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# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Ā	For the	2013 calendar year, or tax year beginning July 1 , 2013, and en	ding Ju	ne 30	, 20 14			
В	Check if a	applicable C Name of organization Area IV Senior Citizens Planning Council, Inc.		D Employ	er identification number			
	Address			23-7338146				
	Name cha	Number and street (or P O. box if mail is not delivered to street address) Room	/suite	E Telephone number				
$\overline{\Box}$	Initial retu	-		605-229-4741				
$\overline{\Box}$	Terminate			000 220 4741				
ī	Amended			<b>G</b> Gross r	eceipts \$ 1,754,832			
ī		on pending F Name and address of principal officer: Rick Pesek	H(a) is this a		subordinates? Yes No			
_	уфриосис	Same as C above			es included? Yes No			
_	Tay-even	npt status			a list (see instructions)			
<u>:</u>	Website:				number ►			
K		rganization   Corporation   Trust Association   Other   L Year of form		<del></del>	· · · · · · · · · · · · · · · · · · ·			
	art I	Summary	1973	IN State	of legal domicile: SD			
	_	Briefly describe the organization's mission or most significant activities: Seni	or Nutrition Dr	ogram Dr	ovidos porsons 60 vecre			
•	1							
Activities & Governance	1	of age or over daily, low cost, nutritionally sound and satisfying meals served in s	trategically loc	atea grou	ip seαings.			
Ë		235,208 meals were served.			·····			
ove	1	Check this box ▶☐ if the organization discontinued its operations or dispose		1 -	I			
Ğ		Number of voting members of the governing body (Part VI, line 1a)		<del></del>	12			
Š	1	Number of independent voting members of the governing body (Part VI, line 1	b)	_	12			
įį	1	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	75			
. É	1	Total number of volunteers (estimate if necessary)		6	150			
₹ ﴿	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0			
· —	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0			
	l _		Prior Y	ear	Current Year			
ē	1	Contributions and grants (Part VIII, line 1h)	934,015	907,482				
ē		Program service revenue (Part VIII, line 2g)		838,472	845,326			
Revenue	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		344	1,326			
•		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	466	698				
		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,773,297	1,754,832			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	0			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	0			
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		693,436	708,205			
Š	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	0			
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)						
ú	17	Other expenses (Part IX, column (A), lines 11 a-11d 11f-24e)		1,090,770	1,040,167			
	18	Total expenses. Add lines 13-17 (must-equal-Part-IX; column (A) line 25)		1,784,206				
	19	Revenue less expenses. Subtract line 18 from line 122000.		(10,909)	6,460			
or Ses		S MAN A O CALL	Beginning of Cu		End of Year			
sets	20	Total accete (Part Y line 16)	-	495,354	496,982			
Ass	21	Total liabilities (Part X, line 26) OGDEN, UT		183,487	178,654			
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	<del></del>	311,867	318,328			
	art II	Signature Block	-t	0.1,001	0.10,020			
Ur	der penalt	ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to t	he best of r	ny knowledge and belief it is			
		and complete. Declaration of preparer (other than officer) is based on all information of which prepare			n, momenge and denoi, it is			
_		VACALL ILANICA		10-	-30-14			
Sig	n n	Signature of officer	. Da		50-77			
He		Tuckie Uhrich Fiscal DA	ficer					
		Type or print name and title	FICE		<del></del>			
_	• •	Print/Type preparer's name Preparer's signature	Date	T	PTIN			
Pa				Check self-em	) if			
	eparei				,			
US	se Only	/ <del></del>		n's EIN ►	<del></del>			
Ma	v the IR:	Firm's address ▶ S discuss this return with the preparer shown above? (see instructions)	Pho	ne no.	· · Yes No			
_				<u> </u>				
LOI	raperw	ork Reduction Act Notice, see the separate instructions. Cat	. No. 11282Y		Form <b>990</b> (2013)			

