,* complete Schedule L, Part II and enter the total amount involved  \$\$a\$a\$ N/A  \$\$5ection 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9  \$\$5ection 501(c)(7) organizations included on line 9  \$\$5ection 501(c)(3) organizations included on line 9  \$\$5ection 501(c)(3) organizations included on line 9. (1) or public use of club facilities  \$\$5ection 501(c)(3) organizations. Differ organizations organization during the year under:  \$\$5ection 4911 ► 0.; section 4912 ► 0.; section 4915 ► 0.; section 4915 ► 0.  \$\$5ection 501(c)(3) and 501(c)(4) organizations to prior forms 990 or 990-EZ7 If Yes,* complete Schedule L, Part I organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations is prior forms 990 or 990-EZ7 If Yes,* complete Schedule L, Part I organizations organization and 501(c)(4) organizations. Enter amount of tax nit priors priors or disqualified persons during the year under sections 4912, 4955, and 4956  \$\$6etion 501(c)(3) and 501(c)(4) organizations. Enter amount of tax nit priors	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"					
b Did the organization file Form 1120-POL for this year?  38a Did the organization borrow from, or make any loans to, any officer, director, fuseleto, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?  b If Yes, complete Schedule L, Part II and enter the total amount involved  38b N/A  38b N/A  38b N/A  39b N/A  40b C ; section 4955 ▶ 0		complete applicable parts of Sch. N	_ 36	_	_ <b>X</b>		
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?  38b N/A  39 Section 501(c)(7) organizations. Enter:  39a N/A  39 Section 501(c)(7) organizations included on line 9  39a N/A  39b N/A  39b N/A  39b N/A  39b Orgoss receipts, included on line 9, for public use of club facilities  39a N/A  39b N/A  39b N/A  39c Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  39a N/A  39b N/A  39b N/A  39c Section 4911 ► 0 : section 4912 ► 0 : section 4915 ► 0 : section 4915 ► 0 : section 4911 ► 0 : section 4912 ► 0 : section 591(c)(3) and 591(c)(4) organizations. Enter amount of tax imposed on organization amangers or disqualified person at unique sections 4912 ► 40 : section 591(c)(3) and 591(c)(4) organizations. Enter amount of tax enables the disqualified person at a section 591(c)(3) and 591(c)(4) organizations. Enter amount of tax enables the disqualified person at a section 5912 ► 0 : section 591(c)(4)	37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	o . 🗔				
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?  38b N/A  39 Section 501(c)(7) organizations. Enter:  39a N/A  39 Section 501(c)(7) organizations included on line 9  39a N/A  39b N/A  39b N/A  39b N/A  39b Orgoss receipts, included on line 9, for public use of club facilities  39a N/A  39b N/A  39b N/A  39c Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  39a N/A  39b N/A  39b N/A  39c Section 4911 ► 0 : section 4912 ► 0 : section 4915 ► 0 : section 4915 ► 0 : section 4911 ► 0 : section 4912 ► 0 : section 591(c)(3) and 591(c)(4) organizations. Enter amount of tax imposed on organization amangers or disqualified person at unique sections 4912 ► 40 : section 591(c)(3) and 591(c)(4) organizations. Enter amount of tax enables the disqualified person at a section 591(c)(3) and 591(c)(4) organizations. Enter amount of tax enables the disqualified person at a section 5912 ► 0 : section 591(c)(4)	Ь	Did the organization file Form 1120-POL for this year?	37b		X		
an a priory year and still outstanding at the end of the period covered by this return?  b If Yes, complete Schedule I, Part II and enter the total amount involved  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  39a N/A  39b N/A  39b N/A  39b N/A  39b N/A  39c Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under; section 4911 ▶ 0; section 4912 ▶ 0 section 4955 ▶ 0  b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction with a disqualified person at ma prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If Yes,* complete Schedule L, Part I  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4959.  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4959.  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization aparty to a prohibited tax shelter transaction? If Yes,* complete Form 8886-T  11. List the states with which a copy of this return is filed. ▶ None  12. Telephone no. ▶ 701-293-1440  12. Located at ▶ 2801 32ND AVE S, FARGO, ND  12. Telephone no. ▶ 701-293-1440  12. Telephone no. ▶ 701-293-1440  13. Each of the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country. ▶  13. Each of the calendar year, did the organization maintain an office outside of the U.S.?  If Yes,* enter the name of the foreign country. ▶  14. Section 4947(a)(1) nonexerphic charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and e	38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made					
b If Yes,* complete Schedule L, Part II and enter the total amount involved  3 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  40 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.  b Section 501(c)(3) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction during the year or is it 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 organizations's prior Forms 990 or 990-EZ? If Yes,* complete Schedule L, Part I  e Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.  e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,* complete Form 8865-T to 1. List the states with which a copy of this return is filed. ▶ NOIDE  1 List the states with which a copy of this return is filed. ▶ NOIDE  1 Telephone no. ▶ 701-293-1440  1 Located at ▶ 2801 32ND AVE S, FARGO, ND  2 LiP + 4 ▶ 58108  4 Any time during the calendar year, did the organization maintain an office outside of the U.S.?  1 If Yes,* enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for Form TD F90-22.1, Report of Foreign Bank and Financial Accounts.  1 If Yes,* enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for Form TD F90-22.1, Report of Foreign Bank and Financial Accounts.  1 If Yes,* enter t			38a		Х		
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List the states with which a copy of this return is filed. ▶ None  Telephone no. ▶ 701-293-1440  Located at ▶ 2801 32ND AVE S, FARGO, ND  Located at ▶ 2801 32ND AVE S, FARGO, ND  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If Yes, enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  C At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If Yes, enter the name of the foreign country: ▶  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes N  Yes N  Yes N  Yes N  Yes N  At Did the organization maintain any donor advised funds? If Yes, Form 990 must be completed instead of Form 990-EZ  Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If Yes, Form 990 must be completed instead of Form 990-EZ	е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter					
Telephone no. ▶ 701-293-1440 Located at ▶ 2801 32ND AVE S, FARGO, ND  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country: ▶  Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes N  Yes N  Oid the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		transaction? If "Yes," complete Form 8886-T	40e	<u> </u>	X		
Located at  2801 32ND AVE S, FARGO, ND  2IP+4 58108  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes N  44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	41						
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial accounts)  If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes N  Old the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ  At 5 sany related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	42 a						
over a financial account in a foreign country (such as a bank account, securities account, or other financial  account)?  If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes N  Ves N  Olid the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ			· <u>5810</u>	8			
account)?  If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes N  Old the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	b	At any time during the calendar year, did the organization have an interest in or a signature or other authority					
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c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country: ▶  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year   Yes N  44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ  45 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ  46 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  47 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 must be completed instead of Form 990-EZ		If "Yes," enter the name of the foreign country:	_				
If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes N  44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
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and enter the amount of tax-exempt interest received or accrued during the tax year  Yes N  44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ  45 Section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ			_		·		
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Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  44 2  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ  45 2			I	Ves	No		
Form 990-EZ  44 2  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ  45 Completed instead of Form 990-EZ	44	Did the organization maintain any donor adviced funds? If "Vec." Form 000 must be completed instead of		162	140		
Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ  45	77		44		v		
completed instead of Form 990-EZ	45		44		X		
· · · · · · · · · · · · · · · · · · ·	43		AE		v		
		Completed instead of Form 990-CZ		00 57	(2000)		

