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Extended to February 15, 2017

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

A For the 2015 calendar year, or tax year beginning JUL 1, 2015 and ending JUN 30, D Employer identification number C Name of organization Check if applicable Address Ichange Daily Living Centers, Inc. Name change 73-1030757 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 405-792-2401 P.O. Box 608 City or town, state or province, country, and ZIP or foreign postal code 2,698,457. G Gross receipts \$ ated Amended Bethany, OK 73008-0608 H(a) Is this a group return Applica-ີYes ເXີNo F Name and address of principal officer Nelson Miller for subordinates? pending Yes same as C above H(b) Are all subordinates included? If "No." attach a list (see instructions) Tax-exempt status X = 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or H(c) Group exemption number ▶ J Website: ▶ dailylivingcenters.org K Form of organization: X Corporation Other > Year of formation: 1974 M State of legal domicile: OK Trust Part I | Summary Briefly describe the organization's mission or most significant activities Quality, affordable adult day Activities & Governance health care and independent living services delivered with dignity. Check this box 🕨 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets 18 Number of voting members of the governing body (Part VI, line 1a) 17 4 Number of independent voting members of the governing body (Part VI, line 1b) 66 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990 T, line 34 Prior Year **Current Year** 2,214,693 2,182,116. Contributions and grants (Part VIII, line 1h) Revenue 340,028. 387,472 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4-and-7d) 27,441 24,110. 10 Other revenue (Part VIII, column (A), lines 5, 6d, 6c, 9c, 10c, and 11e)
Total revenue - add lines 8 through 11 (must equal Part VIII) column (A) line 0 2,629,606 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), 1 0. 1,478,71 3. 1,541 ,144. Salaries, other compensation, employee benefits (Part-IX, Column (A), lines 5-10) Ο. 16a Professional fundraising fees (Part IX, column (A), line 11e) 98,144. **b** Total fundraising expenses (Part IX, column (D), line 25) 753,188. 845,498. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 231,901 2,386,642. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 397,705 159,612. Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year** End of Year 5,370,461 5,545,805. 20 Total assets (Part X, line 16) 120,100. 117,<u>991</u> 21 Total liabilities (Part X, line 26) 425,705. 252,470 22 Net assets or fund balances Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete feclaration of penarer (other than officer) is based on all information of which preparer has any knowledge Sign Nelson Mi CFO Here Type or print name and title PTIN Date Check Print/Type preparer's name Preparer's signature 12/29/16 self employed P01210185 Chad Wilsie Paid Chad Wilsie Firm's name EIDE BAILLY LLP Firm's EIN 45-0250958 Preparer Firm's address 1601 NW EXPRESSWAY, SUITE 1900 Use Only Phone no 405-478-3334 OKLAHOMA CITY, OK 73118 X Yes _ No May the IRS discuss this return with the preparer shown above? (see instructions) Form 990 (2015)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

orm	1990 (2015) Daily Living Centers, Inc. 73-1030757 Page 2
Pa	rt 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
	Quality, affordable adult day health care and independent living
	services delivered with 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	
	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 \$ 1,961,970. including grants of \$) (Revenue \$340,028.)
	Adult Day Care Program 358 days of service averaging 142 individuals
	per day. DLC provided 34,000 noon meals, 64,000 snacks, 92,000 nursing
	contacts, 26,000 transportation contacts and over a million activity
	contacts. 75% of clients reported satisfaction with the program. 25%
	did not respond to satisfaction survey. There were zero with negative
	responses.
	Over the last five years the DLC has provided over \$1,146,000 worth of
	free services to individuals needing the services that the DLC
	provides. DLC has recently been recognized as an innovative champion
	and a board member was awarded a national prize for working with others
	in the community to improve the lives of low income individuals. In
4b	(Code) (Expenses \$
4c	10
46	(Code) (Expenses \$) (Revenue \$)
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses \ 1 961 970

Form **990** (2015)

Form 990 (2015) Daily Living Centers, Inc.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
	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		Х
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			Х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		_^_
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		Х
e	· · · ·	3		
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			_21
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ŭ	Schedule D, Part III	8		Х
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		_X_
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		X
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	X	
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		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		<u>X</u>
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		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
Ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	100	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
b	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			[<u></u>
	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		L 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		Х
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a ^o If "Yes," complete Schedule G, Part II	18		X
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	990	L X
		Lorm	4411	いいもに

