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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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

A For the 2013 calendar year, or tax year beginningJUL1,2013 and ending _JUN30,2014									
B C	heck if	C Name of organization	D Employer identification number						
	Addre chang	SENIOR CITIZENS OF KODIAK, INC.	22.7248240						
\vdash	_chang _Initial		23-7348249						
	_return Termir ated	Number and street (or P.O. box if mail is not delivered to street address) Room/su 302 ERSKINE DRIVE	uite E Telephone number 907-486-6181						
	Amen		G Gross receipts \$ 1,590,511.						
	Application	^a KODIAK, AK 99615	H(a) Is this a group return						
	pendir	F Name and address of principal officer PATRICIA BRANSON	for subordinates? Yes X No						
		SAME AS C ABOVE	H(b) Are all subordinates included? Yes No						
			If "No," attach a list (see instructions)						
		te: WWW.KODIAKSENIORCENTER.ORG	H(c) Group exemption number ▶						
			ear of formation: 1973 M State of legal domicile: AK						
Pa	rt I	Summary	DE GUDDORE GERLITARIA MA						
e		Briefly describe the organization's mission or most significant activities TO PROVIDED ON FOR THE AND CO.							
Governance		THOSE PEOPLE 60 AND OVER ON KODIAK ISLAND SO							
ver		Check this box	1 - 1						
		Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)	3						
Š		Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5 20						
Activities &		Total number of volunteers (estimate if necessary)	6 69						
cţ		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.						
		RECEIVED ,	Prior Year Current Year						
ē	8	Contributions and grants (Part VIII, line 1h)	884,441. 1,042,423.						
enn	9	Program service revenue (Part VIII, line 2g) FEB 1 3 2015	546,492. 503,550.						
Revenue	10	investment income (Part VIII, column (A), lines 3, 4, and 7d)	85. 53.						
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,931. 44,383.						
		Total revenue - add lines 8 through 11 (must equal Part VCColumn (A) line 12)	1,448,949. 1,590,409.						
	l .	Grants and similar amounts paid (Part IX, column (A), lines 1:3)	0. 0.						
		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	726,399. 708,885.						
ses	1	Professional fundraising fees (Part IX, column (A), line 11e)	0. 720,333.						
Expenses	l	Total fundraising expenses (Part IX, column (D), line 25)							
ű	l	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	865,551. 904,042.						
9)	l	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,591,950. 1,612,927.						
	l	Revenue less expenses Subtract line 18 from line 12	<143,001.> <22,518.>						
or			Beginning of Current Year End of Year						
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	2,063,426. 2,108,006.						
at Ag	21	Total liabilities (Part X, line 26)	158,381. <u>225,479.</u>						
-		Net assets or fund balances Subtract line 21 from line 20	1,905,045. 1,882,527.						
$\overline{}$	<u>ırt II</u>	Signature Block							
		alties of perjury, I declare that I have examined this return, including accompanying schedules and sta							
true,	Correc	ct, and complete. Declaration of preparer (after than officer) is based on all information of which prep	arer rias arry knowledge.						
Siar		Signature of officer	Date						
Sigr Her		PATRICIA BRANSON, EXECUTIVE DIRECTOR							
		Type or print name and title	Date // Check PTIN						
5.14		Print/Type preparer's name Prepart's signature							
Paid		CINDY L. HULQUIST, CPA (MALE)	7 7 17 S S S S S S S S S S						
Prep		Firm's name THOMAS, HEAD & GREISEN, ACC	Firm's EIN92-0043874						
Use	Uniy	Firm's address 1400 WEST BENSON BEVD., 400 ANCHORAGE, AK 99503-3683	Phone no. (907)272-1571						
Mar	the !!	RS discuss this return with the preparer shown above? (see instructions)	Phone no. (907) 272-1371 X Yes	4					
	01 10-2		Form 990 (2013)	, •					
JJ20		EEE SCHEDULE O FOR ORGANIZATION MISSION STATE		1					
	~		<i>F</i>	_					
			·						

	990 (2013) SENIOR CITIZENS OF KODIAK, INC. 23-7348249 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	TO PROVIDE SUPPORT SERVICES TO THOSE PEOPLE 60 AND OVER ON KODIAK
	ISLAND SO THAT THEY MIGHT LIVE LONGER WITH INDEPENDENCE, HONOR AND
	DIGNITY.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 568,483. including grants of \$) (Revenue \$)
Tu	SENIOR SERVICES - PROVIDES SUPPORT SERVICES TO THOSE PEOPLE 60 AND OVER
	ON KODIAK ISLAND.
	ON RODIAR ISHAND.
	445 075
4b	(Code) (Expenses \$445,875. including grants of \$) (Revenue \$274,690.)
	ADULT DAY CARE - PROVIDES A SAFE AND STRUCTURED DAY PROGRAM TO PEOPLE
	WITH ALZHEIMER'S DISEASE AND OTHER DEMENTIA, THOSE RECOVERING FROM A
	WITH ALZHEIMER'S DISEASE AND OTHER DEMENTIA, THOSE RECOVERING FROM A
	WITH ALZHEIMER'S DISEASE AND OTHER DEMENTIA, THOSE RECOVERING FROM A
	WITH ALZHEIMER'S DISEASE AND OTHER DEMENTIA, THOSE RECOVERING FROM A
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	WITH ALZHEIMER'S DISEASE AND OTHER DEMENTIA, THOSE RECOVERING FROM A
	WITH ALZHEIMER'S DISEASE AND OTHER DEMENTIA, THOSE RECOVERING FROM A STROKE OR WHO NEED SOCIALIZATION.
4c	WITH ALZHEIMER'S DISEASE AND OTHER DEMENTIA, THOSE RECOVERING FROM A STROKE OR WHO NEED SOCIALIZATION. (Code) (Expenses \$\frac{305,227.}{27.} including grants of \$\frac{170,517.}{27.}
4c	WITH ALZHEIMER'S DISEASE AND OTHER DEMENTIA, THOSE RECOVERING FROM A STROKE OR WHO NEED SOCIALIZATION. (Code) (Expenses \$ 305,227. Including grants of \$) (Revenue \$ 170,517.) KODIAK AREA TRANSIT SYSTEM - PROVIDES COORDINATED TRASPORTATION SERVICE
4c	WITH ALZHEIMER'S DISEASE AND OTHER DEMENTIA, THOSE RECOVERING FROM A STROKE OR WHO NEED SOCIALIZATION. (Code) (Expenses \$\frac{305,227.}{27.} including grants of \$\frac{170,517.}{27.}
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4d	WITH ALZHEIMER'S DISEASE AND OTHER DEMENTIA, THOSE RECOVERING FROM A STROKE OR WHO NEED SOCIALIZATION. Code

