

Public Disclosure Copy

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2005

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2005 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization SENIOR SERVICES OF SEATTLE/KING COUNTY (AGENCY EXCLUDING SENIOR CENTERS)		D Employer identification number 91-0823767
		Number and street (or P.O. box if mail is not delivered to street address) 2208 SECOND AVENUE	Room/suite	E Telephone number 206-448-5757

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶ **N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: ▶ **WWW.SENIORSERVICES.ORG**

J Organization type (check only one) ▶ 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

I Group Exemption Number ▶ **N/A**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **10,247,749.**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

1 Contributions, gifts, and similar amounts received:					
Revenue	a Direct public support	1a	2,324,773.		
	b Indirect public support	1b	846,614.		
	c Government contributions (grants)	1c	5,673,349.		
	d Total (add lines 1a through 1c) (cash \$ 8,816,449. noncash \$ 28,287.)	1d	8,844,736.		
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	89,193.		
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4	2,535.		
	5 Dividends and interest from securities	5	17,597.		
	6 a Gross rents	6a			
	b Less: rental expenses	6b			
c Net rental income or (loss) (subtract line 6b from line 6a)	6c				
7 Other investment income (describe ▶)	7				
8 a Gross amount from sales of assets other than inventory	(A) Securities	8a	284,488.		
	(B) Other	8b	73,528.		
	Less: cost or other basis and sales expenses	8c	21,484.		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	232,444.		
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ 233,340. of contributions reported on line 1a)	9a	52,915.			
b Less: direct expenses other than fundraising expenses	9b	52,915.			
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	0.			
10 a Gross sales of inventory, less returns and allowances		10a	508,725.		
	b Less: cost of goods sold	10b	99,776.		
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	408,949.		
11 Other revenue (from Part VII, line 103)	11	14,356.			
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	9,609,810.			
Expenses	13 Program services (from line 44, column (B))	13	8,272,189.		
	14 Management and general (from line 44, column (C))	14	1,042,483.		
	15 Fundraising (from line 44, column (D))	15	239,220.		
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17	9,553,892.		
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	55,918.		
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	6,640,615.		
	20 Other changes in net assets or fund balances (attach explanation)	20	11,838.		
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	6,708,371.		

523001
02-03-08

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

Form 990 (2005)

SENIOR SERVICES OF SEATTLE/KING COUNTY
(AGENCY EXCLUDING SENIOR CENTERS)

Form 990 (2005)

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) ... (cash \$ 458,252. noncash \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	22 458,252.	458,252.	STATEMENT 8	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc. * *	25 118,450.	0.	118,450.	0.
26 Other salaries and wages	26 4,041,135.	3,250,062.	630,350.	160,723.
27 Pension plan contributions	27 192,282.	159,887.	26,731.	5,664.
28 Other employee benefits	28 500,829.	416,450.	69,625.	14,754.
29 Payroll taxes	29 432,666.	363,044.	54,915.	14,707.
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 1,788,652.	1,756,460.	22,318.	9,874.
34 Telephone	34 61,558.	54,059.	6,301.	1,198.
35 Postage and shipping	35 48,637.	38,020.	6,496.	4,121.
36 Occupancy	36 298,508.	196,148.	102,360.	
37 Equipment rental and maintenance	37 1,067.	931.	97.	39.
38 Printing and publications	38 120,708.	83,288.	9,777.	27,643.
39 Travel	39 327,779.	315,775.	10,527.	1,477.
40 Conferences, conventions, and meetings ...	40 48,417.	40,240.	3,830.	4,347.
41 Interest	41 34,149.		34,149.	
42 Depreciation, depletion, etc. (attach schedule)	42 366,480.	33,425.	333,055.	
43 Other expenses not covered above (itemize):				
a PROFESSIONAL FEES	43a 398,144.	233,748.	98,280.	66,116.
b OTHER EXPENSES	43b 208,753.	159,068.	-6,718.	56,403.
c INSURANCE	43c 97,320.	58,501.	36,215.	2,604.
d COST OF SPECIAL EVENTS	43d 13,665.			13,665.
e ALLOCATION TO SENIOR	43e			
f SERVICES-CENTERS	43f -3,559.	654,831.	-514,275.	-144,115.
g	43g			
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 9,553,892.	8,272,189.	1,042,483.	239,220.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;

(iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

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** SEE STATEMENT 7

**SENIOR SERVICES OF SEATTLE/KING COUNTY
(AGENCY EXCLUDING SENIOR CENTERS)**

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Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ SERVICES AND PROGRAMS TO SUPPORT INDEPENDENCE OF SENIORS	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a INFORMATION AND ASSISTANCE: INCLUDES CAREGIVER AND OUTREACH SUPPORT, SENIOR INFORMATION AND ASSISTANCE, SENIOR OUTREACH, SENIOR RIGHTS ASSISTANCE, HOMESHARING, MINOR HOME REPAIR AND TRANSPORTATION. SEE ATTACHED LIST FOR STATISTICE REGARDING THESE ACTIVITIES.	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	3,249,529.
b NUTRITION: INCLUDES MEALS ON WHEELS AND THE HOT LUNCH PROGRAM. SEE ATTACHED LIST FOR STATISTICS REGARDING THESE ACTIVITIES.	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	3,316,920.
c PROJECT ENHANCEMENT (FORMERLY SENIOR WELLNESS): A RESEARCH-BASED, ACCESSIBLE, LOW-COST HEALTH PROMOTION AND DISEASE MANAGEMENT PROGRAM TO ENHANCE WELLNESS OF MIND AND BODY. THERE WERE 106 ENHANCE WELLNESS MENTORS AND 4,759 UNDUPLICATED CONSUMERS OF THE PROGRAM IN 2005.	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	487,862.
d AGENCY SUPPORT FOR 8 SENIOR CENTERS AND 4 ADULT DAY HEALTH CENTERS. SEE ATTACHED LIST FOR STATISTICS REGARDING THESE ACTIVITIES.	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	1,113,083.
e Other program services (attach schedule) SEE STATEMENT 9	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	104,795.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	8,272,189.

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Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year		
Assets	45	Cash - non-interest-bearing	766,561.	45	406,128.	
	46	Savings and temporary cash investments	128,051.	46	207,441.	
	47 a	Accounts receivable	244,534.			
		47a				
	b	Less: allowance for doubtful accounts		177,634.	47c	244,534.
		47b				
	48 a	Pledges receivable	851,338.			
		48a				
	b	Less: allowance for doubtful accounts		1,241,462.	48c	821,338.
		48b				
	49	Grants receivable	828,989.	49	1,092,654.	
	50	Receivables from officers, directors, trustees, and key employees			50	
	51 a	Other notes and loans receivable				
		51a				
	b	Less: allowance for doubtful accounts			51c	
	51b					
52	Inventories for sale or use	55,552.	52	58,193.		
53	Prepaid expenses and deferred charges	75,847.	53	46,973.		
54	Investments - securities STMT 10 STMT 11 ▶ <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	690,258.	54	905,719.		
55 a	Investments - land, buildings, and equipment: basis					
	55a					
b	Less: accumulated depreciation			55c		
	55b					
56	Investments - other			56		
57 a	Land, buildings, and equipment: basis	7,235,511.				
	57a					
b	Less: accumulated depreciation STMT 12		5,257,026.	57c	5,028,812.	
	57b					
58	Other assets (describe ▶ SEE STATEMENT 13)		300,815.	58	424,410.	
59	Total assets (must equal line 74). Add lines 45 through 58	9,522,195.	59	9,236,202.		
Liabilities	60	Accounts payable and accrued expenses	761,994.	60	699,519.	
	61	Grants payable		61		
	62	Deferred revenue		62		
	63	Loans from officers, directors, trustees, and key employees		63		
	64 a	Tax-exempt bond liabilities		64a		
	b	Mortgages and other notes payable STMT 14	1,319,858.	64b	1,307,661.	
	65	Other liabilities (describe ▶ SEE STATEMENT 15)	799,728.	65	520,651.	
66	Total liabilities. Add lines 60 through 65)	2,881,580.	66	2,527,831.		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted	4,165,713.	67	4,317,220.	
	68	Temporarily restricted	1,637,435.	68	1,056,449.	
	69	Permanently restricted	837,467.	69	1,334,702.	
	Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds		70		
	71	Paid-in or capital surplus, or land, building, and equipment fund		71		
	72	Retained earnings, endowment, accumulated income, or other funds		72		
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	6,640,615.	73	6,708,371.		
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	9,522,195.	74	9,236,202.		