### TRAILL COUNTY SENIOR CITIZEN GRANTEE

Form 990-EZ (2009) BOARD, INC. DBA TRAILL COUNTY SENIOR SER Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3)

36-3620411

•	organizations and section 4947(a)(1) nonexempt charitable and 51.	trusts must answer questio	ns 46-49b and co	omplete the tabl	es for	lines 5	50
<b>46</b> D	id the organization engage in direct or indirect political campaign activities	on behalf of or in opposition to	candidates for publ	ic		Yes	No
	ffice? If "Yes," complete Schedule C, Part I		•		46		Х
	id the organization engage in lobbying activities? If "Yes," complete Sch	edule C, Part II			47		X
	s the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes				48		X
	id the organization make any transfers to an exempt non-charitable related				49a		X
	"Yes," was the related organization a section 527 organization?	•			49b		
	omplete this table for the organization's five highest compensated employe nan \$100,000 of compensation from the organization. If there is none, enter	•	s, trustees and key	employees) who e	ach re	ceived	more
	(a) Name and address of each employee paid more than \$100,000  NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contribution to employee benefit plans & deferred compensation	g a oth	e) Expe ecount er allov	and
<b>51</b> C	otal number of other employees paid over \$100,000 complete this table for the organization's five highest compensated independ rganization. If there is none, enter "None."  NONE  (a) Name and address of each independent contractor paid more		(b) Type of s			from th	
<b>d</b> To	otal number of other independent contractors each receiving over \$100,000	)	<b>&gt;</b>				<del></del>
Sign	Under penalties of perjury I declare that I have examined this return, including accorrect, and complete Declaration of preparer (other than officer) is based on all it	companying schedules and statement information of which preparer has any	nts, and to the best of a knowledge	my knowledge and b	elief, it	6 true, 16	
Here	Signature of officer    July   W. Grindela  Type or print hame and title	a) Direc	Sor	Date			
Paid	Preparer's signature	1		eparer's identifying r	umber	See inst	1)
Prepare Use On	by 12 nm	112110	ployed				
	Firm's name (or yours Drees, Riskey & Vallag	er, LTD.	EIN	· <u>·</u>			
	if self-employed), 1405 Library Circle		Pho	ne 🟲			

(701)746-4466X Yes No

ПО.

address, and ZIP + 4

Grand Forks, ND 58201

May the IRS discuss this return with the preparer shown above? See instructions

#### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

2009

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Name of the organization

TRAILL COUNTY SENIOR CITIZEN GRANTEE BOARD, INC. DBA TRAILL COUNTY SENIOR SER

Employer identification number

36-3620411

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). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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). 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. b Type II c \_\_\_\_ Type III - Functionally integrated 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes Nο the governing body of the supported organization? 11g(i) 11g(ii) (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? 11g(iii) Provide the following information about the supported organization(s) (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (vii) Amount of (i) Name of supported (ii) EIN organization orgañizátion in col. in col. (i) listed in your organization in col. organization (i) organized in the U.S.? support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2009