	,		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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3.7
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u> _
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			77
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u> _
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
_	Schedule D, Part III	8		<u>X</u>
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?	9		х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10	х	
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	10		
11	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	х	
h	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		X
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		X
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		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	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		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u>X</u>
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_X_
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
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		_X_
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		<u>X</u>
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		_X_
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	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	(2013)

332003 10-29-13

Form 990 (2013) SENIOR CITIZENS OF KODIAK, INC.
Part IV 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 19 If "Yes," complete Schedule I, Parts I and II	21		X
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		_X_
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_		X
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	_	<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		ļ	
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	1		<u> </u>
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
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		ļ	
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation]
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
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		X
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	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	l
		Form	990	(2013)

Form 990 (2013) SENIOR CITIZENS OF KODIAK, INC.
Part V Statements Regarding Other IRS Filings and Tax Compliance

Since the number reported in Box 3 of Form 1096 Enter 0, if not applicable 1a		Check if Schedule O contains a response or note to any line in this Part V					
b Enter the number of Forms W-23 included in line 1a. Enter 0-if not applicable — Did the organization comply with backup withholding ulse for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. It was a few and the calendar year ending with or within the year covered by this return It was a few and a						Yes	No
b Enter the number of Forms W-S3 included in line 1a. Enter 0- of not applicable — Did the organization comply with backup withholding ulser for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, lead for the calendar year ending with or within the year covered by this return 5 If a least one is reported on line 2a, did the organization file all inequired federal employment tax returns? 8 If If Yes, I want of lines 1 and 2a is greater than 250, you may be required to e-five (see instructions) 8 If Yes 1 and 1 file a file a form 900 of for this year If "No. 1 five 8b; your bed an explanation in Schedule O 8 If Yes 2, I shall file a file a form 900 of for this year If "No. 1 five 8b; your bed an explanation in Schedule O 8 If Yes 3, I shall file a file a form 900 of for this year If "No. 1 five 8b; your bed an explanation in Schedule O 8 If Yes 2, I shall be a file a form 900 of for this year If "No. 1 five 8b; your bed an explanation in Schedule O 8 If Yes 3, I shall be a file a form 900 of for this year If No. 1 five 8b; your bed an explanation in Schedule O 8 If Yes 3, I shall be a file a file a file of the organization has an interest in, or a signature or other authority over, a financial Accounts 8 If Yes 3, I shall be a file a	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	o		-	
gambling) winnings to prize winners? Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return It least one is reported on line 2a, did the organization file all required federal employment tax returns? 20 IX Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-five (see instructions) 30 ID dit he organization have unrelated business gross income of \$1,000 or more during the year? 31 If "Yes," as it filed a form 950 Tor file year "I" "No, * to in e. By, rowce an explanation in Schedule O 32 If "Yes," enter the name of the foreign country № 33 If 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)? 33 If "Yes," enter the name of the foreign country № 34 If "Yes," enter the name of the foreign country № 35 If "Yes," enter the name of the foreign country № 36 If "Yes," enter the name of the foreign country № 37 If "Yes," enter the name of the foreign country № 38 If "Yes," enter the name of the foreign country № 39 If "Yes," enter the name of the foreign country № 30 If "Yes," enter the name of the foreign country № 31 If "Yes," enter the name of the foreign country № 32 If "Yes," enter the name of the foreign country № 33 If "Yes," enter the name of the foreign country № 34 If "Yes," enter the name of the foreign country № 35 If "Yes," enter the name of the foreign country № 36 If "Yes," enter the name of the foreign country № 37 If "Yes," enter the name of the foreign country № 38 If "Yes," enter the name of the foreign country № 39 If "Yes," enter the name of the foreign country № 30 If "Yes," enter the name of the foreign country № 31 If "Yes," enter the name of the foreign country № 32 If the organization received a contribu	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		0			
2a Earter the number of employees reported on Form W.3, Transmittat of Wage and Tax Statements, 2a 20 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (bee instructions) 3	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
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	14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O	·		00.5	<u> </u>

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions							
	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion 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 1a 9							
	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		i 1					
b	Enter the number of voting members included in line 1a, above, who are independent 1b9							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		X				
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		_X_				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5								
6	Did the organization have members or stockholders?	5 6	Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
<i>i</i> a	more members of the governing body?	7a	х					
_	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	, u						
D		7b	х					
_	persons other than the governing body?	"	-25	_				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		х					
a	The governing body?	8a_	X	_				
b	Each committee with authority to act on behalf of the governing body?	8b						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			- J				
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>	<u> </u>				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		F					
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a	<u> </u>	X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			1				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	<u> </u>	<u> </u>				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	<u> </u>				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		İ	ļ				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	<u> </u>				
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	X					
13	Did the organization have a written whistleblower policy?	13	X	<u> </u>				
14	Did the organization have a written document retention and destruction policy?	14	X					
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?							
а		15a	X					
b		15b		Х				
J	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)							
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
·Va	taxable entity during the year?	16a		x				
L	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	<u> </u>		T				
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		1					
		16b						
800	exempt status with respect to such arrangements?	1 100	<u> </u>					
17	List the states with which a copy of this Form 990 is required to be filed AK Coates C104 is ruives as accompation to make the Forms 1933 (or 1934 if employed). 990, and 990 T (Section 501(c)(3)s only).	availat	nla					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avandi) IC					
	for public inspection. Indicate how you made these available Check all that apply							
	Own website Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	id finai	ncial					
	statements available to the public during the tax year							
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	tion	_					
	PATRICIA BRANSON - 907-486-6181							
	302 ERSKINE DRIVE, KODIAK, AK 99615							
33300	is 10-29-13	Forn	n 990	(2013)				

