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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

Form 990-EZ

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Header section containing: A For the 2013 calendar year, or tax year beginning JAN 1, 2013 and ending JUN 30, 2013; B Check if applicable; C Name of organization DURIDE; D Employer identification number 26-2988507; E Telephone number 563-451-4999; F Group Exemption Number; G Accounting Method: X Cash; H Check X if the organization is not required to attach Schedule B; I Website: WWW.DURIDEDBO.COM; J Tax-exempt status (check only one) - X 501(c)(3); K Form of organization: X Corporation; L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 28,777.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 3 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received (6,129); 2 Program service revenue including government fees and contracts (17,491); 3 Membership dues and assessments (4,770); 4 Investment income (30); 5a-5c Assets other than inventory; 6 Gaming and fundraising events; 7a-7c Inventory sales; 8 Other revenue (357); 9 Total revenue (28,777); 10-17 Expenses (Total 33,030); 18 Excess or (deficit) for the year (-4,253); 19 Net assets or fund balances at beginning of year (68,828); 20 Other changes in net assets or fund balances (0); 21 Net assets or fund balances at end of year (64,575).

SCANNED JUN 18 2014

20

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

|  | (A) Beginning of year |    | (B) End of year |
|--|-----------------------|----|-----------------|
| 22 Cash, savings, and investments  | 64,127.               | 22 | 60,698.         |
| 23 Land and buildings  |                       | 23 |                 |
| 24 Other assets (describe in Schedule O) SEE SCHEDULE O                        | 9,391.                | 24 | 3,877.          |
| 25 Total assets  | 73,518.               | 25 | 64,575.         |
| 26 Total liabilities (describe in Schedule O) SEE SCHEDULE O                   | 4,690.                | 26 | 0.              |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 68,828.               | 27 | 64,575.         |

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

|  |     |  |         |
|--|-----|--|---------|
| 28 PROVIDED SENIOR CITIZEN TRANSPORTATION NUMEROUS TIMES TO EACH OF OUR 248 MEMBERS.     |     |  |         |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a |  | 33,030. |
| 29   |     |  |         |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a |  |         |
| 30   |     |  |         |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a |  |         |
| 31 Other program services (describe in Schedule O)                                       |     |  |         |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a |  |         |
| 32 Total program service expenses (add lines 28a through 31a)                            | 32  |  | 33,030. |

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and title                 | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|------------------------------------|--|--|---|--|
| JAN STOFFEL<br>BOARD CHAIR         | 8.00   |  |   |  |
| BRIAN KANE<br>VICE CHAIR           | 4.00   |  |   |  |
| TERRANCE FRIEDMAN<br>TREASURER     | 4.00   |  |   |  |
| CORI BURBACH<br>SECRETARY          | 6.00   |  |   |  |
| GREG ORWOLL<br>EXECUTIVE DIRECTOR  | 40.00  |  |   |  |
| THOMAS BERRYMAN<br>DIRECTOR        | 3.00   |  |   |  |
| PATRICIA CLARK, S.V.M.<br>DIRECTOR | 3.00   |  |   |  |
| WAYNE BRECKON<br>DIRECTOR          | 3.00   |  |   |  |
| JOHN BURGART<br>DIRECTOR           | 3.00   |  |   |  |
| SUSAN BALSAMO<br>DIRECTOR          | 6.00   |  |   |  |
|                                    |  |  |   |  |
|                                    |  |  |   |  |
|                                    |  |  |   |  |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V [X]

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

Table with columns Yes and No. Rows 33-40e. 33: No, X. 34: No, X. 35a: No, X. 35b: N/A. 35c: No, X. 36: No, X. 37a: 0. 37b: No, X. 38a: No, X. 38b: N/A. 39a: N/A. 39b: N/A. 40a: 0, 0, 0. 40b: No, X. 40c: 0. 40d: 0. 40e: No, X.

37a Enter amount of political expenditures, direct or indirect, as described in the instructions
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, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 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

40a 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 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its 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 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 8886-T

41 List the states with which a copy of this return is filed NONE
42a The organization's books are in care of GREG ORWOLL Telephone no 563-451-4999
Located at 2728 ASBURY RD, DUBUQUE, IA ZIP + 4 52001

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

Table with columns Yes and No. Rows 42b, 42c. 42b: No, X. 42c: No, X.

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 43 N/A

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
c Did the organization receive any payments for indoor tanning services during the year?
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

Table with columns Yes and No. Rows 44a-45b. 44a: No, X. 44b: No, X. 44c: No, X. 44d: No. 45a: No, X. 45b: No.

|   |            |           |
|---|------------|-----------|
|   | <b>Yes</b> | <b>No</b> |
| <b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?<br>If "Yes," complete Schedule C, Part I | 46         | X         |

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

|   |            |           |
|---|------------|-----------|
|   | <b>Yes</b> | <b>No</b> |
| <b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch C, Part II | 47         | X         |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 48         | X         |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?  | 49a        | X         |
| <b>b</b> If "Yes," was the related organization a section 527 organization?   | 49b        |           |

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
| NONE                                |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |

**f** Total number of other employees paid over \$100,000 ▶

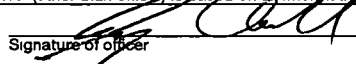
**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

**d** Total number of other independent contractors each receiving over \$100,000 ▶

**52** Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶  Yes  No

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.