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic 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 or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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		X
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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		Х
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		Х
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 "Yes,"	i		
	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			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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		Х
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		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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>X</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		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	ŀ		
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</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		
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		<u>X</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, 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_	

Form	990 (2015) Daily Living Centers, Inc. 73-1030 TV Statements Regarding Other IRS Filings and Tax Compliance	<u>757</u>	P	age 5
	Check if Schedule O contains a response or note to any line in this Part V			
	Chock in Controlled Co		· ·	<u> </u>
	544 H		Yes	No
_	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 10			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2a	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 2a 66			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u>X</u>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b_		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
00	any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- 00		
ŭ	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		-
	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		X
a		7b		22
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70_		_
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7-		х
	to file Form 8282?	7c		Λ
	If "Yes," indicate the number of Forms 8282 filed during the year			v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X_
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C?	7h_		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<u> </u>	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
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			
11	Section 501(c)(12) organizations. Enter	i		
а	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)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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]		
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes " has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			990	/2015

Form 990 (2015) Daily Living Centers, Inc. 73-1030757 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	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 18			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 17			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ŭ	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
		- ٽ		
7a		7a		х
L	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1 a		
D		7b		х
•	persons other than the governing body? Put the executation contemporary apply designed the meetings held or written extrans undertaken during the year by the following:	10		
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	Λ	v
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
<u></u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		.,	
			Yes	No v
	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		3.5	
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	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
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	The organization's CEO, Executive Director, or top management official	15a	X	-
b	Other officers or key employees of the organization	15b	X	<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			l
	taxable entity during the year?	16a		X
b	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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶OK			
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)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	X 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, and	d finan	cial	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records 🕨			
	Nelson Miller - 405-792-2401			
	P.O. Box 608, Bethany, OK 73008			

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average		not c	heck		than		Reportable	Reportable	Estimated amount of
	hours per week					is bot or/trus		compensation from	compensation from related	other
	(list any	ctor						the	organizations	compensation
	hours for	or dire			ŀ	ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		g,	bens		(W-2/1099-MISC)		organization
	organizations below	ual tr	lonal		ploye	re de	_			and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Virgıl Todd	0.30							_	_	_
Board Chair	<u> </u>	X		X				0.	0.	0.
(2) Chris Anderson	0.30]				_	_
Board Member		X		Х	L	L_		0.	0.	0.
(3) Ken Lambert	0.30									_
Board Member		Х						0.	0.	0.
(4) Rick Ross	0.50									
Board Member		X				ļ		0.	0.	0.
(5) Fran Kozakowskı	0.30					ŀ			_	_
Board Member		Х						0.	0.	0.
(6) Toby Hamilton	0.50									
Board Member		X						0.	0.	0.
(7) David Lipham	0.30								_	
Board Member		X				ļ		0.	0.	0.
(8) Whitley Raymond	0.30	ļ		ļ					_	_
Board Member		X					<u></u>	0.	0.	0.
(9) Jack Werner	0.30			1						_
Board Member		X				<u> </u>	_	0.	0.	0.
(10) Craig Stephens	0.30									_
Board Member		Х				$ldsymbol{f eta}$	L	0.	0.	0.
(11) Scott Moore	0.50								_	_
Board Member		X	ļ		ļ	ļ	_	0.	0.	0.
(12) Ronald Reineke	0.30							_		_
Board Member		X			_	$ldsymbol{ldsymbol{eta}}$	_	0.	0.	0.
(13) Brian Rush	0.30								_	_
Board Member		X	<u> </u>	L_	ļ			0.	0.	0.
(14) Sherry Leeper	0.30	ļ							_	_
Board Member		X				<u> </u>		0.	0.	0.
(15) Jim Gray	0.30			•				_	_	_
Board Vice Chair	4	X		Х		Щ		0.	0	0.
(16) Bill Weaver	60.00									.
President & CEO	1	X		X		<u> </u>	<u> </u>	100,000.	0.	6,000.
(17) Debbie Buckles	0.30						1	_	_	_
Secretary	<u> </u>	X		Х			<u> </u>	0.	0.	0.