_					
Form 99	0((2013)	· · · · · · · · · · · · · · · · · · ·			Page
Part		ement of Program Serv			
4		ck if Schedule O contains scribe the organization's m	s a response or note to any line in this F	Part III	
'	-	<del>-</del>	ducational purposes and to provide and pro	mote social and educational social	vices and activities
			dent and other such associated activities ar		
		nis purpose.			
	D: 1.11				
2		ganization undertake any : 1 990 or 990-EZ?	significant program services during the y	ear which were not listed on th	
	•	lescribe these new service		· · · · · · · · · · · · · · · · · · ·	☐ Yes ☑ No
3			cting, or make significant changes in	how it conducts, any progra	m
	services?				☐ Yes
		lescribe these changes on			
4	expenses.	. Section 501(c)(3) and 50°	n service accomplishments for each of its 1(c)(4) organizations are required to repo .ny, for each program service reported.	s three largest program service rt the amount of grants and al	es, as measured b locations to others
	(Code:	) (Expenses \$	1,564,768 including grants of \$	0) (Revenue \$	847,350)
	`	' ` '	Meal Service Program for Seniors served 23	5,208 meals during the fiscal year	
			rving days. It is expected that our senior mail stays because of their improved nutrition		
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	
40		) (Expenses ψ	moldding grants or \$	) (Hevenue \$	/
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
				***************************************	

) (Revenue \$

art	V 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)? If "Yes,"			
	complete Schedule A	1	1	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<u> </u>	✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	<b>Section 501(c)(3) organizations.</b> 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>	4		<b>✓</b>
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? If "Yes," complete Schedule C, Part III	5		1
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? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<b>√</b>
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? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
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? If "Yes," complete Schedule D, Part VII	11b		1
С	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? If "Yes," complete Schedule D, Part VIII	11c		1
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? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
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)? If "Yes," complete Schedule D, Part X .	11f	1	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	, , , , , , , , , , , , , , , , , , , ,	14a		✓
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? If "Yes," complete Schedule F, Parts I and IV.	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		<b>√</b>
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? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		<b>√</b>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		1
20 a	·	20a		7
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		Ė

Part	Checklist of Required Schedules (continued)	-		
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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? If "Yes," complete Schedule J	23		1
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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? If "Yes," complete Schedule L, Part I	24d 25a		1
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? If "Yes," complete Schedule L, Part I	25b		<b>√</b>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		<b>√</b>
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? If "Yes," complete Schedule L, Part III	27		<b>√</b>
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):	ě		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
С	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? If "Yes," complete Schedule L, Part IV	28c		<b>▼</b>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		√ √
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>√</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
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? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		✓
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>√</b>
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
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? If "Yes," complete Schedule R,	36		
38	Part VI	37		<b>✓</b>
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	✓	_

Part				_
	Check if Schedule O contains a response or note to any line in this Part V	<del></del>	Yes	No.
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   2		163	NO
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	ľ		
_	Statements, filed for the calendar year ending with or within the year covered by this return 2a 75	$\overline{}$		·····
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b		✓
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30	$\dashv$	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			•
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	j:	ŀ	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	$\dashv$	✓
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	$\longrightarrow$	
va	organization solicit any contributions that were not tax deductible as charitable contributions?	-		,
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a	-	<b>V</b>
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	]	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	_		
4	· · · · · · · · · · · · · · · · · · ·	7с		
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		,
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	$\neg$	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		1	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
_	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a b	Did the organization make any taxable distributions under section 4966?	9a   9b		
10	Section 501(c)(7) organizations. Enter:	90		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
120	· · · · · · · · · · · · · · · · · · ·	40		
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	بكالما	Į.	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
F 3	ni i tea i uga il lileu a comi i zu io recon ingego payments / ir tato ti provido an evolucation in Sabadula O	1/15		

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See in:	struct	ions.
Casti	Check if Schedule O contains a response or note to any line in this Part VI	· ·	<u> </u>	. 🗸
Secu	on 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.	2	Tes	
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 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?	2		✓
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?	3		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  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?	4 5 6		√ √ √
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8 a	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  The governing body?	8a	ſ	
ь 9	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	8b	<b>√</b>	
Section	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  on B. Policies (This Section B requests information about policies not required by the Internal Rever	9 nue C	√ ode.	<u> </u>
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		1
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	<b>√</b>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		1
13 14	Did the organization have a written whistleblower policy?	13 14	1	✓
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?			
a b	The organization's CEO, Executive Director, or top management official	15a 15b		<b>√</b>
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?	16a		✓
	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?	16b		÷.
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed None  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio available for public inspection. Indicate how you made these available. Check all that apply.	n 501(	c)(3)s	only)
19	Own website Another's website V Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	terest	policy	, and
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: ► Rick Pesek, 405 8th Ave NW #203A, Aberdeen SD 57401 605-229-4741	of the	•	