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 Employee	2.5

- 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	nor any related	orga	nıza	tion	cor	nper	nsat	ed any current officer, of	lirector, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(40		Pos			one	Reportable	Reportable	Estimated
	hours per	box	not check more, unless person		rson	is bot	h an	compensation	compensation	amount of
	week	-	cer ar	d a d	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	Ę ,	۱.,			귤		organization	(W-2/1099-MISC)	from the
	related	stee (uste			Sua		(W-2/1099-MISC)		organization
	organizations	Individual trustee or director	Institutional trustee		Key employee	lg a				and related
	below	vidu	l the	Officer	l a	hest	ije.			organizations
	line)	亨	Inst	8	Æ	Highest compensated employee	ž			
(1) PATRICIA BRANSON	50.00									
EXECUTIVE DIRECTOR				X				133,209.	0.	8,678.
(2) DAVID BLACKETER	1.00									
PRESIDENT		Х		x			l	0.	0.	0.
(3) SUSAN BROCKMAN	1.00						-			
	1.00	x		x				0.	0.	0.
VICE PRESIDENT	1.00	▞		^	-	-		0.		
(4) MONA JOHNSON	1.00	٠,,		37					0.	0
SECRETARY/TREASURER	1 00	X	-	X	├			0.	<u> </u>	0.
(5) LAURENCE ANDERSON	1.00	-	1	1						•
MEMBER		X			<u> </u>			0.	0.	0.
(6) DORIS BACUS	1.00]								
MEMBER		X						0.	0.	0.
(7) GRETCHEN SAUPE	1.00									
MEMBER		X				1		0.	0.	0.
(8) PAT HEITMAN	1.00				1	1				
MEMBER		X						0.	0.	0.
	1.00	1			\vdash	 		•		
(9) FLORENCE PESTRIKOFF		X						0.	0.	0.
MEMBER	1 00	1	₩		₩	+	┢	<u> </u>	<u> </u>	
(10) ROBERTA AUSTRING	1.00					ŀ				_
MEMBER		X	<u> </u>		<u> </u>	<u> </u>	_	0.	0.	0.
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			<u> </u>		<u> </u>					
		•	•	_	•					Form 990 (2012)

Form **990** (2013)

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than box, unless person is bot		Position not check more than one			one h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Stimate mount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	tions comper		ation e ion ed
										-		
		-										
										<u> </u>		
	-	-										 -
1b Sub-total c Total from continuation sheets to Part V	II, Section A	L				1.	▶	133,209.	0			78. 0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but r	not limited to th	ose	liste	ed a	bov	e) wl	no re	133,209. ecceived more than \$100	0,000 of reportable	•	8,6	<u>78.</u>
compensation from the organization											Yes	No No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	such individual					•				3		x
 4 For any individual listed on line 1a, is the si and related organizations greater than \$15 5 Did any person listed on line 1a receive or an angle of the side. 	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	or such individual		4		<u>x</u>
rendered to the organization? If "Yes," com Section B. Independent Contractors								ed organization of more		5		<u>x</u>
Complete this table for your five highest co the organization. Report compensation for	-									nsation	from	
(A) Name and business			ONE					(B) Description of			(C) ensatio	on
										_		
		_										
2 Total number of independent contractors (including but n	ot li	mıte	d to	tho	se li	sted	l above) who received r	nore than			
\$100,000 of compensation from the organ	zation >					0				Forn	990	(2013)