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**SENIOR SERVICES OF SEATTLE/KING COUNTY
(AGENCY EXCLUDING SENIOR CENTERS)**

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Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
	b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	360,309.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	N/A
	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	c Dues, assessments, and similar amounts from members	85c	N/A
	d Section 162(e) lobbying and political expenditures	85d	N/A
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
	b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0.</u> ; section 4912 ▶ <u>0.</u> ; section 4955 ▶ <u>0.</u>		
	b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed ▶ <u>WA</u>		
	b Number of employees employed in the pay period that includes March 12, 2005	90b	127
91 a	The books are in care of ▶ <u>TIM BRIDGES</u> Telephone no. ▶ <u>206-448-5757</u> Located at ▶ <u>2208 SECOND AVENUE, SEATTLE, WA</u> ZIP + 4 ▶ <u>98121</u>		
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	X
	If "Yes," enter the name of the foreign country ▶ <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ <u>N/A</u>	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here		<input type="checkbox"/>
	and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

Form 990 (2005)

**SENIOR SERVICES OF SEATTLE/KING COUNTY
(AGENCY EXCLUDING SENIOR CENTERS)**

Form 990 (2005)

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Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a PROGRAM SERVICE FEES					89,193.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies ...					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments ...			14	2,535.	
96 Dividends and interest from securities			14	17,597.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	232,444.	
101 Net income or (loss) from special events			01		
102 Gross profit or (loss) from sales of inventory					408,949.
103 Other revenue:					
a MISCELLANEOUS			01	12,196.	
b INSURANCE RECOVERY			01	2,160.	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		266,932.	498,142.
105 Total (add line 104, columns (B), (D), and (E))					765,074.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	MULTI-SERVICE AGENCY WITH PROGRAMS WHICH PROVIDE A VARIETY OF
102	SERVICES TO HELP SENIORS MAINTAIN AND/OR IMPROVE THEIR PHYSICAL AND
102	MENTAL HEALTH AND THEIR ABILITY TO LIVE INDEPENDENTLY - THE EXEMPT
102	PURPOSE.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: Denise Klein Date: 11/13/06 Type or print name and title: Denise Klein, Executive Director

Paid Preparer's Use Only

Preparer's signature: Wendy S. Jacobson Date: 11/10/06 Check if self-employed: Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: JACOBSON JARVIS & CO, PLLC
600 STEWART STREET, SUITE 1900
SEATTLE, WA 98101-1219

EIN: _____ Phone no.: (206)-628-8990

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2005

Name of the organization **SENIOR SERVICES OF SEATTLE/KING COUNTY
(AGENCY EXCLUDING SENIOR CENTERS)** Employer identification number **91 0823767**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
MARGARET STRACHAN 2208 SECOND AVENUE, SEATTLE, WA 981	VP-SUPPORT AT HOME 40.00	82,239.	10,083.	
JOANNE DONOHUE 2208 SECOND AVENUE, SEATTLE, WA 981	VP-WELLNESS & CIVIC 40.00	81,370.	10,027.	
TIMOTHY BRIDGES 2208 SECOND AVENUE, SEATTLE, WA 981	CFO 40.00	81,370.	10,027.	
MARTHA DENNIS 2208 SECOND AVENUE, SEATTLE, WA 981	SENIOR CNTR DIRECTOR 40.00	75,207.	5,194.	
E.K. TURPIN 2208 SECOND AVENUE, SEATTLE, WA 981	VP-PROG DEVELOPMENT 40.00	71,102.	454.	
Total number of other employees paid over \$50,000	▶ 16			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	▶ 0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	▶ 0	