	Form	990	(2013)
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Daga	•
raue	•

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . . . . . . . . . . . . .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization no		d org	aniz	atic	on c	ompe	nsa	ated any curren	t officer, directo	r. or trustee.	
(C)											
(A) Name and Title	(B) Average hours per	box,	unles	neck ss pe	erson	tion more than one rson is both an rector/trustee)		(D) Reportable compensation	(E) Reportable compensation from		
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1) Duane Anderson											
Director	0	✓			<u></u>			o	0	0	
(2) Lawrence Goehring				ļ							
Director	0	✓						o	o	0	
(3) Judy Haberer										-	
<u>Director</u>	0	✓						О	0	0	
(4) Colleen Halverson											
Director	0	✓						o	0	0	
(5) Gene Herman											
Director	0	✓						o	0:	0	
(6) Don Heupel											
Director	0	✓						o	o	0	
(7) Herman Jansen											
Director	0	1						o	o	0	
(8) Gene Miller											
Director	0	✓						۰ ا	o	0	
(9) Vırginia Sauer								-		<u></u>	
Director	0	✓						o	o	0	
(10) Kenneth Tiffany										<u>.</u> <u>.</u>	
Director	0	1						o	0	0	
(11) Vivian Van Hill			П								
Director	0	1						o	o	0	
(12) Barbara Winkler										<u> </u>	
Director	0	1						o	٥	0	
(13) Rick Pesek			"							<u> </u>	
Project Director	40			1				58,303	o	12,477	
(14)	-				П			22,000		12,471	
	†										

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
	(B) Average hours per week (list any	box, office	unles er and	Pos neck s pe d a d	rson irect	than on the state of the state	n an tee)	(D)  Reportable compensation from	(E)  Reportable compensation felated	le Estr	(F) Estimated amount of other	
		hours for related organizations below dotted line)	1 ~ 29	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M		compensation from the organization and related organizations
(15)			ļ · · · ·									
(16)			-					-			+	····
(17)				_				_			_	
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b c	Sub-total	-					•	<b>&gt;</b>	58,303 0		0	12,477
2	Total number of individuals (including but reportable compensation from the organic						above	e) w	58,303 ho received mo	ore than \$10	0 0,000	12,477 ) of
3	Did the organization list any former of employee on line 1a? If "Yes," complete a							emp	loyee, or high	est comper	nsated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or ind	ividua 	
	on B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization. Repyear.											
	(A) Name and business add	ress							(B) Description of se	ervices		(C) Compensation
2	Total number of independent contractor received more than \$100,000 of compens	rs (including	ng bu the o	t no rgan	ot li iizat	imit ion	ed to ►	th	ose listed abo	ove) who		