		Check if Schedule O conti	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
Gra Iou	b	Membership dues	1b		!			
Am Am	С	Fundraising events	1c					
를 를	d	Related organizations	1d	150,000.				
ns,	е	Government grants (contribut	ions) 1e	883,739.				
er S	f	All other contributions, gifts, gran						
έξ		similar amounts not included above	ve 1f	8,684.				
Contributions, Gifts, Grants and Other Similar Amounts	_		1a-1f \$					
<u>5 6</u>	<u>h</u>	Total. Add lines 1a-1f			<u>1,042,423.</u>		 	
	•	ארווות האע מאספ		Business Code	274 600	274 600		
je		ADULT DAY CARE		623990	274,690. 170,517.	274,690. 170,517.		-
le Se	b	TRANSIT SYSTEM	TIP CIID	623990 623990	58,343.	58,343.		
Program Service Revenue	C	NATIONAL CAREGI	VER SUP	023990	30,343.	30,343.		
Pag	d	· · · · · · · · · · · · · · · · · · ·						
요	e	All other program service reve	DUG.					-
		Total. Add lines 2a-2f	ilue		503,550.			
\neg	3	Investment income (including	dividends interi		303,330.			
	·	other similar amounts)	arridorido, irridi	>	155.			155.
	4	Income from investment of ta	x-exempt bond r	roceeds				
	5	Royalties		•				
i	_	.,	(ı) Real	(II) Personal				
	6 a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		•				
	7 a	Gross amount from sales of	(ı) Securities	(ıi) Other				
		assets other than inventory						
	b	Less. cost or other basis						
		and sales expenses		102.				
	С	Gain or (loss)		<102.				
	d	Net gain or (loss)			<102.	<u> </u>		<102.
une	8 a	Gross income from fundraisin	g events (not					
en e		including \$	of					
Other Reve		contributions reported on line	1c) See					
ē		Part IV, line 18	а					
₹		Less direct expenses	b]		
		Net income or (loss) from fund	=		<u>.</u>			-
	9 a	Gross income from gaming ac				1		
		Part IV, line 19	a					
İ		Less direct expenses Net income or (loss) from gam	b bootsutsee					
		Gross sales of inventory, less	_					
ĺ	10 a	and allowances						
	h	Less cost of goods sold	a b					
		Net income or (loss) from sale						
}	C	Miscellaneous Revenu		Business Code		 		
ŀ	11 2	OTHER REVENUE	<u>. </u>	900099	44,383.			44,383.
	ıı a b	<u> </u>			11,505.			1 22,000.
	C							1
l	d							
	<u>.</u>	Total. Add lines 11a-11d		<u> </u>	44,383.	<u> </u>		
	12	Total revenue See instructions.			1,590,409.		0	. 44,436.
332009 10-29-					<u> </u>			Form 990 (2013)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses (C) Management and general expenses (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 86,266. 30,117. trustees, and key employees 116,383. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 41,770. 441,219. 399,449. Other salaries and wages 7 Pension plan accruals and contributions (include 13,644. section 401(k) and 403(b) employer contributions) 13,644. 5,070. 79,819. 84,889. Other employee benefits 8,434. 52,750. 44,316. Payroll taxes 10 Fees for services (non-employees) a Management Legal 2,250. 50,187. 47,937 Accounting C Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 2,906. 2,906 Advertising and promotion 12 16,341. 16,341 Office expenses 13 Information technology 14 Royalties 15 76,988. 76,988. 16 Occupancy 4,485. 10,348. 5,863. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 89,302. 12,410. 101,712. 22 Depreciation, depletion, and amortization 8,703. 24,418. 33,121, 23 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.) 37,130. 305,522. 342,652. a CONTRACTUAL SERVICES 209,242. 4,910. 214,152. MEALS & ENTERTAINMENT 24,304. 24,304 c FUEL 13,173. 12,849 324. d SUPPLIES 14,529 3,629 18,158. e All other expenses 172,876. 0. 1,612,927 440,051 25 Total functional expenses. Add lines 1 through 24e Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

SENIOR CITIZENS OF KODIAK, INC.

Part X	<u> </u>	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing	30,135.	1	152,533
2	2	Savings and temporary cash investments	79,570.	2	9,722
3		Pledges and grants receivable, net	105,699.	3	124,407
4	4	Accounts receivable, net	56,421.	4	91,626
5		Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
6	6	Loans and other receivables from other disqualified persons (as defined under			
	_	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
,		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
7	7	Notes and loans receivable, net		7	
į ' ė		Inventones for sale or use		8	· · · · · · · · · · · · · · · · · · ·
9		Prepaid expenses and deferred charges	20,849.	9	21,270
1 -		Land, buildings, and equipment cost or other	20,040.	3	21,270
"	Ua				
			1,770,752.	10c	1,708,448
		Less accumulated depreciation 10b 1,790,014. Investments - publicly traded securities	1,770,752.	11	1,700,440
11		Investments - other securities See Part IV, line 11		12	
12		· · · · · · · · · · · · · · · · · · ·		13	
13		Investments - program-related See Part IV, line 11		14	
14		Intangible assets			·
15		Other assets See Part IV, line 11	2,063,426.	15	2,108,006
16		Total assets, Add lines 1 through 15 (must equal line 34)	129,520.	16	169,794
17		Accounts payable and accrued expenses	149,540.	17	103,135
18		Grants payable		18	
19		Deferred revenue		19	
20		Tax-exempt bond liabilities		20	
21		Escrow or custodial account liability Complete Part IV of Schedule D		21	
22	2	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons			
22		Complete Part II of Schedule L		22	
23		Secured mortgages and notes payable to unrelated third parties		23	
24		Unsecured notes and loans payable to unrelated third parties		24	
25	5	Other liabilities (including federal income tax, payables to related third			
- 1		parties, and other liabilities not included on lines 17-24) Complete Part X of	00 061		EE CO.
		Schedule D	28,861.	25	55,685
26	<u>6</u>	Total liabilities. Add lines 17 through 25	158,381.	26	225,479
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and		1	
27 28 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32		complete lines 27 through 29, and lines 33 and 34.	1 005 045	:	1 000 505
27	7	Unrestricted net assets	1,905,045.	27	1,882,52
28	8	Temporarily restricted net assets		28	
29	9	Permanently restricted net assets		29	
2		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
5		and complete lines 30 through 34.			
30	0	Capital stock or trust principal, or current funds		30	
31	1	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	2	Retained earnings, endowment, accumulated income, or other funds		32	
33	3	Total net assets or fund balances	1,905,045.	33	1,882,527
34	4	Total liabilities and net assets/fund balances	2,063,426.	34	2,108,006

Form **990** (2013)