Part VII Section A. Officers, Directors, True	stees, Key Em	ploy	ees	, and	d Hı	ghe	st C	ompensated Employe	es (continued)				
(A)	` '		(C) Position					(D)	(E)			(F)	
Name and title	Average		not c	heck	more	than		Reportable	Reportable			stimate	
	hours per week		box, unless person is both an officer and a director/trustee)					compensation from	compensation from related		ar	nount of the contract of the c	of
	(list any	į						the	organizations		com	pensa	tion
	hours for	dre				fed		organization	(W-2/1099-MIS			om the	
	related	stee c	truste			pensa		(W-2/1099-MISC)			_	anızatı	
	organizations below	ual fr	попа		ploye	st com						d relati anızatı	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme				org.	21112411	5113
(18) Brian Laib	0.50												
Treasurer		X		X		<u> </u>	_	0.		0.			0.
(19) Nelson Miller	60.00							65.000		_			^
CFO		-		X	\vdash	ļ		65,000.		0.			0.
				_		<u> </u>							
						ļ							
						-	_						
						ŀ							
			H	-		-	ļ						
								•			l		
1b Sub-total								165,000.		0.		6,0	
c Total from continuation sheets to Part V	II, Section A							0.		0.		<i>c</i> 0	0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but	not limited to th		hote		h 0 1 1	a) ved	<u> </u>	165,000.	000 of reportable			6,0	00.
2 Total number of individuals (including but compensation from the organization	not infinited to tr	1056	IISU	eu ai	UUVŧ	e) wi	Ю	eceived more man \$100	,000 or reportable	6			0
- Component in the organization												Yes	No
3 Did the organization list any former officer	, director, or tru	uste	e, ke	y er	nplo	yee	, or l	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for	such individual										3		_X_
4 For any individual listed on line 1a, is the s									the organization				
and related organizations greater than \$15									-t1.6		4		X
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," cor	•				-		elat	ed organization or indivi	dual for services		5		х
Section B. Independent Contractors	iipiete Scriedui	e	01 5	ucri,	pers	SUIT						J.	- 21
Complete this table for your five highest or	ompensated in	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of com	pens	ation	from	
the organization Report compensation for													
(A)								(B)		_		C)	_
Name and business	s address	N	INC	<u> </u>			\dashv	Description of s	ervices		ompe	nsatio	П
							\dashv						
											·		
							ļ						
2 Total number of independent contractors	(including but r	ot li	mıte	d to	tho	se li	sted	above) who received n	nore than				
\$100,000 of compensation from the organ						0							

Daily Living Centers, Inc. Form 990 (2015) 73-1030757 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax under Related or Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 255,061. 1 a Federated campaigns 1a 1b b Membership dues c Fundraising events 1c d Related organizations 1d 1e 1,801,546. e Government grants (contributions) f All other contributions, gifts, grants, and 125,509 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 2,182,116. h_Total. Add lines 1a-1f Business Code Program Service Revenue 2 a Participant Fees 623990 251,897. 251,897. 86,961. ь Transportation Revenue 623990 86,961. 1,170. 623990 1,170. f All other program service revenue 340,028 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 26,815 26,815. other similar amounts) Income from investment of tax exempt bond proceeds 4 5 Royalties (ı) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other 149,498. assets other than inventory b Less cost or other basis 152,203 and sales expenses c Gain or (loss) <2,705. <2,705.⊳ <2,705.> d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a

d All other revenue e Total. Add lines 11a 11d

Total revenue. See instructions

0.

546,254.

340,028.