SENIOR SERVICES OF SEATTLE/KING COUNTY

Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <u>SEE PART V-A, FORM 990</u>	2d	X
e	Transfer of any part of its income or assets?	2e	X
3 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b	Do you have a section 403(b) annuity plan for your employees?	3b	X
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ► Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

SENIOR SERVICES OF SEATTLE/KING COUNTY

Schedule A (Form 990 or 990-EZ) 2005

(AGENCY EXCLUDING SENIOR CENTERS)

91-0823767

Page 3

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.					
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	8,685,055.	10836458.	9,557,210.	8,408,588.	37,487,311.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	602,637.	427,976.	446,835.	538,755.	2,016,203.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	22,023.	32,904.	22,542.	29,189.	106,658.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	60,183.	94,543.	SEE STATEMENT 21 43,367.	97,939.	296,032.
23 Total of lines 15 through 22	9,369,898.	11391881.	10069954.	9,074,471.	39,906,204.
24 Line 23 minus line 17	8,767,261.	10963905.	9,623,119.	8,535,716.	37,890,001.
25 Enter 1% of line 23	93,699.	113,919.	100,700.	90,745.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 757,800.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 1,772,842.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 37,890,001.
d Add: Amounts from column (e) for lines: 18 106,658. 19 19 22 296,032. 26b 1,772,842.					26d 2,175,532.
e Public support (line 26c minus line 26d total)					26e 35,714,469.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 94.2583%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2004) (2003) (2002) (2001)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2004) (2003) (2002) (2001)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Schedule A (Form 990 or 990-EZ) 2005

SENIOR SERVICES OF SEATTLE/KING COUNTY

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended?		
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

SENIOR SERVICES OF SEATTLE/KING COUNTY

Schedule A (Form 990 or 990-EZ) 2005 (AGENCY EXCLUDING SENIOR CENTERS)

91-0823767 Page 5

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group.

Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is -		
Not over \$500,000	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
The lobbying nontaxable amount is -		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines e through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule B
(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2005

Name of organization

SENIOR SERVICES OF SEATTLE/KING COUNTY
(AGENCY EXCLUDING SENIOR CENTERS)

Employer identification number

91-0823767

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

General Rule-

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2005)

Name of organization

SENIOR SERVICES OF SEATTLE/KING COUNTY
(AGENCY EXCLUDING SENIOR CENTERS)

Employer identification number

91-0823767

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 846,614.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 205,682.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 25,252.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SENIOR SERVICES OF SEATTLE/KING COUNTY (AGENCY EXCLUDING SENIOR CENTERS)	Employer identification number 91-0823767
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Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	SOFTWARE	\$ 205,682.	VARIOUS
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

FOOTNOTES

STATEMENT 1

SENIOR SERVICES OF SEATTLE/KING COUNTY REPORTS ALL EMPLOYEES UNDER THE PARENT ORGANIZATION'S EIN 91-0823767. OF THE TOTAL EMPLOYEES REPORTED, 127 HAVE BEEN ALLOCATED TO EIN 91-0823767 AND 99 HAVE BEEN ALLOCATED TO EIN 91-1870393 FOR TAX PREPARATION PURPOSES.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 2

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
PUBLICLY TRADED SECURITIES	433,204.	411,720.	0.	21,484.
TO FORM 990, PART I, LINE 8	433,204.	411,720.	0.	21,484.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
LAND AND BUILDING			PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
INDIA PENTECOSTAL ASSEMBLY OF SEATTLE	284,488.	73,528.	0.	0.	210,960.
TO FM 990, PART I, LN 8	284,488.	73,528.	0.	0.	210,960.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 4

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
SOIREE AUCTION	286,255.	233,340.	52,915.	52,915.	0.
TO FM 990, PART I, LINE 9	286,255.	233,340.	52,915.	52,915.	0.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	6
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DESCRIPTION	AMOUNT
UNREALIZED GAIN ON MARKETABLE SECURITIES	11,838.
TOTAL TO FORM 990, PART I, LINE 20	11,838.