Part XI Reconcilitation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI		.990 (2013) SENIOR CITIZENS OF KODIAK, INC.	23-73	48249	Pag	_{je} 12
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 8 Prior penod adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) The column (B) Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990 Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 1 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. consolidated basis or both Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis or both Separate basis X Consolidated basis Both consolidated and separate basis. 1 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. consolidated basis A box below to indicate whether the financial statements for the year were audited on a separate basis. consolidated basis X Consolidated basis Both consolidated and separate basis. Consolidated basis A box below to indicate whether the financial statements for the year were audited on a separat	Pai					
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 3		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 3				1 50	^ 4	00
3 Revenue less expenses Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990 Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis or both Separate basis X Consolidated basis Both consolidated and separate basis, consolidated basis A both in Machine Separate basis X Consolidated basis Both consolidated and separate basis Consolidated basis A both organization from a prior year or checked "Other," explain in Schedule O Separate basis X Consolidated basis Both consolidated and separate basis Consolidated basis A both organization from a prior year or checked "Other," explain in Schedule O Separate basis Consolidated basis A both Consolidated basis A both Consolidated basis A both Consolidated basis A both Consolidated basis A both Consolidated basis A both Consolidated basis A both Consolidated basis A both Consolidated basis A both Consolidated basis A both Consolidated basis A both Consolidated basis A both Consolidated basis A both Consolidated basis A both Consolidated basis A both Consolidated basis A both Consolidated basis A both Con						
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5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting These is the organization Statements and Reporting 1 Accounting method used to prepare the Form 990	-	·				
6 Investment expenses 7 7 7 7 7 7 7 7 7				1,90	5,0	<u>45.</u>
7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 It assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 It assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, line 1 It asset as the second of year Combine lines 3 through 9 (must equal Part X, line 33, line 1 It asset as the second of year Combine lines 3 through 9 (must equal Part X, line 33, line 1 It asset as the second of year Combine lines 3 through 9 (must equal Part X, line 33, line 1 It asset as the second of year Combine lines 3 through 9 (must equal Part X, line 33, line 1 It asset as the second of year Combine lines 3 through 9 (must equal Part X, line 33, line 1 It asset as the second of year Combine lines 3 through 9 (must equal Part X, line 33, line 1 It asset as the second of year Combine lines 3 through 9 (must equal Part X, line 33, line 1 It asset as the second of year Combine lines 3 through 9 (must equal Part X, line 33, line 1 It asset as the second of year Combine lines 3 through 9 (must equal Part X, line 33, line 1 It asset as the second of year Combine lines 3 through 9 (must equal Part X, line 33, line 1 It asset as the second of year Combine lines 3 through 9 (must equal Part X, line 33, line 1 It asset as the second of year Combine lines 3 through 9 (must equal Part X, line 33, line 1 It asset as the second of year Combine lines 3 through 9 (must equal Part X, line 33, line 1 It asset as the second of year Combine lines 3 through 9 (must equal Part X, line 33, line 1 It asset as the second of year Combine lines 3 through 9 (must equal Part X, line 33, line 1 It asset as the second of year A line 1 It asset as the year x line 1 It as year x line 1 It as year x line 1 It as year x line 1 It as year x line 1 It as year x line 1 It as year x line 1 It as yea	5			- 		
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII The organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis X Consolidated basis Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b If the organization why in Schedule O and describe any steps taken to undergo such audits	6	Donated services and use of facilities	_6			
9 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 99	7	Investment expenses	7			
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990	8	Prior period adjustments	8			
Column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990	9	Other changes in net assets or fund balances (explain in Schedule O)	9			<u> </u>
Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Yes No Yes No Accounting method used to prepare the Form 990	10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990			10	<u>1,88</u>	<u>2,5</u>	<u>27.</u>
Accounting method used to prepare the Form 990	Pa	t XII Financial Statements and Reporting				
Accounting method used to prepare the Form 990		Check if Schedule O contains a response or note to any line in this Part XII				
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis X Consolidated basis Both consolidated and separate basis 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? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b					Yes	No
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Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis X Consolidated basis Both consolidated and separate basis 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 the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
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Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b		•	edule O			
Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	За					
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b		· · · · · · · · · · · · · · · · · · ·	-	3a		Х
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	b		red audit			
	_			3b		
				Form	990	(2013)

SCHĘDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

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.

OMB No 1545-0047

Open to Public Inspection

Name of t	he organizati	on						E	mployer id	dentification	on nur	nber	
			CITIZENS OF						23	-7348	<u> 249</u>		
Part I	Reason	for Public Chari	ity Status (All organiz	ations mus	st complet	e this part) See ınst	ructions					
The organ	ization is not a	private foundation l	pecause it is (For lines 1	through 1	11, check o	only one b	ox)						
1 🔲	A church, cor	nvention of churches	s, or association of churc	ches descr	ribed in se	ction 170	(b)(1)(A)(i)	•					
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)									
з 🔲	A hospital or	a cooperative hospit	tal service organization o	described i	n section	170(b)(1)(A)(iii).						
4	A medical res	search organization o	perated in conjunction	with a hos	pıtal descr	ibed in se	ction 170	(b)(1)(A)(ii	i). Enter th	ne hospital'	s nam	e,	
	city, and stat	e											
5	An organizati	on operated for the l	benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental uni	t describe	d in			
A church, con A school desc A hospital or a A medical res city, and state An organizate section 170(t A federal, stat An organizate section 170(t A community An organizate activities relat income and u See section 5 An organizate and u See section 5 An organizate and u See section 5 An organizate more publicly	section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
- =		. •	•										
7 X	An organizati	on that normally reco	eives a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	general p	ublic desci	ribed ii	n	
	section 170(b)(1)(A)(vi). (Comple	te Part II)										
8 🖳			ection 170(b)(1)(A)(vi).										
9 📖			eives (1) more than 33 1										
			nctions - subject to certa										
			axable income (less sect	tion 511 ta	x) from bu	sinesses a	cquired b	y the orga	ınızatıon a	fter June 3	0, 197	5	
		509(a)(2). (Complete	•										
10	_	•	perated exclusively to te		-			-			_		
11	_	_	perated exclusively for the									or	
			itions described in section				e) See sec	tion 509(a)(3). Che	ck the box	that		
		· · · · · · · · · · · · · · · · · · ·	organization and compl		_			. — -	- III - N	6 4 10			
	a Type	-	•	ype III - Fu	•	•				functional		_	
e			t the organization is not									П	
		=	han one or more publicly						5(a)(1) 01 S	ection 509	(a)(Z)		
f	•		ten determination from t	ine ins ins	atitisa iy	рет, туре	ii, or Type	. 1111					
_		rganization, check th	iis box organization accepted ar	waft or o	ontribution	from any	of the follo	owing ner	eone?				
g			rectly controls, either al								Yes	No	
			upported organization?	one or tog	eulei wiui	persons c	iescribea i	iii (ii) aira (iii) belevi,	11g(i)	103	140	
	•	• •	n described in (i) above?							11g(ii)			
		•	person described in (i) of		2					11g(iii)			
h	` '	•	about the supported or							(119()		<u>. </u>	
11	r rovide trie i	Ollowing information	about the supported of	gariizationi	(3)								
			(III) T	(iv) Is the c	rnanization	(v) Did you	i notify the	(vi) ls	s the	(vii) Amount		notoru	
	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9	in col. (i) lis				organızátı (i) organız	on in col. ^t		port	netai y	
Oi gi	amzation		above or IRC section	governing	document?	(i) of you	support?	U.S	2 11 110	ООР	po. t		
			(see instructions))	Yes	No	Yes	No	Yes	No				
					1								
								1					
				<u> </u>									
						1							
											-		
Total													
LHA For F	Paperwork Re	eduction Act Notice	, see the Instructions f	or				Schedu	le A (Form	n 990 or 99	0-EZ	2013	