	990 (201	<u> </u>						Page 9
Par	t VIII	Statement of Reve						
		Check if Schedule C	contains a res	ponse or note to				· · · · · · · · · · · · · · · · · · ·
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns	s 1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		0		i		
ts, (	С	Fundraising events .		10,544				1
를 를	d	Related organizations		0	į			
Sim's,	е	Government grants (cor		830,940				
utio Der:	f	All other contributions, g and similar amounts not in						
충		Noncash contributions include	<u> </u>	65,998				
S E	g	Total. Add lines 1a-1	·	1,180 •	907,482			
		Total Add lines to 1	· · · · · · · · ·	Business Code	907,482			
Program Service Revenue	2a	Meal Donations		624210	845,326	845,326	0	0
8	b							
Ğ.	С	***************************************						
Se	d							
ra	e		-:					
10	ן ד	All other program ser						
	3 3	Total. Add lines 2a-2 Investment income			845,326	<del></del> -		
	•	and other similar amo			217	217	0	•
	4	Income from investmen	· ·		0	0	0 0	0
	5	Royalties	•	0	0	0		
			(i) Real	(II) Personal				
	6a	Gross rents	0	0				
	b	Less: rental expenses	0	0				
	С	Rental income or (loss)		0				
	_ d	Net rental income or	<del></del>		0	0	0	0
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(II) Other				
	Ь	Less: cost or other basis	0	1,305				
		and sales expenses .		100				
	С	Gain or (loss)	0	196 1,109				
	d	Net gain or (loss) .			1,109	1,109	0	
		<b>3</b>			1,100	1,100		
Other Revenue	8a	Gross income from fu	ındraising				\$	
Ş.		events (not including \$	0					
æ		of contributions reporte						
Ē	١.	See Part IV, line 18 .						
δ		Less: direct expenses						
		Net income or (loss) for Gross income from ga		events . >	0		0	0
	Ja	See Part IV, line 19 .		اه	1			
	ь	Less: direct expenses		0	i			
		Net income or (loss) f			0	o	0	
	10a	Gross sales of in		-		<u>-</u> !		
		returns and allowance	es a	0		1	į	
	ь	Less: cost of goods s						
	c_	Net income or (loss) for			0	0	0	0
	<u> </u>	Miscellaneous R		Business Code				
	11a	Misc.		624210	698	698	o	
	b							
	d	All other revenue .						
	e	Total. Add lines 11a-		•	698			
	12	Total revenue. See in			1,754,832	847,350	0	

	90 (2013)				Page <b>10</b>
Par	t IX Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must com-	plete all columns. Al	U other ergenization	o must complete sale	imm (A)
Secur	Check if Schedule O contains a respons				
	ot include amounts reported on lines 6b, 7b, b, 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	0	0		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members	0	0		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and	78,147	0	78,147	0
_	persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	536,273	490,907	45,366	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,646	8,637	2,009	0
9	Other employee benefits	37,312	37,312	0	0
10	Payroll taxes	45,827	41,947	3,880	0
11	Fees for services (non-employees):				
<b>a</b>	Management	0	0	0	0
b	Legal	125	0	125	0
C	Accounting	9,000	.0	9,000	0
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	0			0
g	Investment management fees	0	0		0
	(A) amount, list line 11g expenses on Schedule O.)	480	0	480	0
12	Advertising and promotion	2,518	2,518	0	0
13	Office expenses	63,545	57,789	5,111	645
14	Information technology	3,856	0	3,856	0
15	Royalties	0	0	0	0
16	Occupancy	81,955	67,555	14,400	0
17 18	Payments of travel or entertainment expenses	14,550	2,883	11,667	0
10	for any federal, state, or local public officials	o	o	o	0
19	Conferences, conventions, and meetings	0	0	0	
20	Interest	0	0	0	
21	Payments to affiliates	0	0	0	
22	Depreciation, depletion, and amortization .	3,001	2,794	207	
23	Insurance	23,702	18,268	5,434	0
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.)				
а	Equipment Repair	6,668	6,663	5	0
b	Food	405,620	404,312	0	1,308
С	Meal Contracts	383,709	383,709	0	0
d	Meal Delivery	38,245	38,245	0	0
е	All other expenses Misc & Rec/Dev.	3,193	1,229	1,964	0
25	Total functional expenses. Add lines 1 through 24e	1,748,372	1.564.768	181.651	1,953

1,748,372

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 following SOP 98-2 (ASC 958-720) . . . .