Sect	ion 501(c)(3) and 501(c)(4) organizations must com			omplete column (A)	
	Check if Schedule O contains a respor	(A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	165,054.		140,054.	25,000.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,110,682.	1,041,070.	37,528.	32,084.
8	Pension plan accruals and contributions (include	-			
	section 401(k) and 403(b) employer contributions)	İ			
9	Other employee benefits	157,576.	95,643.	49,016.	12,917.
10	Payroll taxes	107,832.	86,266.	15,096.	6,470.
11	Fees for services (non-employees)	, , , , , , , , , , , , , , , , , , , ,			<u> </u>
а	Management				
b	Legal		., .		
С	Accounting			-	
	Lobbying			-	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g				-	
•	column (A) amount, list line 11g expenses on Sch 0)	77,878.	19,151.	46,727.	12,000.
12	Advertising and promotion				
13	Office expenses	221,384.	206,300.	8,426.	6,658.
14	Information technology			0,1200	<u> </u>
15	Royalties				
16	Occupancy	128,502.	128,502.		
17	Travel	100,514.	88,453.	9,046.	3,015.
18	Payments of travel or entertainment expenses			2/0-00	<u> </u>
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11,603.	5,801.	5,802.	
20	Interest		-,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	131,331.	118,198.	13,133.	
23	Insurance	82,594.	82,594.	, ====	
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	Refund of prior year gr	75,000.	75,000.		
b	Printing & Publications	10,773.	9,696.	1,077.	
c	Licenses and Fees	3,114.	2,491.	623.	,
d				<u> </u>	
	All other expenses	2,805.	2,805.	·	
25	Total functional expenses Add lines 1 through 24e	2,386,642.	1,961,970.	326,528.	98,144.
26	Joint costs Complete this line only if the organization			, , , , , , , , , , , , , , , , , ,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here II tollowing SOP 98-2 (ASC 958-720)				
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				- 000

Form 990 (2015)
Part X | Balance Sheet

Par	t X	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	Cash · non-interest bearing	2,186,058.	1	2,375,118.
	2	Savings and temporary cash investments	163,675.	2	231,376.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	148,421.	4	155,221.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
Ę.		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	15,876.	7	16,145.
₹	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	60,359.	9	59,916.
	10a	Land, buildings, and equipment cost or other		- 1	
		basis Complete Part VI of Schedule D 10a 3,577,979.		ŀ	
	b	Less accumulated depreciation 10b 954,042.	2,677,617.	10c	2,623,937.
	11	Investments - publicly traded securities		11	
	12	Investments other securities See Part IV, line 11	118,455.	12	84,092.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,370,461.	16	5,545,805.
	17	Accounts payable and accrued expenses	63,278.	17	57,632.
	18	Grants payable		18	
	19	Deferred revenue	54,713.	19	62,468.
	20	Tax-exempt bond liabilities		20	
Ì	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
≣		key employees, highest compensated employees, and disqualified persons			
Liabilities		Complete Part II of Schedule L	····	22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D		25	100 100
-	26	Total liabilities. Add lines 17 through 25	117,991.	26	120,100.
1		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
Net Assets or Fund Balances		complete lines 27 through 29, and lines 33 and 34.	4 000 040		5 140 106
ă	27	Unrestricted net assets		27	5,149,196.
Ra	28	Temporarily restricted net assets		28	228,008.
[29	Permanently restricted net assets	48,501.	29	48,501.
-		Organizations that do not follow SFAS 117 (ASC 958), check here			
Sos		and complete lines 30 through 34.		_	
ser	30	Capital stock or trust principal, or current funds		30	
AS	31	Paid in or capital surplus, or land, building, or equipment fund		31	
je	32	Retained earnings, endowment, accumulated income, or other funds		32	E 40E 70E
-	33	Total net assets or fund balances		33	5,425,705.
	34	Total liabilities and net assets/fund balances	5,370,461.	34	5,545,805. Form 990 (2015)

	990 (2015) Daily Living Centers, Inc.	<u>73-10</u>) <u>30757</u>	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	.,			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,54		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,38		
3	Revenue less expenses Subtract line 2 from line 1	3			12.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,25	2,4	70.
5	Net unrealized gains (losses) on investments	5	1:	3,6	21.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	5,42	5,7	03.
Pa	rt XII Financial Statements and Reporting			_	_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
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	0	_		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l 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?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs.			
	consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schi	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir			1	
	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 requi	red audit			_
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	x	
			Form	990 ((2015)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

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

Employer identification number

Daily Living Centers, Inc 73-1030757 Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV. Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (II) EIN (III) Type of organization (IV) Is the organization (v) Amount of monetary (vi) Amount of organization (described on lines 1.9) support (see other support (see governing document? above (see instructions)) instructions) instructions)

Schedule A (Form 990 or 990-EZ) 2015 Daily Living Centers, Inc. 73-1030757 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)

