

May 10, 2021

Mr. Matthew Ozurovich  
Age Well Senior Services, Inc.  
23101 Lake Center Drive, Suite 325  
Lake Forest, CA 92630

Dear Matthew,

Enclosed are the following income tax returns prepared on behalf of Age Well Senior Services, Inc. for the year ended June 30, 2020.

- 2019 990 - Return of Organization Exempt from Income Tax
- 2019 8879-EO - IRS E-file Signature Authorization Form
- 2019 Schedule A - Public Charity Status and Public Support
- 2019 Schedule B - Schedule of Contributors
- 2019 Schedule D - Supplemental Financial Statements
- 2019 Schedule G - Supplemental Info. Regarding Fundraising/Gaming
- 2019 Schedule J - Compensation Information
- 2019 Schedule O - Supplemental Information to Form 990 or 990EZ
- 2019 California Exempt Organization Annual Information Return
- 2019 CA e-file Return Authorization for Exempt Organizations
- 2019 California Annual Registration Renewal Fee Report

The original of each of the above mentioned returns should be dated and signed in accordance with the following instructions included with the copy of the return. This copy is for your use and should be retained for your files.

These return(s) were prepared from information provided by you or your representative. The preparation of tax returns does not include the independent verification of information used. Therefore, we recommend you review the return(s) before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to the return(s), please contact us before filing them.

We appreciate this opportunity to serve you. Please contact us if you have any questions or if we may be of further assistance.

Sincerely,

WITHUMSMITH+BROWN,PC

Enclosures

Age Well Senior Services, Inc.  
Instructions for Filing  
Form 8879-EO  
IRS e-file Signature Authorization for Form 990  
For the year ended June 30, 2020

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-EO to:

WITHUMSMITH+BROWN,PC  
100 SPECTRUM CENTER DRIVE, STE 1000  
IRVINE CA 92618

There is no tax due with the filing of this return.

Do NOT separately file Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before May 17, 2021. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

# FOR PUBLIC INSPECTION

Form **8879-EO**

## IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning 07/01, 2019, and ending 06/30, 20 20

Department of the Treasury  
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.  
▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.

# 2019

Name of exempt organization

AGE WELL SENIOR SERVICES, INC.

Employer identification number

93-1163563

Name and title of officer

STEVE MOYER, CEO

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here ▶	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .	1b	<u>6,944,154.</u>
2a	Form 990-EZ check here ▶	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b	
3a	Form 1120-POL check here ▶	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3b	
4a	Form 990-PF check here ▶	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5). . . . .	4b	
5a	Form 8868 check here ▶	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c) . . . . .	5b	

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

I authorize WITHUMSMITH+BROWN, PC to enter my PIN 9 6 2 2 3 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ 05/10/2021

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

2 2 0 0 6 2 2 2 2 0 2  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ TASHA J OTSUJI

Date ▶ 05/10/2021

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2019)

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Form **990**

(Rev. January 2020)

Department of the Treasury  
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2019**

**Open to Public Inspection**

**A For the 2019 calendar year, or tax year beginning** 07/01, 2019, and ending 06/30, 2020

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> AGE WELL SENIOR SERVICES, INC.			<b>D Employer identification number</b> 93-1163563	
	Doing business as			<b>E Telephone number</b> (949) 855-8033	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite		
	23101 LAKE CENTER DRIVE		325		
City or town, state or province, country, and ZIP or foreign postal code LAKE FOREST, CA 92630			<b>G Gross receipts \$</b> 7,423,620.		
<b>F Name and address of principal officer:</b> STEVE MOYER 23101 LAKE CENTER DRIVE 325, LAKE FOREST, CA 92630			<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			<b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
			If "No," attach a list. (see instructions)		
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>H(c) Group exemption number</b> ▶		
<b>J Website:</b> ▶ MYAGEWELL.ORG			<b>L Year of formation:</b> 1995 <b>M State of legal domicile:</b> CA		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶					

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: TO PROMOTE, ADVOCATE & IMPROVE THE QUALITY OF LIFE, DIGNITY & INDEPENDENCE OF THE ELDERLY.		
	<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>	11.
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	11.
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	89.
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	550.
	<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 39	<b>7b</b>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	5,184,692.	6,804,399.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	342,254.	133,583.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,986.	4,181.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	1,991.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,546,932.	6,944,154.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	3,463,492.	2,631,817.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 176,682.	0.	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,481,827.	4,116,448.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,945,319.	6,748,265.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-1,398,387.	195,889.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	3,204,703.	4,482,199.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	2,108,917.	3,206,448.
		1,095,786.	1,275,751.