1,564,768

1,953

181,651

**Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X . . . . . (A) (B) Beginning of year End of year 1 371,937 374.213 2 Savings and temporary cash investments . . . . . . . . . . . . . . . 2 0 3 3 64.961 71.668 4 6,195 3,664 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 0 5 Loans and other receivables from other disqualified persons (as defined under section 6 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. . . . . . . . . . . . 0 6 **Assets** 0 7 7 0 0 8 8 35,731 34,070 9 Prepaid expenses and deferred charges 1,200 1,234 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 325,399 **b** Less: accumulated depreciation . . . . 10b 15.330 10c 313,266 12,133 11 11 0 0 12 Investments—other securities. See Part IV, line 11 . . . . . . . . 0 12 0 13 Investments—program-related. See Part IV, line 11 . . . . . . . . . 0 13 0 14 14 0 0 Other assets. See Part IV, line 11 . . . . . . . . . . . . . . . . . 15 0 15 0 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . 495,354 16 496,982 17 143,452 17 144,608 18 18 0 O 19 40,035 19 34.046 20 20 ol 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 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 . . . . . . . 0 22 0 23 Secured mortgages and notes payable to unrelated third parties . . . 23 0 24 Unsecured notes and loans payable to unrelated third parties . . . 24 ol 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 0 0 Total liabilities. Add lines 17 through 25 . . . . 26 183,487 26 178,654 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 Fund 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 30 through 34. ò Net Assets 30 Capital stock or trust principal, or current funds . . . . . . . . 30 0 31 Paid-in or capital surplus, or land, building, or equipment fund . . . . 31 0 0 32 Retained earnings, endowment, accumulated income, or other funds . 0 32 0 33 33 311,867 318,328 Total liabilities and net assets/fund balances . . . . 495.354 496,982 Form 990 (2013)

c 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 "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.

Schedule O.

If the organization changed either its oversight process or selection process during the tax year, explain in

2c

За

3b

Form 990 (2013)

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

## **Public Charity Status and Public Support**

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

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	01 416	organization							employer i	denuncauo	n numi	er	
			Planning Council,								38146	,	
	1 I			rity Status (All orga			<u>-</u>			instruction	ons.		
	_		•	ition because it is: (Fo hes, or association of		•	•	•	•	i).			
2	2 A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E.)												
3	3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
4	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			on operated for b)(1)(A)(iv). (Comp	the benefit of a colle- plete Part II.)	ge or uni	versity o	wned or	operated	by a go	vernmen	tal un	it des	cribed in
6 7	<b>⊘</b> A	n organizatio	on that normally	nment or government receives a substantia (A)(vi). (Complete Par	al part of					nit or fron	n the	gener	al public
8				n section 170(b)(1)(A	· ·	nolete Pa	ert II )						
9	□ A re s	in organization eceipts from upport from	on that normally activities related gross investme	receives: (1) more that to its exempt functint income and unrefer June 30, 1975. Se	an 33 <sup>1</sup> / <sub>3</sub> % ions—sul lated bus	of its subject to desiness tax	upport fro certain ex xable inc	come (les	s, and (2) ss sectio	) no more	e thar	1 33½	% of its
10		•	-	operated exclusively					•	(4).			
11				d operated exclusive							or to	carry	out the
				licly supported organ									
	5	<b>09(a)(3).</b> Che	eck the box that o	describes the type of	supportin	ng organiz	zation an	d comple	te lines 1	1e throug	gh 11	٦.	
	а	☐ Type I	<b>b</b> 🗌 Type	II c 🗌 Type III	l-Functio	nally inte	grated	d 🗆 -	Type III-1	Non-funct	ionall	y integ	rated
е		y checking t	his box, I certify	that the organization	is not co	ntrolled d	lirectly or	indirectly	y by one	or more	disqu	alified	persons
	0	ther than fou	ındation manage	rs and other than one	e or more	publicly	support	ed organi	izations o	described	l in se	ction	509(a)(1)
	0	r section 509	0(a)(2).										
f			ation received a	written determination	on from t	the IRS t	hat it is	а Туре	I, Type	II, or Typ	e III	suppo	orting
g	S	•	17, 2006, has the	ne organization accep	oted any	gift or co	ontributio	n from a	ny of the	•	•	• •	. ப
				ndirectly controls, eitl	her alone	or toget	her with	persons	describe	d in (ii) ar	nd	T	es No
	γ.			ody of the supported of						<b>.</b>		1g(i)	-
	ſi			on described in (i) abo	•							g(ii)	+
				a person described in								g(iii)	
h	_	•	•	on about the support	., .,						<u> </u>	9(111)	
		of supported	(ii) EIN	(iii) Type of organization		rganization		au natihi	4.5		6 di 20 A -		
(1)		inization	(ii) Liiv	(described on lines 1–9 above or IRC section (see instructions))	in col (i) lis	organization (v) Did you notify the organization in col (i) of your support?		nization in of your			(vii) Amount of monetary support		
				(See mad dealers),	Yes	No	Yes	No	Yes	No	1		
A)													
B)												-	
										<del></del>			
C)	_									<u> </u>			<del></del>
D)		*									ļ		
E)						_							
Cotal	ı												