332021 09-25-13

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013 SENIOR CITIZENS OF KODIAK, INC. 23-7348249 Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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)

Soct	on A. Public Support		· · · · · · · · · · · · · · · · · · ·			. — — . —	
~		() 0000	#1,0040	() 0044	1,0010	4) 2010	40 Tatal
	ar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	iffts, grants, contributions, and						
	nembership fees received (Do not	057 104	002 125	1064706	004 441	1042423.	4021000
	clude any "unusual grants ")	957,104.	983,135.	1004/90.	004,441.	1042423.	4931899.
	ax revenues levied for the organ-						
	ation's benefit and either paid to					·	
	r expended on its behalf						
-	he value of services or facilities						
	urnished by a governmental unit to		,			1	
	ne organization without charge	057 104	002 125	1064796.	884,441.	1042423.	4931899.
	otal. Add lines 1 through 3	957,104.	983,135.	1004/90.	004,441.	1042423.	4931099.
	he portion of total contributions			i			
	y each person (other than a						
_	overnmental unit or publicly						
	upported organization) included						
	n line 1 that exceeds 2% of the						
	mount shown on line 11,						
	olumn (f)					-	4021000
	ublic support. Subtract line 5 from line 4		<u> </u>	_ 	L	L	4931899.
	ion B. Total Support				1 11 2212	4 1 0010	/a T. L.
	ar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
•	mounts from line 4	957,104.	983,135.	1064796.	884,441.	1042423.	4931899.
	Pross income from interest,						
	ividends, payments received on						
	ecunties loans, rents, royalties	2 222	1 000	500	44.5	1	F 105
	nd income from similar sources	3,980.	1,986.	598.	416.	155.	7,135.
9 N	let income from unrelated business						
а	ctivities, whether or not the						
b	usiness is regularly carried on						
10 C	Other income Do not include gain						
0	r loss from the sale of capital		}				
а	ssets (Explain in Part IV)	38,155.	21,953.	20,378.	17,931.	44,384.	
11 T	otal support. Add lines 7 through 10						5081835.
12 G	iross receipts from related activities,	etc (see instructi	ons)			122	,965,1 <u>44</u> .
13 F	irst five years. If the Form 990 is foi	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
0	rganization, check this box and stor	here					<u>_</u>
Sect	ion C. Computation of Publ	ic Support Pe	rcentage				
14 P	ublic support percentage for 2013 (l	line 6, column (f) d	ivided by line 11, o	column (f))		14	97.05 %
	ublic support percentage from 2012	•	•			15	<u>97.19</u> %
16a 3	3 1/3% support test - 2013. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	
s	top here. The organization qualifies	as a publicly supp	orted organization	1			►LX
b 3	3 1/3% support test - 2012. If the o	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	6 or more, check t	his box
а	nd stop here. The organization qual	ifies as a publicly	supported organiz	ation			▶∟⊥
17a 1	0% -facts-and-circumstances tes	t - 2013. If the org	janization did not d	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
а	nd if the organization meets the "fac	ts-and-circumstar	ices" test, check tl	nis box and stop h	iere. Explain in Pa	rt IV how the organ	nization
n	neets the "facts-and-circumstances"	test The organiza	ation qualifies as a	publicly supported	d organization		▶∟」
b 1	0% -facts-and-circumstances tes	t - 2012. If the org	janization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
n	nore, and if the organization meets th	ne "facts-and-circu	ımstances" test, c	neck this box and	stop here. Explair	n in Part IV how the	
o	rganization meets the "facts-and-circ	cumstances" test	The organization of	qualifies as a publi	cly supported org	anızatıon	▶□
<u> 18 P</u>	rivate foundation. If the organization	n did not check a	box on line 13, <u>16</u>	a, 16b, 17a, or 17t	o, check this box a	and see instruction	s 🕨 🗌
			<u></u>	<u> </u>		edule A (Form 990	

(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 be Section A. Public Support	low, please com	piete Part II)			<u>-</u>	
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and	(a) 2003	(6) 2010	(6) 2011	(a) 2012	(e) 2013	(i) Total
membership fees received (Do not				İ		
include any "unusual grants ")						
2 Gross receipts from admissions.		-		-		
merchandise sold or services per-						
formed, or facilities furnished in					•	
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-			!			
ization's benefit and either paid to						
or expended on its behalf	- 					
5 The value of services or facilities						
fumished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received	-					
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)		-				
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	(0) = 0 0	(3) 2010	10/2017	(4) 2012	(6) 2010	III TOTAL
10a Gross income from interest,						
dividends, payments received on						İ
securities loans, rents, royalties and income from similar sources		1				
b Unrelated business taxable income						
					ł	
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b,						
whether or not the business is		:				
regularly carried on						
12 Other income Do not include gain or loss from the sale of capital						
assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) or	ganization,
check this box and stop here						
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2013 (lii	ne 8, column (f) d	ivided by line 13, o	column (f))		15	%
16 Public support percentage from 2012	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 20	I3 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	%
18 Investment income percentage from 2	012 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2013. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and	line 17 is not
more than 33 1/3%, check this box an	•					
b 33 1/3% support tests - 2012. If the	•	•	• •			3%, and
line 18 is not more than 33 1/3%, chec	_					_
20 Private foundation. If the organization		,	•	. , , , ,	•	
		 				