### TRAILL COUNTY SENIOR CITIZEN GRANTEE

Schedule A (Form 990 or 990-EZ) 2009 BOARD, INC. DBA TRAILL COUNTY SENIOR SER36-3620411 Page 2

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)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and	Ü.					
	membership fees received. (Do not					l	
	include any "unusual grants.")	42,583.	51,648.	48,555.	49,261.	50,382.	242,429.
2	Tax revenues levied for the organ-		•				
	zation's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities				·		
_	fumished by a governmental unit to		. =				
	the organization without charge						
4	Total. Add lines 1 through 3	42,583.	51,648.	48,555.	49,261.	50,382.	242,429.
	The portion of total contributions	12,3031	31,0101	10,3331	15/2020	30,3021	222/2250
Ü	by each person (other than a						
	governmental unit or publicly		i				
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	ŀ					
	column (f)						
6	•						242,429.
	Public support. Subtract line 5 from line 4 ction B. Total Support			i			242,423.
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	40 Total
	Amounts from line 4	42,583.	51,648.	48,555.	49,261.	50,382.	(f) Total 242,429.
	Gross income from interest.	42,303.	31,040.	40,333.	49,201.		242,423.
8	•	j			,		
	dividends, payments received on						
	securities loans, rents, royalties	1 052	1 000	1 (26	1 000	1 (50	7 400
_	and income from similar sources	1,053.	1,996.	1,626.	1,069.	1,658.	7,402.
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			1			
	assets (Explain in Part IV.)					_	
	Total support. Add lines 7 through 10						249,831.
12	Gross receipts from related activities,	etc (see instructio	ns)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth ta	x year as a sectior	1 501(c)(3)	<b>,</b> ,
	organization, check this box and stop						
Sec	ction C. Computation of Publ	ic Support Per	centage			·	
14	Public support percentage for 2009 (I	ıne 6, column (f) dıv	vided by line 11, co	olumn (f))		14	<u>97.04 %</u>
15	Public support percentage from 2008	Schedule A, Part I	I, line 14		[	15	97.11 %
16a	33 1/3% support test - 2009. If the or	rganization did not	check the box on	line 13, and line 14	4 is 33 1/3% or mi	ore, check this box	
	stop here. The organization qualifies	as a publicly suppo	orted organization				<b>▶</b> [X]
b	33 1/3% support test - 2008. If the or	rganization did not	check a box on lin	e 13 or 16a, and l	ine 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization quali	rfies as a publicly s	upported organiza	tion			. ▶□
17a	10% -facts-and-circumstances test	t - <b>2009.</b> If the orga	nızation dıd not ch	eck a box on line	13, 16a, or 16b, ai	nd line 14 is 10% o	or more,
	and if the organization meets the "fac	ts-and-circumstand	es" test, check th	s box and stop he	ere. Explain ın Par	t IV how the organ	ization
	meets the "facts-and-circumstances"	test The organizat	ion qualifies as a p	oublicly supported	organization		▶□
ь	10% -facts-and-circumstances test					7a, and line 15 is 1	0% or
	more, and if the organization meets th	ne "facts-and-circun	nstances" test, ch	eck this box and s	top here. Explain	in Part IV how the	
	organization meets the "facts-and-circ		· ·		•		▶□
18	Private foundation. If the organization			•			s <b>▶</b> □
		-		<del> </del>			

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.) Section'A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006(c) 2007(d) 2008 (e) 2009 (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) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage % 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f) 15 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 18 Investment income percentage from 2008 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2009. 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 - 2008. 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

Form 990-EZ	orm 990-EZ Cash Grants and Allocations			
Class of Activity/Gran	tee's Name and Address	Grantee's Relationship	Amount	
SERVICES FOR THE ELDER MAYVILLE SENIOR SERVIC 39 1ST AVE N MAYVILLE, ND 58257		NONE	5,400.	
SERVICES FOR THE ELDER HILLSBORO SENIOR CITIZ 205 NW MAIN HILLSBORO, ND 58045		NONE	5,400.	
SERVICES FOR THE ELDER VALLEY SENIOR SERVICES 2801 32ND AVE S FARGO, ND 58108	LY	NONE	25,000.	
Total Included on Form	990-EZ, Line 10		35,800.	

FORM 990-EZ		Information Regarding Transfers Associated with Personal Benefit Contracts			Statement			
di	rectly of	ganization, during the year, receive any funds, indirectly, to pay premiums on a personal atract?		[ ]	Yes	[X]	No	
		ganization, during the year, pay premiums, indirectly, on a personal benefit contract? .		[ ]	Yes	[X]	No	

990-EZ Pg 2

Statement 3

TO PROVIDE MEALS, TRANSPORTATION AND OTHER SERVICES TO THE ELDERLY.