Se	ction A. Public Support				· · ·		
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and					(-)	(7 : 5 : 5
	membership fees received (Do not						
	include any "unusual grants ")	1633075.	1793219.	1994322.	2214693.	2182116.	9817425.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities		-				
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1633075.	1793219.	1994322.	2214693.	2182116.	9817425.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included]					
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						9817425.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	1633075.	1793219.	1994322.	2214693.	2182116.	9817425.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	34,709.	30,279.	28,889.	27,441.	26,815.	148,133.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on			_			
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)	_					
11	Total support. Add lines 7 through 10						9965558.
12	Gross receipts from related activities,	etc (see instruction	ons)			12 1	,782,834.
13	First five years. If the Form 990 is for		first, second, third	d, fourth, or fifth ta	x year as a sectioi	n 501(c)(3)	
	organization, check this box and stop	here					<u> </u>
Sec	ction C. Computation of Publ	ic Support Per	centage				
	Public support percentage for 2015 (I		•	olumn (f))		14	98.51 %
	Public support percentage from 2014		•		l	15	98.34 %
16a	33 1/3% support test - 2015. If the o			line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies :		ŭ				. ►LX
D	33 1/3% support test - 2014. If the o	=			line 15 is 33 1/3%	or more, check th	is box
17.	and stop here. The organization quali	•			10 10 10		
ı/a	10% -facts-and-circumstances test						
	and if the organization meets the "fac					t vi now the organi	zation
h	meets the "facts-and-circumstances"	*			•	70 and h 45 - 4	
Ü	10% -facts-and-circumstances test more, and if the organization meets the						∪% Or
	organization meets the "facts-and-circ				•		▶ □
18	Private foundation. If the organization						
	Thate realization, if the organization	GIO HOL CHECK & L	50x 011 iiile 10, 10a	, 100, 17a, 01 17b		dule A (Form 990	

Schedule A (Form 990 or 990 EZ) 2015 Daily Living Centers, Inc. 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 be Section A. Public Support	iow, please com	ipiete Part II)				
	(a) 2011	(b) 2012	(a) 2012	(d) 2014	(a) 2015	(f) Total
Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and	(a) 2011	(0) 2012	(c) 2013	(u) 2014	(e) 2015	(f) Total
membership fees received (Do not						
include any "unusual grants ")						I
· · · · · · · · · · · · · · · · · · ·		-				
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					<u> </u>	
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					İ	
or expended on its behalf						
5 The value of services or facilities			}			
furnished by a governmental unit to						
the organization without charge		<u> </u>				 -
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						
	4.20044	#10040	1 1 2010	1,0011	1 1 2015	(n T)
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6		 	 		 	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						-
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on			ł			
12 Other income Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI) 13 Total support (Add lines 9, 10c, 11, and 12)					<u> </u>	
14 First five years. If the Form 990 is for t	the organization'	's first second thu	d fourth or fifth to	av vear as a secti	on 501(c)(3) organiz	ation
check this box and stop here	ne organization	3 m3t, accord, trii	u, louitil, of milita	an year as a section	on soricito, organiz	ation,
Section C. Computation of Public	Support Pe	ercentage				
15 Public support percentage for 2015 (lir			column (f))		15	9/
	• •	•	Solutiii (1))		15	9/
Section D. Computation of Invest					16	
17 Investment income percentage for 201			20 12 column (f)		147	
· · · · · · · · · · · · · · · · · · ·	·='	•	ie 13, column (i))		17	9
18 Investment income percentage from 20			on line 14 cmd line	15 10	18 22 1/39/ and line 1	7 to not
19a 33 1/3% support tests - 2015. If the c	-					/ IS NOT
more than 33 1/3%, check this box and		-		· · · · · · · · · · · · · · · · · · ·		ا ا
b 33 1/3% support tests - 2014. If the c	-					ano 🛌
line 18 is not more than 33 1/3%, chec						*
20 Private foundation. If the organization	did not check a	<u> </u>	a, or 19b, check th	nis box and see in	structions	▶∟

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A. D. and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
	:	
1		
2		
3a		
3b		
3с		
4a		
:		
4b		
4c		
-10		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