	(Form 990 or 990-EZ) 2013 SENI (<u>23-734824</u>	
rt IV	Supplemental Information.	Provide the explanations re	equired by Part II, line	e 10, Part II, line 1	7a or 17b, and Part III, I	ne 12
	Also complete this part for any addit	tional information (See insti	ructions)			
			· · · · · · ·			
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	·····					
						
						
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			· · · ·			

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.

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

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization SENIOR CITIZENS OF KODIAK, 23-7348249 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) 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? 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 conferring impermissible private benefit? 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 an historically important land area Preservation of land for public use (e.g., recreation or education) 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 easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 year -Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 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)(i) Yes and section 170(h)(4)(B)(ii)? 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 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (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 (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Schedule D (Form 990) 2013

		CITIZENS OF			Oth or Cimi	23-73		
Par	<u></u>							
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that	are a significant	t use of its o	collection it	ems
	(check all that apply)							
а	Public exhibition	d		nange progran	ns			
b	Scholarly research	е	Other					
С	Preservation for future generations							
	Provide a description of the organization's co	•	•	_		ose in Part	XIII	
5	During the year, did the organization solicit o				sımılar assets		ገ	<u> </u>
<u> </u>	to be sold to raise funds rather than to be ma						Yes	No_
Par	t IV Escrow and Custodial Arran- reported an amount on Form 990, Par	_	te if the organizatio	n answered "Y	es" to Form 99	0, Part IV, II	ne 9, or	
1a	Is the organization an agent, trustee, custodi		ary for contribution	s or other asse	ets not included	 d		
	on Form 990, Part X?		,				Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table					
_	, ,	•	J				Amount	
С	Beginning balance				1c			
	Additions during the year				1d			
	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?		-		Yes	No
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	planation has been	provided in Pa	art XIII			
Par								
		(a) Current year	(b) Prior year	(c) Two years	back (d) Three	years back	(e) Four ye	ears back
1a	Beginning of year balance	1,733,204.	1,565,056,	1,444	609. 1	196,147.	1.0	90,980,
b	Contributions			119	700.	8,426.		72,141.
С	Net investment earnings, gains, and losses	277,559.	183,091,	18	900.	248,572.	1	57,875.
d	Grants or scholarships							
é	Other expenditures for facilities							
	and programs	150,000.					1	18,678.
f	Administrative expenses	11,397.	14,943.	18	,153.	8,536.		6,171.
g	End of year balance	1,849,366.	1,733,204,	1,565	056. 1	444,609.	1.1	96,147.
2	Provide the estimated percentage of the cur			i)) held as	·	-		
а	Board designated or quasi-endowment	•	%					
b	Permanent endowment	%						
С	Temporarily restricted endowment ▶							
	The percentages in lines 2a, 2b, and 2c shou	uld equal 100%						
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administer	ed for the orgar	nization	_	
	by						Y	es No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	X
b	If "Yes" to 3a(ii), are the related organization:	s listed as required o	n Schedule R?				3b 2	X
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds					
Par	t VI Land, Buildings, and Equipn	nent.						
	Complete if the organization answere	d "Yes" to Form 990	, Part IV, line 11a S	ee Form 990,	Part X, line 10			
	Description of property	(a) Cost or o		or other	(c) Accumula depreciatio	1	(d) Book v	√alue
		basis (investr		(other)	depreciatio		227	677
	Land			7,677.	1 200	517	$\frac{227}{1,399}$	<u>,677.</u> 731
	Buildings			0,248.	1,290,			$\frac{,731.}{,492.}$
	Leasehold improvements			8,967.		475. 105		,265.
	Equipment			5,370.	198,3			,283.
	Other (Other			6,200.	230,9			, <u>448.</u>
<u>Total</u>	. Add lines 1a through 1e (Column (d) must e	equal ⊦orm 990, Part	x, column (B), line 1	U(C))			<u>1,/UO</u>	<u>,440.</u>

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 SENIOR CITI	ZENS OF KODIAK	, INC. 23-7348249 Pag	ge 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line 11b	See Form 990, Part X, line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line 11c		
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1)			
(2)			
(3)			
(4)			
(5)			
(7)			
(8)			

Other Assets.

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
stal. (Column (b) must equal Form 990. Part X. col. (R) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	PAYROLL LIABILITIES	27,385.
(3)	MEDICAID PAYABLE	28,300.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25)	▶ 55,685.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements 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

Schedule D (Form 990) 2013

chedule D (Form 990) 2013 SENIOR CITIZENS OF KOI		23-73482	49 Page 4
Part XI Reconciliation of Revenue per Audited Financial S	Statements With Reven	ue per Return.	
Complete if the organization answered "Yes" to Form 990, Part IV,	line 12a		
1 Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	1		
a Net unrealized gains on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII)	_2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 .		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII)	4b		
c Add lines 4a and 4b		4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Part XII Reconciliation of Expenses per Audited Financial	Statements With Expe	nses per Return.	
Complete if the organization answered "Yes" to Form 990, Part IV,	line 12a	· ···· <u>-</u> ·· ···· · · · · · · · · · · · · · · ·	
1 Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25.	1 1		
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII)	4b		
c Add lines 4a and 4b		4c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18)	5	
Part XIII Supplemental Information.			
PART V, LINE 4: PO ASSIST SENIOR CITIZENS OF KODIAK, INC.		THETR	
	C. III IICIIIIVIIIO	1111111	
XEMPT PURPOSE.			
			
