


Form 990



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](http://www.irs.gov/form990)

OMB No 1545-0047

2015

Open to Public Inspection

**A** For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

**B** Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

**C** Name of organization  
MANAGEMENT SERVICES INC

Doing business as

Number and street (or P O box if mail is not delivered to street address)Room/suite

990 RESERVE DRIVE SUITE 240

City or town, state or province, country, and ZIP or foreign postal code  
ROSEVILLE, CA 95678

**F** Name and address of principal officer  
KENNETH WEISS  
990 RESERVE DRIVE  
ROSEVILLE, CA 95678

**H(a)** Is this a group return for subordinates?

☐ Yes ☒ No

**H(b)** Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶

**D** Employer identification number

01-0906593

**E** Telephone number

(916) 774-7700

**G** Gross receipts \$ 773,430

**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527

**J Website:** ▶

**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation 2008

**M** State of legal domicile CA

Part I Summary			
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities MANAGEMENT SERVICES FOR EXEMPT ASSISTED LIVING FACILITIES		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	7
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	4
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	5
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)		0
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7 d )	1,260,508	686,362
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	722	9,068
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-73,259	-76,380
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 )	1,187,971	619,050
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	500,000	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	428,041	439,188
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <sup>0</sup>		0
Net Assets or Fund Balances	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	274,839	268,214
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,202,880	707,402
	<b>19</b> Revenue less expenses Subtract line 18 from line 12	-14,909	-88,352
		Beginning of Current Year	End of Year
	<b>20</b> Total assets (Part X, line 16)	4,422,942	4,747,850
	<b>21</b> Total liabilities (Part X, line 26)	66,608	479,868
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	4,356,334	4,267,982

**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 Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Sign Here**

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Signature of officer

2016-08-16

Date

SUSAN BUSHNELL VP OF FINANCE

Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name  
DONALD L LLOYD

Firm's name ▶ FOOTE AND LLOYD CPAS

Firm's address ▶ TWO WEST MICHIGAN AVENUE SUITE 210  
BATTLE CREEK, MI 49017

Preparer's signature  
DONALD L LLOYD

Date  
2016-08-12

Check ☒ if self-employed

Phone no (269) 962-7518

PTIN  
P00086804

Firm's EIN ▶ 38-1617072

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form990(2015)