		3-103075	7 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
		<u> </u>	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b	ļ	ļ <u></u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	L	<u> </u>
Sec	ction B. Type I Supporting Organizations		-	·
	Did the directors trustees or membership of one or more supported executations have the newester		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.			
Sec	stion C. Type II Supporting Organizations	2		
	active type is eapporting enganizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)			
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruc	ctions):		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity ((see instructions))	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
^	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	[[
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
٠.	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

	dule A (Form 990 or 990 EZ) 2015 Daily Living Centers, I	_		/3-1030/5/ Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	-		uctions. All
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E	T
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	non C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lv-integrate	ed Type III supporting org	ianization (see

Schedule A (Form 990 or 990-EZ) 2015

instructions)

_	edule A (Form 990 or 990 EZ) 2015 Daily Living rt V Type III Non-Functionally Integrated 509			3-1030757 Page 7
Sect	ion D - Distributions	·····		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemp	<u> </u>		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	is	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which t	he organization is responsive	e	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2015 from Section C, line 6		·	
10	Line 8 amount divided by Line 9 amount			
	•	(ı) Excess Distributions	(II) Underdistributions	(III) Distributable
Sect	ion E - Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
_1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015			
a				
b				
с				
d	From 2013			
_ е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2015 distributable amount			
i_	Carryover from 2010 not applied (see instructions)			
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D,			
	line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
с	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2015 Subtract lines 3h			. ,
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2016. Add lines 3 _j and 4c			
8	Breakdown of line 7			
a				
b				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			

Part V Supplemental Information - Provide the explanations required by Part II, line 10, Part III, line 112 and 17, Part III, Section A, line 3, 26, 36, 36, 36, 36, 36, 36, 36, 36, 36, 3	Schedule A	(Form 990 or 990 EZ) 2015 Daily Liv	ring (Centers,	Inc.	73-1030757 Page 8
	Part VI	Supplemental Information. Provide the Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5 line 1, Part IV, Section D, lines 2 and 3, Part I Section D, lines 5, 6, and 8, and Part V, Section D, lines 5, 6, and 8, and Part V, Section D, lines 5, 6, and 8, and Part V, Section D, lines 5, 6, and 8, and Part V, Section D, lines 5, 6, and 8, and Part V, Section D, lines 5, 6, and 8, and Part V, Section D, lines 5, 6, and 8, and Part V, Section D, lines 5, 6, and 8, and Part V, Section D, lines 5, 6, and 8, and Part V, Section D, lines S, 6, and 8, and Part V, Section D, lines S, 6, and 8, and Part V, Section D, lines S, 6, and 8, and Part V, Section D, lines S, 6, and 8, and Part V, Section D, lines S, 6, and 8, and Part V, Section D, lines S, 6, and 8, and Part V, Section D, lines S, 6, and 8, and Part V, Section D, lines S, 6, and 8, and Part V, Section D, lines S, 6, and 8, and Part V, Section D, lines S, 6, and 8, and Part V, Section D, lines S, 6, and 8, and Part V, Section D, lines S, 6, and S, and Part V, Section D, lines S, 6, and S, and Part V, Section D, lines S, 6, and S, and Part V, Section D, lines S, 6, and S, and Part V, Section D, lines S, 6, and S, and Part V, Section D, lines S, 6, and S, and Part V, Section D, lines S, 6, and S, and Part V, Section D, lines S, 6, and S, and Part V, Section D, lines S, 6, and S, and Part V, Section D, lines S, 6, and S, and Part V, Section D, lines S, 6, and S, and Part V, Section D, lines S, 6, and S, an	he explar 5a, 6, 9a, 9 V, Sectior	nations required t 9b, 9c, 11a, 11b, n E, lines 1c, 2a, 2	by Part II, line 10, Part II, and 11c, Part IV, Section 2b, 3a and 3b, Part V, line	line 17a or 17b, Part III, line 12, n B, lines 1 and 2, Part IV, Section C, e 1, Part V, Section B, line 1e, Part V,
					· · · · · · · · · · · · · · · · · · ·	
	- 					
						··· · · · · · · · · · · · · · · · · ·
					-	

SCHEDULE D

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on 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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number Daily Living Centers, Inc. 73-1030757