			

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.

OMB No 1545-0047 Inspection

Name of the organization **Employer identification number** 23-7348249 SENIOR CITIZENS OF KODIAK, INC. FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: LONGER WITH INDEPENDENCE, HONOR AND DIGNITY. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: NATIONAL CAREGIVER SUPPORT PROGRAM - PROVIDES SUPPORT AND RESPITE TO CAREGIVERS BY ASSISTING WITH INFORMATION, RESOURCES AND TRAINING TO MAKE CARING FOR ELDERLY LOVED ONES EASIER. EXPENSES \$ 120,466. INCLUDING GRANTS OF \$ 0. REVENUE \$ 58,343. FORM 990, PART VI, SECTION A, LINE 6: DUES PAYING MEMBERS. FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS WHO HAVE PAID THEIR DUES CAN SERVE ON THE BOARD OF DIRECTORS AS WELL AS VOTE FOR THE BOARD. FORM 990, PART VI, SECTION A, LINE 7B:

FORM 990, PART VI, SECTION B, LINE 11:

THE FORM 990 IS REVIEWED BY THE BOARD AND THE EXECUTIVE

CHANGES TO THE BYLAWS REQUIRE APPROVAL BY MEMBERS.

DIRECTOR BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REGULARLY MONITORS AND ENFORCES COMPLIANCE

WITH THE CONFLICT OF INTEREST POLICY BY ANNUAL REVIEW OF THE POLICY MANUAL. 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 R (Form 990)

Part

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

► See separate instructions.

2013

Open to Public Inspection

Employer identification number 23-7348249 Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 INC. SENIOR CITIZENS OF KODIAK, Name of the organization

Direct controlling Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year End-of-year assets Total income ਉ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Partil

(g) Section 512(b)(13) controlled ž × entity? Yes Direct controlling entity status (if section Public charity LINE 11A, I 501(c)(3)) Exempt Code section 501(C)(3) ਉ Legal domicile (state or foreign country) ALASKA SUPPORT SENIOR CITIZENS OF Primary activity CODIAK, INC. SENIOR CITIZENS OF KODIAK ENDOWMENT FUND 92-0121016, 302 ERSKINE WAY, KODIAK, AK Name, address, and EIN of related organization

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2013

23-7348249

Page 2

Schedule R (Form 990) 2013 SENIOR CITIZENS OF KODIAK, INC.

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year Part III

General or Percentage managing ownership 3 Yes 6 Code V-UBI amount in box in 20 of Schedule UK-1 (Form 1065) y Ξ Disproportionate Yes No allocations? Ξ Share of end-of-year assets 9 Share of total income ε Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** (d)
| Direct controlling | entity (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization æ

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year Part IV

(i) lection 12(bX13) ntrolled	s No					_				
8 51 S	Yes			_		_		_	 	
(h) (i) Section Percentage 512[bX13) ownership controlled entity?		 								
(g) Share of end-of-year	- 1									
(f) Share of total income										
(e) pe of entity corp, S corp	or mast									
(d) Direct controlling entity										
(c) Legal domicile (state or foreign	country)			•						
(b) Primary activity										
(a) Name, address, and EIN of related organization										

Schedule R (Form 990) 2013

Page 3

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		-	1
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		res	2
Donning are tax year, and are organization engage in any or are concerning managed in the commence organizations in the control of (i) interest (ii) annualties or (iv) rent from a controlled entity	100		×
Giff great or capital contribution to related organization(s)	#	_	×
Cirt. grant, or capital contribution from related oxiganization(e)			×
	2	1	;
Loans or loan guarantees to or for related organization(s)	10		×
Loans or Ioan guarantees by related organization(s)	16		×
Dividends from related organization(s)	11		×
Sale of assets to related organization(s)	<u></u>		×
Durable of the second from the second	÷		×
ed organization(s)			1
Exchange of assets with related organization(s)			ا ۃ
Lease of facilities, equipment, or other assets to related organization(s)	<u>=</u>		×
Lease of facilities, equipment, or other assets from related organization(s)	*		×
Performance of services or membership or fundraising solicitations for related organization(s)	7		×
Performance of services or membership or fundraising solicitations by related organization(s)	£		×
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	at.		×
Sharing of haid employees with related organization(s)	Ç		×
			:
Rembursement paid to related organization(s) for expenses	10		×
Rembursement paid by related organization(s) for expenses	10		×
Other transfer of cash or property to related organization(s)	+		×
Other transfer of cash or property from related organization(s)	15	X	
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ansaction thresholds		
(a) (b) (c) Name of related organization type (a-s)	(d) Method of determining amount involved		
OF KODIAK ENDOWMENT FUND S 150,000.FMV			
			}
29	Schedule R (For	(066 m	8
29		Schedule R (For	Schedule R (Form 990) 2013

Schedule R (Form 990) 2013 SENIOR CITIZENS OF KODIAK, INC.

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

tage rship					!		2013
(k) Percent owners	_						Schedule R (Form 990) 2013
(j) anaging artner?							(Forn
(20 mg/s)		-					Jule R
(h)		,			'		Sched
(h) Dispropor tonate armiallocations? of							
(g) Share of 0 end-of-year all assets							
(f) Share of total income							
Are all Are all Solicio(3) orgs?							
Predominant income parties sec (related, unrelated, excluded from tax under Section 512-514) Yes No							
(c) Legal domicile (state or foreign country)							
(b) Primary activity						, :	
(a) Name, address, and EIN of entity							

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Schedule R	(Form 990) 2013	SENIOR	CITIZENS	OF KODIAK	, INC.	23-7348249 Page 5
Part VII	(Form 990) 2013 Supplemental In	formation				
	Cappicificital	iorination				
	Provide additional info	ormation for respor	nses to questions of	on Schedule R (see i	instructions)	

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*		-				

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