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 (f) Total (e) 2013 Gifts. grants, contributions. and membership fees received. (Do not include any "unusual grants.") . . . 1,953,960 1,962,137 1,887,496 1,772,953 1,754,615 9,331,161 revenues levied organization's benefit and either paid to or expended on its behalf 0 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 3. . . . 1,953,960 1.887.496 1.962,137 1,772,953 9,331,161 1,754,615 The portion of total contributions by person each (other than unit governmental or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . Public support. Subtract line 5 from line 4. 9,331,161 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Amounts from line 4 . . . . . . 1,953,960 1,962,137 1.887,496 1,772,953 1,754,615 9,331,161 R Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . . . . . . . . 783 1,649 466 344 217 3,459 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . 0 0 0 0 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . . . . 11 **Total support.** Add lines 7 through 10 9,334,620 12 0 13 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) Section C. Computation of Public Support Percentage 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f) . . . . . 14 99.9 % 15 Public support percentage from 2012 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 15 99.9 % 331/3% support test-2013. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this  $\square$ b 331/3% support test-2012. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2013. 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 b 10%-facts-and-circumstances test - 2012. 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

## 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.)

Secti	on A. Public Support			ow, piodoo o <u>r</u>	<u>'</u>	,	
Calen	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(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	İ			ŀ		
	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 .						
	·						<del></del> .
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		:				
С	Add lines 7a and 7b						
8	<b>Public support</b> (Subtract line 7c from line 6.)						
	on B. Total Support		<b>,</b>				
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						<u>.</u>
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						
С	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, check this box and stop he	-		d, third, fourth	•		
Secti	on C. Computation of Public Support						
15	Public support percentage for 2013 (line						%
16	Public support percentage from 2012 Sc			<u></u>	<u> </u>	16	%
	on D. Computation of Investment In				(0)	1 4= 1	
17 10	Investment income percentage for 2013 (						<u>%</u>
18	Investment income percentage from 2013 331/3% support tests—2013. If the organ						% and line
19a	17 is not more than 331/3%, check this box						
b	331/2% support tests—2012. If the organization 18 is not more than 331/2%, check this	zation did not d	check a box on	line 14 or line	19a, and line 16	is more than 3	31/3%, and
20	Private foundation. If the organization d		_	-	•		

ichegale A (Fi	Page 4
Part IV	<b>Supplemental Information.</b> 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 D (Form 990)

Supplemental Financial Statements

► 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.

Open to Public

OMB No 1545-0047

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Area IV Senior Citizens Planning Council, Inc. 23-733146 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . . 2 Aggregate contributions to (during year). 3 Aggregate grants from (during year) . . . Aggregate value at end of year . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. Total number of conservation easements . . . . . . 2a Total acreage restricted by conservation easements . . . . . . . . . 2b Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) ☐ Yes ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: 