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, line 6					
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds			
	are the organization's property, subject to the organization's	•	Yes No			
6	Did the organization inform all grantees, donors, and donor a		used only			
	for charitable purposes and not for the benefit of the donor of					
	impermissible private benefit?	, , ,	Yes No			
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, P				
1	Purpose(s) of conservation easements held by the organizat					
	Preservation of land for public use (e.g., recreation or e		rically important land area			
	Protection of natural habitat	Preservation of a certif	•			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	of a conservation easement on the last			
_	day of the tax year		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c			
	Number of conservation easements included in (c) acquired	• •	··· ·· · · · · · · · · · · · · · · · ·			
•	listed in the National Register	and of 17700, and not on a motorio or acta	2d			
3	Number of conservation easements modified, transferred, re	leased extinguished or terminated by the				
3	year	readed, extinguished, or terminated by the	organization during the tax			
4	Number of states where property subject to conservation ea	sement is located				
5	Does the organization have a written policy regarding the pe					
•	violations, and enforcement of the conservation easements i		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,					
Ū	b	Thanks of the another, and emercing conte	orranom cacomemo Lannig and year			
7	Amount of expenses incurred in monitoring, inspecting, hand	tling of violations, and enforcing conservat.	ion easements during the year			
•	▶ \$					
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170()	n)(4)(B)(i)			
Ū	and section 170(h)(4)(B)(ii)?		Yes No			
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense				
•	include, if applicable, the text of the footnote to the organiza	·				
	conservation easements					
Pai	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Ot	her Similar Assets.			
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statem	ent 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 (AS		and balance sheet works of art, historical			
_	treasures, or other similar assets held for public exhibition, e					
	relating to these items					
	(i) Revenue included on Form 990, Part VIII, line 1		> \$			
	(ii) Assets included in Form 990, Part X		\$			
2	If the organization received or held works of art, historical tre	asures or other similar assets for financial				
~	the following amounts required to be reported under SFAS 1		3, p. 0.100			
а	Revenue included on Form 990, Part VIII, line 1	. T v . T C C C C C C C C C C C C C C C C C C	> \$			
	Assets included in Form 990, Part X		\$			
	7.000to molecular form 000, fare A		F			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 532051 11-02-15

Schedule D (Form 990) 2015

Sche	dule D	(Form 990) 2015 Daily L	<u>iving Cent</u>	ers,	Inc.					<u> 30757</u>	
Par	t III	Organizations Maintaining C	ollections of A	rt, Hist	orical Tre	easures, c	or Other	er Simila	ır Asset	S(continue	∍d)
3	Using	the organization's acquisition, accessi	on, and other record	ds, check	any of the	following tha	t are a s	ignificant u	use of its o	collection it	ems
	(check	all that apply)									
а		Public exhibition	c	ı 🔲 i	Loan or excl	hange progra	เทร				
b		Scholarly research	ε	, 🖂	Other						
С		Preservation for future generations									
4	Provid	le a description of the organization's co	ollections and explai	n how th	ey further th	ne organizatio	on's exe	mpt purpo	se in Part	XIII	
5		the year, did the organization solicit o								_	
	to be s	sold to raise funds rather than to be ma	aintained as part of	the orgar	nization's co	llection?				Yes	No_
Par	t IV	Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	n answered "	'Yes" or	n Form 990	, Part IV,	ine 9, or	
		reported an amount on Form 990, Par	t X, line 21								
1a	Is the	organization an agent, trustee, custodi	an or other intermed	diary for	contribution	s or other as	sets not	t included		_	
	on For	rm 990, Part X?								Yes	└ No
b	If "Yes	s," explain the arrangement in Part XIII	and complete the fo	llowing t	able						
										Amount	
С	Begini	ning balance						1c			
d	Additio	ons during the year						1d			
е	Distrib	outions during the year						1e			
f	Ending	g balance						1f			
2a	Did the	e organization include an amount on F	orm 990, Part X, line	21, for e	escrow or cu	ustodial acco	unt liab	ılıty?		Yes	No
b		s," explain the arrangement in Part XIII									
Pai		Endowment Funds. Complete									
			(a) Current year	(b) P	rior year	(c) Two year	s back	(d) Three y	ears back	(e) Four ye	ars back
1a	Begini	ning of year balance									
b	-	butions									
С	Net in	vestment earnings, gains, and losses									
d		s or scholarships									
e		expenditures for facilities									
•		rograms								1	
f		nistrative expenses									
g g		f year balance									
2		le the estimated percentage of the cur	rent vear end baland	ce (line 1	g, column (a	a)) held as					
_ a		designated or quasi-endowment		%	J , (-	"					
b		anent endowment	%								
c		orarily restricted endowment	<u></u> %								
·		ercentages on lines 2a, 2b, and 2c sho									
За		ere endowment funds not in the posse		ation tha	at are held a	ind administe	red for	the organiz	ation		
	by	•	J					_		Y	es No
	-	nrelated organizations								3a(i)	
		lated organizations								3a(II)	
b		s" on line 3a(ii), are the related organiza	ations listed as requ	ired on S	Schedule R?					3b	
4		be in Part XIII the intended uses of the									
Pa	rt VI	Land, Buildings, and Equipm	nent.					<u> </u>		•	
		Complete if the organization answere	d "Yes" on Form 99	0, Part I\	V, line 11a S	See Form 990), Part X	(, line 10			
		Description of property	(a) Cost or o			or other		Accumulate	ed	(d) Book v	/alue
		,	basis (invest		basis	(other)	de	epreciation			
1a	Land				57	4,860.				574	,860.
b	Buildii	ngs	,			7,030.		453,70	00.		,330.
c		chold improvements				2,227.		46,70		35	,458.
d	Equip	•				6,160.		439,6			,510.
e	Other					7,702.		13,9			,779.
		ines 1a through 1e (Column (d) must e	equal Form 990, Par	t X, colur	nn (B), line 1	10c)			▶	2,623	,937.