|                  |  |      |
|------------------|--|------|
| <b>Sign Here</b> | <br><small>Signature of officer</small> | Date |
|                  | <b>GREG ORWOLL, EXECUTIVE DIRECTOR</b><br><small>Type or print name and title</small>                                      |      |

|                               |   |                        |          |   |           |
|-------------------------------|---|------------------------|----------|---|-----------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name                          | Preparer's signature   | Date     | Check <input type="checkbox"/> if self-employed | PTIN      |
|                               | TERRANCE J MAIERS, CPA                              | TERRANCE J MAIERS, CPA | 05/15/14 |   | P00139907 |
|                               | Firm's name ▶ HONKAMP KRUEGER & CO., P.C.           |                        |          | Firm's EIN ▶ 42-0946155                         |           |
|                               | Firm's address ▶ P O BOX 699 DUBUQUE, IA 52004-0699 |                        |          | Phone no. (563) 556-0123                        |           |

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No



**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) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  | 44,961.  | 45,812.  | 10,863.  | 60,596.  | 10,899.  | 173,131.  |
| 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 <b>Total.</b> Add lines 1 through 3   | 44,961.  | 45,812.  | 10,863.  | 60,596.  | 10,899.  | 173,131.  |
| 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) |          |          |          |          |          |           |
| 6 <b>Public support.</b> Subtract line 5 from line 4  |          |          |          |          |          | 173,131.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4  | 44,961.  | 45,812.  | 10,863.  | 60,596.  | 10,899.  | 173,131.  |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   | 18.      | 82.      | 92.      | 80.      | 30.      | 302.      |
| 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.)   |          |          |          |          | 357.     | 357.      |
| 11 <b>Total support.</b> Add lines 7 through 10  |          |          |          |          |          | 173,790.  |
| 12 Gross receipts from related activities, etc. (see instructions)   |          |          |          |          | 12       | 116,970.  |
| 13 <b>First five years.</b> 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 <input type="checkbox"/> |          |          |          |          |          |           |

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

|   |    |       |   |
|---|----|-------|---|
| 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))   | 14 | 99.62 | % |
| 15 Public support percentage from 2012 Schedule A, Part II, line 14   | 15 | 99.86 | % |
| 16a <b>33 1/3% support test - 2013.</b> 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 <b>33 1/3% support test - 2012.</b> 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 <b>10% -facts-and-circumstances test - 2013.</b> 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 <b>10% -facts-and-circumstances test - 2012.</b> 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 <b>Private foundation.</b> 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) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| <b>2</b> 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 |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</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           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6)   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)   |          |          |          |          |          |           |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

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

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> | % |
| <b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15                      | <b>16</b> | % |

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

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2013.** 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 - 2012.** 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.** 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).

**SCHEDULE A REQUIRED EXPLANATION OF SHORT YEAR RETURN:**

**EXPLANATION:** THE ORGANIZATION CHANGED THEIR ACCOUNTING YEAR END FROM  
DECEMBER TO JUNE. THIS IS REFLECTED WITH TWO 2013 RETURNS BEING FILED.  
THE FIRST RETURN IS FOR THE PERIOD OF JANUARY 1, 2013 TO JUNE 30, 2013 AND  
THE SECOND (YET TO BE FILED) FOR THE PERIOD OF JULY 1, 2013 TO JUNE 30,  
2014.

**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 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

DURIDE

Employer identification number

26-2988507

**FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:**

| DESCRIPTION OF PROPERTY: | AMOUNT: |
|--------------------------|---------|
| INTEREST AND DIVIDENDS   | 30.     |

**FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:**

| DESCRIPTION OF OTHER REVENUE:       | AMOUNT:     |
|-------------------------------------|-------------|
| MISCELLANEOUS REVENUE               | 176.        |
| ACCRUAL TO CASH ADJUSTMENT          | 181.        |
| <b>TOTAL TO FORM 990-EZ, LINE 8</b> | <b>357.</b> |

**FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:**

| DESCRIPTION OF OTHER EXPENSES:       | AMOUNT:       |
|--------------------------------------|---------------|
| BUSINESS REGISTRATION FEES           | 50.           |
| OTHER BUSINESS EXPENSES              | 365.          |
| SUPPLIES                             | 245.          |
| TELEPHONE                            | 1,119.        |
| OTHER BUSINESS EXPENSES              | 29.           |
| ADVERTISING                          | 386.          |
| CONTRACT SERVICES                    | 1,169.        |
| MILEAGE REIMBURSEMENT                | 36.           |
| PAYROLL BILLING                      | 340.          |
| FACILITIES AND EQUIPMENT             | 227.          |
| BANK CHARGES                         | 13.           |
| <b>TOTAL TO FORM 990-EZ, LINE 16</b> | <b>3,979.</b> |

**FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  
332211  
09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

**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 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

DURIDE

Employer identification number  
26-2988507

| DESCRIPTION                   | BEG. OF YEAR | END OF YEAR |
|-------------------------------|--------------|-------------|
| OTHER ASSETS                  | 9,391.       | 43.         |
| OTHER DEPRECIABLE ASSETS      | 0.           | 3,834.      |
| TOTAL TO FORM 990-EZ, LINE 24 | 9,391.       | 3,877.      |

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

| DESCRIPTION       | BEG. OF YEAR | END OF YEAR |
|-------------------|--------------|-------------|
| OTHER LIABILITIES | 4,690.       | 0.          |

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROVIDE TRANSPORTATION  
TO SENIORS AGED 65 AND OLDER WHO CANNOT DRIVE

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,  
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,  
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.