FORM 990	OTHER PROGRAM SERVICES	STATEMENT	9
DESCRIPTION		GRANTS AND ALLOCATIONS	EXPENSES
SOCIAL WORK			104,795.
TOTAL TO FORM 990, PART III, LINE E			104,795.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	10		
SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
MUTUAL FUNDS	FMV			780,934.	780,934.
TO FORM 990, LINE 54, COL B				780,934.	780,934.

FORM 990	GOVERNMENT SECURITIES	STATEMENT	11	
DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
US TREASURY NOTES	FMV	124,785.		124,785.
TOTAL TO FORM 990, LINE 54, COL B		124,785.		124,785.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	12
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	460,000.	0.	460,000.
BUILDING	4,512,257.	474,796.	4,037,461.
EQUIPMENT	1,495,804.	1,240,909.	254,895.
FURNITURE	280,258.	103,451.	176,807.
VEHICLES	432,659.	345,010.	87,649.
LEASEHOLD IMPROVEMENTS	54,533.	42,533.	12,000.
TOTAL TO FORM 990, PART IV, LN 57	7,235,511.	2,206,699.	5,028,812.

FORM 990	OTHER ASSETS	STATEMENT 13
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DESCRIPTION	AMOUNT
UNEMPLOYMENT COMPENSATION TRUST DEPOSITS	214,441.
INVESTMENT IN BELLTOWN APARTMENTS, LLC	-236.
DUE FROM OTHER FUNDS	210,205.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	424,410.

FORM 990	MORTGAGES PAYABLE	STATEMENT 14
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DESCRIPTION	BALANCE DUE
WASHINGTON STATE COMMUNITY REINVESTMENT ASSOCIATION	1,072,661.
CITY OF SEATTLE	165,000.
CITY OF BELLEVUE	70,000.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	1,307,661.

FORM 990	OTHER LIABILITIES	STATEMENT 15
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DESCRIPTION	AMOUNT
ACCRUED BENEFIT CONTRIBUTION	284,258.
LINE OF CREDIT	195,923.
REFUNDABLE ADVANCE	40,470.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	520,651.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 16
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DESCRIPTION	AMOUNT
CENTER OPERATIONS REPORTED ON CONSOLIDATED FINANCIAL STATEMENTS	12,504,592.
BELLTOWN LLC OPERATIONS REPORTED ON CONSOLIDATED FINANCIAL STATEMENTS	144,772.
ALLOCATION TO AFFILIATE	-458,252.
TOTAL TO FORM 990, PART IV-A	12,191,112.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 17
DESCRIPTION		AMOUNT
CENTER OPERATIONS REPORTED ON CONSOLIDATED FINANCIAL STATEMENTS		4,740,112.
SPECIAL EVENT EXPENSES		52,915.
COST OF SALES		99,776.
BELLTOWN LLC OPERATIONS INCLUDED ON CONSOLIDATED FINANCIAL STATEMENTS		231,983.
TOTAL TO FORM 990, PART IV-B		5,124,786.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT 18
DESCRIPTION		AMOUNT
SPECIAL EVENT EXPENSES		-52,915.
COST OF SALES		-99,776.
TOTAL TO FORM 990, PART IV-A		-152,691.