Part	U Organizations Maintaining	Collections of A	<u>A</u> rt, His	torical Treasure	es, or O	ther Similar A	Assets (continued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and ot	her reco	rds, check any of	the follo	wing that are a	significant use of its
а	☐ Public exhibition		d	Loan or exchain	nge prog	rams	
b	☐ Scholarly research		e	Other			
C	☐ Preservation for future generations						
4	Provide a description of the organizati XIII.	ion's collections a	and expla	ain how they furthe	er the or	ganization's exe	empt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather	than to be mainta					
Part							
	Complete if the organization 990, Part X, line 21.				·	•	
1a	Is the organization an agent, trustee, included on Form 990, Part X?						not · 🔲 Yes 🗌 No
b	If "Yes," explain the arrangement in Pa	rt XIII and comple	ete the fo	llowing table:		<del></del>	Amount
С	Beginning balance				. 10	;	
d	Additions during the year				. 10	1	
е	Distributions during the year				. 16		
f	Ending balance				. 11		
2a	Did the organization include an amoun	t on Form 990, Pa	art X, line	21?			. 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Pa		-				
Par							
	Complete if the organization	answered "Yes'	' to For	n 990, Part IV, lir	ne 10.		
		(a) Current year		or year (c) Two ye		(d) Three years ba	ack (e) Four years back
1a	Beginning of year balance						
b	Contributions						
c	Net investment earnings, gains, and losses					1	
d	Grants or scholarships						<del></del>
e	Other expenditures for facilities and						
	programs						,
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the	•	d balanc	e (line 1g, column	(a)) held	as:	
а	Board designated or quasi-endowmen	t ▶	%				
b	Permanent endowment ▶	%					
С	Temporarily restricted endowment ▶	%					
	The percentages in lines 2a, 2b, and 2						
3a	Are there endowment funds not in the	possession of the	e organi	zation that are held	d and ad	ministered for	the
	organization by:						Yes No
	(i) unrelated organizations						. 3a(i)
	(ii) related organizations						. 3a(ii)
b	If "Yes" to 3a(ii), are the related organize	zations listed as re	equired o	n Schedule R? .			. 3b
4	Describe in Part XIII the intended uses	of the organization	n's endo	wment funds.			L
Part			·			<del></del>	<del></del>
	Complete if the organization		' to Forr	n 990, Part IV. Im	ne 11a. s	See Form 990	. Part X. line 10.
	Description of property	(a) Cost or oth	her basis	(b) Cost or other basis (other)	s (c)	Accumulated epreciation	(d) Book value
	Land			· · · · · · · · · · · · · · · · · · ·			<del></del>
b	Buildings						<del></del>
	Leasehold improvements				<del>                                     </del>	———·	<del></del>
ď	Equipment		225 200		+	242.000	40 400
a e	Other		325,399		+	313,266	12,133
	Add lines 1a through 1e. (Column (d) m	ust equal Form 00	00 Part	Column (B) line	10(c) 1	•	12,133
. J.ai.	,	asi oqual i olili si	· · , · · · · · · /	., Join (D), III (B)	(-/-/		14, 133