532053

Schedule D (Form 990) 2015

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 X

Sche	dule D (Form 990) 2015 Daily Living Centers, Inc.			73-	1030757	Page 4
	t XI Reconciliation of Revenue per Audited Financial Statemen	ts W	ith Revenue per R			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			_	_	
1	Total revenue, gains, and other support per audited financial statements	_		_ 1	2,559	875.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					
а	Net unrealized gains (losses) on investments	2a	13,621.		l	
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII)	2d			1	
е	Add lines 2a through 2d			_2e		621.
3	Subtract line 2e from line 1			_ 3	2,546	254.
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				
b	Other (Describe in Part XIII)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	2,546	254.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts V	Vith Expenses per	Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total expenses and losses per audited financial statements			1	2,386,	642.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	2,386,	642.
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				
b	Other (Describe in Part XIII)	4b				
	Add lines 4a and 4b			4c		<u> </u>
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	2,386	<u>642.</u>
Pai	t XIII Supplemental Information.			_		
rovi	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV	, lines	1b and 2b, Part V, line	4, Part	X, line 2, Part >	(I,
nes	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addition	onal in	formation			
٠ ـ -	at w time 0					
<u>'aı</u>	ct X, Line 2:					

The Organization is a not-for-profit organization as described in Section 501 (c) (3) of the Internal Revenue Code and is exempt from federal and state income taxes. Accordingly, no provision for income taxes has been included in the accompanying financial statements. Accounting principles generally accepted in the United States of America require the Organization to evaluate tax positions taken by the Organization and recognize a tax liability (or asset) if the Organization has taken an uncertain tax position that more likely than not would not be sustained upon examined by the Internal Revenue Service. The Organization has

2016, there are no uncertain positions taken or expected to be taken that

analyzed the tax positions taken, and has concluded that as of June 30,

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 Daily Living Centers, Inc. 73-1030757 Page 5 Part XIII Supplemental Information (continued)
would require recognition of a liability (or asset) or disclosure in the
financial statements. The Organization will recognize future accrued
interest and penalties related to unrecognized tax benefits in income tax
expense if incurred. The Organization is no longer subject to federal and
state tax examinations by tax authorities for years before fiscal year
ended 2013.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization

Daily Living Centers, Inc.

Employer identification number 73-1030757

in 2014.

Name of the organization Daily Living Centers, Inc.	Employer identification number 73-1030757
Form 990, Part VI, Section C, Line 19:	
All governing documents, policies and financial statemen	ts are available to
the public upon request.	
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Page 2

Schedule O (Form 990 or 990 EZ) (2015)