FORM 990

PART V-A - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 19

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DENISE A. KLEIN 2208 SECOND AVENUE SEATTLE, WA 98121	CEO 40.00	118,450.	10,354.	0.
GREG SCULLY 2208 SECOND AVENUE SEATTLE, WA 98121	PRESIDENT 1.00	0.	0.	0.
MATT HAYES 2208 SECOND AVENUE SEATTLE, WA 98121	VP/PRESIDENT ELECT 1.00	0.	0.	0.
PAUL BECK, MD 2208 SECOND AVENUE SEATTLE, WA 98121	SECRETARY 1.00	0.	0.	0.
CHARLES RILEY 2208 SECOND AVENUE SEATTLE, WA 98121	TREASURER 1.00	0.	0.	0.
WILLIAM CRUZEN 2208 SECOND AVENUE SEATTLE, WA 98121	IMMEDIATE PAST PRESIDENT 1.00	0.	0.	0.
KIMBERLY BOYCE 2208 SECOND AVENUE SEATTLE, WA 98121	BOARD MEMBER 1.00	0.	0.	0.
NEAL BROIDY 2208 SECOND AVENUE SEATTLE, WA 98121	BOARD MEMBER 1.00	0.	0.	0.
NANCY BRUNER 2208 SECOND AVENUE SEATTLE, WA 98121	BOARD MEMBER 1.00	0.	0.	0.
NANCY DAPPER 2208 SECOND AVENUE SEATTLE, WA 98121	BOARD MEMBER 1.00	0.	0.	0.
RICHARD HINTON 2208 SECOND AVENUE SEATTLE, WA 98121	BOARD MEMBER 1.00	0.	0.	0.

NANCY HOOYMAN 2208 SECOND AVENUE SEATTLE, WA 98121	BOARD MEMBER 1.00	0.	0.	0.
MARK JENKINS 2208 SECOND AVENUE SEATTLE, WA 98121	BOARD MEMBER 1.00	0.	0.	0.
SPENCER LEHMANN 2208 SECOND AVENUE SEATTLE, WA 98121	BOARD MEMBER 1.00	0.	0.	0.
EARLE LEONARD 2208 SECOND AVENUE SEATTLE, WA 98121	BOARD MEMBER 1.00	0.	0.	0.
MARTIN LEVINE, MD 2208 SECOND AVENUE SEATTLE, WA 98121	BOARD MEMBER 1.00	0.	0.	0.
W. WALTER LIANG 2208 SECOND AVENUE SEATTLE, WA 98121	BOARD MEMBER 1.00	0.	0.	0.
POLLY MILLER 2208 SECOND AVENUE SEATTLE, WA 98121	BOARD MEMBER 1.00	0.	0.	0.
THURSTON MUSKELLY 2208 SECOND AVENUE SEATTLE, WA 98121	BOARD MEMBER 1.00	0.	0.	0.
ANN NIEDER 2208 SECOND AVENUE SEATTLE, WA 98121	BOARD MEMBER 1.00	0.	0.	0.
BARBARA POOL 2208 SECOND AVENUE SEATTLE, WA 98121	BOARD MEMBER 1.00	0.	0.	0.
ALICE SANDSTROM 2208 SECOND AVENUE SEATTLE, WA 98121	BOARD MEMBER 1.00	0.	0.	0.
ROBLEY THOMASON 2208 SECOND AVENUE SEATTLE, WA 98121	BOARD MEMBER 1.00	0.	0.	0.
JEAN D. VELDWYK 2208 SECOND AVENUE SEATTLE, WA 98121	BOARD MEMBER 1.00	0.	0.	0.

SENIOR SERVICES OF SEATTLE/KING COUNTY (

91-0823767

GRACE WANG, PHD 2208 SECOND AVENUE SEATTLE, WA 98121	BOARD MEMBER 1.00	0.	0.	0.
TONY WARD-SMITH 2208 SECOND AVENUE SEATTLE, WA 98121	BOARD MEMBER 1.00	0.	0.	0.
SHIAO-YEN WU 2208 SECOND AVENUE SEATTLE, WA 98121	BOARD MEMBER 1.00	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V-A		<u>118,450.</u>	<u>10,354.</u>	<u>0.</u>
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FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 20
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
CENTRAL AREA SENIOR CENTER	X	
SNO-VALLEY SENIOR CITIZENS	X	
SENIOR CENTER OF WEST SEATTLE	X	
SOUTHEAST SEATTLE SENIOR CENTER	X	
SHORELINE/LAKE FOREST PARK SENIOR ACTIVITY CENTER	X	
VASHON-MAURY SENIOR CENTER	X	
NORTHWEST (BALLARD) SENIOR ACTIVITY CENTER	X	
NORTHSHORE (BOTHELL) SENIOR CENTER	X	
BELLTOWN SENIOR APARTMENTS, LLC		X