Part VII	Investments — Other Securities.  Complete if the organization answered	d "Yes" to Forr	m 990 Part IV li	ne 11h See Form	990 Part X line 12
	(a) Description of security or category (including name of security)	100 101011	(b) Book value	(c) Met	hod of valuation
/4\ <b>5</b> ''				Cost or end	
(1) Financial	neld equity interests			+	
				<del></del>	<del></del>
(A)				<del> </del>	<del></del>
(B)			_ <del></del>		
(C)					
(D)					
(E)				<del>-  </del>	
(F)					<del></del>
(G)				<u> </u>	<del></del> _
(H)				<del></del>	
Total. (Column (	b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII	Investments - Program Related.				<u>"</u>
	Complete if the organization answere	d "Yes" to Forr	m 990, Part IV, li	ne 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value		thod of valuation: -of-year market value
(1)					
(2)					
(3)				<del></del>	<del></del>
				<del></del>	<del></del>
(5)					
(6)					
(7)			<del></del>		·
(8)			<del></del>	<del></del>	
	b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX	Other Assets.		<del></del>	K F 5/ 00-3 /91 K/ 3	8
. Gire in	Complete if the organization answere	d "Yes" to Forr	m 990. Part IV. li	ne 11d. See Form	990. Part X. line 15.
	(a) Desc				(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)				·	
(8)				<del></del>	
(9)		45)			
	mn (b) must equal Form 990, Part X, col. (B)	line 15.)	<u> </u>	<u> ▶</u>	<u></u>
Part X	Other Liabilities.	-1 (5)/ 11 4 - (5	000 D+ N/ I	44 446 0	F 000 D. IV
	Complete if the organization answere	a "Yes" to Forr	n 990, Part IV, II	ne Tie or Tif. See	Form 990, Part X,
1.	line 25.  (a) Description of liability	(b) Book value	<del></del>		<del></del>
(1) Federal in	· · · · · · · · · · · · · · · · · · ·	(b) Book value			
(2)	icome taxes				
(3)			<del></del>		
(4)	<del></del>	<del></del>	<del></del>		
(5)					
(6)			<del></del> -		
(7)					
(8)					
(9)					
Total. (Column (	b) must equal Form 990, Part X, col (B) line 25 ) ▶				
2. Liability fo	r uncertain tax positions. In Part XIII, provide the	e text of the footn	ote to the organizat	ion's financial stateme	ents that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part			er Return.	
	Complete if the organization answered "Yes" to Form 990,			
1	Total revenue, gains, and other support per audited financial statements		. 1	1,754,832
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1. 1		
а	Net unrealized gains on investments	2a	0	
þ	Donated services and use of facilities	2b	0	
C	Recoveries of prior year grants		0	
d	Other (Describe in Part XIII.)		0	
е	Add lines 2a through 2d		. 2e	0
3	Subtract line 2e from line 1		. 3	1,754,832
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0	
b	Other (Describe in Part XIII.)	4b	0	
С	Add lines <b>4a</b> and <b>4b</b>			0
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			1,754,832
Part		-	per Return.	
	Complete if the organization answered "Yes" to Form 990, I			
1	· ·		. 1	1,748,372
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a	0	
b	Prior year adjustments	2b	0	
C	Other losses	2c	0	
d	Other (Describe in Part XIII.)	2d	0	
е	Add lines 2a through 2d		. 2e	0
3	Subtract line 2e from line 1		. 3	1,748,372
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	o	
b	Other (Describe in Part XIII.)	4b	0	
С	Add lines <b>4a</b> and <b>4b</b>			0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			1,748,372
Part	XIII Supplemental Information.	·		.,,
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and	2b; Part V, line	e 4: Part X. line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			,
Part X.	Line 2: The organization is exempt from federal income tax under the provisi	on of Section 501 (c)(3) of	the Internal Re	venue Code
except	on net income derived from unrelated business activities. The corporation be	elieves that it has appropr	iate support for	any tax
	······································			
nositio	ns taken, and as such, does not have any uncertain tax positions that are mat	terial to the financial state	ments. The cor	noration's
federal	Return of Organization Exempt From Income Tax (Form 990) for the tax years	s endina June 30. 2011. Ju	ne 30. 2012. Jui	se 30, 2013 and
June 3	0, 2014 are subject to examination by the IRS (Internal Revenue Service) gene	rally for three years after t	hev were filed.	
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	•			
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Schedule D (Form 990) 2013 Page 5					
Part XIII	Supplemental Information (continued)				
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		<b></b>			
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<b></b> -					

### SCHEDULE O (Farm 990 or 990-EZ)

## 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.

OMB No. 1545-0047 2013

► Attach to Form 990 or 990-EZ. Open to Public Department of the Treasury Internal Revenue Service ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Name of the organization **Employer identification number** Area IV Senior Citizens Planning Council, Inc 23-7338146

Area is senior orazens i tarrining obarron, mo	20 7000110
Part VI, Section A, Line 9:	
Duane Anderson, 814 W. 3rd St, Webster, SD 57274	
Lawrence Goehring, PO Box 152, Mound City, SD 57646	
Judy Haberer, PO Box 99, Bowdle, SD 57428	
Colleen Halverson, PO Box 225, Veblen, SD 57270	
Gene Herman, PO Box 509, Faulkton, SD 57438	
Don Heupel, PO Box 475, Eureka, SD 57437	
Herman Jansen, 118 S. 1st Ave, Ashton, SD 57424	
Gene Miller, PO Box 105, Selby, SD 57472	
Virginia Sauer, 135 1st Ave W, McIntosh, SD 57641	
Kenneth Tiffany, 1209 Norwood Dr, Aberdeen, SD 57401	
Vivian Van Hill, 313 2nd Ave E, Sisseton, SD 57262	
Barbara Winkler, 601 S Main, Onida, SD 57564	
Part VI, Section B, Line 11B:	
Copies of the 990 are mailed to the Board of Directors for review prior to filing. The Project Director a	nd Corporate Auditor also review the
990.	······
Part VI, Section C , Line 19:	
Our organization does not have a procedure for making our documents, policies and financial statements	ents available to the public.

chedule O (Form 990 or 990-EZ) (2013)	Page 2
lame of the organization	Employer identification number
	<u> </u>