SCHEDULE A OTHER INCOME STATEMENT 21

DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
MISCELLANEOUS	60,183.	94,543.	43,367.	97,939.
TOTAL TO SCHEDULE A, LINE 22	<u>60,183.</u>	<u>94,543.</u>	<u>43,367.</u>	<u>97,939.</u>

... Passionate About Quality Service

Services, Centers, Programs and Achievements

Information & Assistance Services

Caregiver Outreach & Support

Information about community services available to caregivers and those for whom they care

- 4,891 Information Contacts
- 5,839 Workshop Participants
- 2,087 Assistance Cases
- 1,233 Unduplicated Consumers

Senior Information and Assistance

Assistance with identifying the right resources to meet the myriad of needs of older adults and help in understanding and navigating the maze of services available

- 58,385 Information Contacts
- 7,722 Assistance Cases
- 4,378 Unduplicated Consumers

Senior Outreach

Information and access to services for older adults who do not use existing health and social services

- 1,194 Assistance Cases
- 14,616 Information Contacts
- 754 Unduplicated Consumers

Senior Rights Assistance

Assistance with legal, consumer, and health insurance issues

- 18,394 Workshop Participants
- 6,459 Assistance Cases
- 5,470 Unduplicated Consumers

In-Home Support Services

Homesharing

Mutually beneficial and compatible intergenerational housing matches between Seattle homeowners age 55 and older and people looking for a place to live

- 32 Matches
- 178 Unduplicated Consumers

Meals on Wheels

Frozen home-delivered meals and Mobile-Market home-delivered groceries for older persons who are unable to prepare nutritious meals or leave their home to shop

- 473,620 Meals Delivered
- 622 Consumers received fresh produce baskets
- 2,637 Unduplicated Consumers

Minor Home Repair

A variety of plumbing, electrical, carpentry repairs and special aids for disabled access for eligible homeowners in Seattle, Shoreline and Bellevue

- 3,732 Home Repairs Completed
- 1,518 Unduplicated Consumers

Transportation

Personalized, escorted, free transportation throughout the county

- 608,490 Miles Driven
- 75,748 One-way Rides
- 4,838 Unduplicated Consumers

connecting

contributing

Wellness & Civic Engagement

Adult Day Health Centers

Rewarding activities and opportunities to meet new people and enjoy daily life in comforting surroundings for frail adults experiencing physical, mental, or social problems associated with stroke, isolation, confusion and other conditions

- 4 Centers
- 15,570 Days of Service
- 270 Unduplicated Consumers

Hot Lunch Program

Delicious, balanced meals to meet nutritional needs of people 60 years of age and older, served in welcoming group settings to meet social needs

- 293,479 Meals Served
- 6,556 Unduplicated Consumers

Senior Centers

A vital environment for those 55 and older to meet new friends, keep fit, learn new skills, share nutritious meals, enjoy volunteering and more

- 8 Centers
- 492,261 Visits
- 21,662 Unduplicated Consumers

Project Enhance

(formerly Senior Wellness Project)

Research-based, accessible, low-cost health promotion and disease management to enhance wellness of mind and body

- 106 EnhanceWellness Mentors
- 4,759 Unduplicated Consumers



PROJECT ENHANCE STAFF FROM LEFT: Susan Snyder, Brenda Barkey, Chris Grekeff, & Meghan Thompson.

celebrating



ORA JIMERSON

Kinship Caregiver

When Southeast Seattle residents Ora Jimeron and her husband Bill lost their eldest daughter Rosalyn Duckert to a chronic lung disease, she called upon her faith for the strength she needed to help fulfill the couple's pledge to provide for grandson "J.T." Patterson and grand daughter Mika, then ages 10 and 16. She also connected to the services and assistance provided by Senior Services to help meet the financial challenges of raising the children.

"There's no way I could have managed without the help, just on our Social Security."

says Ora, 62, who retired from work as an office manager due to painful arthritis and the effects of a stroke. The support that the program offered both Ora and Bill who is 78 and battling emphysema and cancer that has spread throughout his body gives them the measure of comfort needed to fully focus on the job of parenting.