**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.

<b>Sign Here</b>	Signature of officer	05/06/2021	
	STEVE MOYER Type or print name and title	Date	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	TASHA J OTSUJI	TASHA J OTSUJI	05/10/2021
	Firm's name ▶ WITHUMSMITH+BROWN, PC	Check <input type="checkbox"/> if self-employed	PTIN P00846495
	Firm's address ▶ 100 SPECTRUM CENTER DRIVE, STE 1000 IRVINE, CA 92618	Firm's EIN ▶ 22-2027092	Phone no. 949-261-2808

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

[ ] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

[ ] Yes [X] No

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 \$ 1,687,565. including grants of \$ ) (Revenue \$ 133,583. )

TRANSPORTATION SERVICES: PROVIDED TRANSPORTATION TO 17,435 MEDICAL APPOINTMENTS, ADULT DAY SERVICES, AND SENIOR CENTERS TO 1,254 CLIENTS.

4b (Code: ) (Expenses \$ 3,767,199. including grants of \$ ) (Revenue \$ )

TITLE III CONGREGATE MEALS/HOME DELIVERED MEALS: SERVED 461,823 HOME-DELIVERED MEALS TO 3,848 SENIORS/ELDERLY AND 63,568 CONGREGATE MEALS TO 1,351 SENIORS/ELDERLY AT 12 DIFFERENT LOCATION THROUGHOUT SOUTH ORANGE COUNTY.

4c (Code: ) (Expenses \$ 336,921. including grants of \$ ) (Revenue \$ )

SENIOR CENTERS: OPERATE TWO SENIOR CENTERS AND CONTRACTS WITH OTHER SENIOR SITES FOR NUTRITIONAL AND SOCIAL SERVICES, EDUCATIONAL CLASSES THROUGH EMERITUS AND ADULT EDUCATION, PREVENTATIVE HEALTH SCREENING, ELDER CARE, CASE MANAGER NURSE, LEGAL AND TAX ASSISTANCE, INSURANCE COUNSELING, SENIOR SUPPORT GROUPS, MEDICARE COUNSELORS AND MONTHLY SURPLUS COMMODITY DISTRIBUTIONS. EMPHASIS IS ON WELLNESS AND MAINTAINING INDEPENDENCE FOR THE ELDERLY.

4d Other program services (Describe on Schedule O.)

(Expenses \$ 163,556. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 5,955,241.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Yes, No. Rows 1-21 with various questions regarding organizational activities and reporting requirements.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.



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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (11), 1b (11), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 MATTHEW OZUROVICH 24461 RIDGE ROUTE DR., SUITE 220 LAGUNA HILLS, CA 92653 949-498-0400

**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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>(1)</b> STEVE MOYER CEO	40.00 0.			X			157,943.	0.	7,667.	
<b>(2)</b> DAN PALUMBO COO	40.00 0.			X			100,401.	0.	6,547.	
<b>(3)</b> MARILYN DITTY FOUNDER EMERITUS	1.00 0.			X			81,660.	0.	9,125.	
<b>(4)</b> MARLENE BRIDGES PRESIDENT	1.00 0.	X		X			0.	0.	0.	
<b>(5)</b> BRENT LAUER VICE PRESIDENT	1.00 0.	X		X			0.	0.	0.	
<b>(6)</b> TED SANDERS TREASURER	1.00 0.	X		X			0.	0.	0.	
<b>(7)</b> RAY CHICOINE SECRETARY	1.00 0.	X		X			0.	0.	0.	
<b>(8)</b> ANNA T. BOYCE BOARD MEMBER	1.00 0.	X					0.	0.	0.	
<b>(9)</b> LESLIE GIBOLA BOARD MEMBER	1.00 0.	X					0.	0.	0.	
<b>(10)</b> BOB BATES BOARD MEMBER	1.00 0.	X					0.	0.	0.	
<b>(11)</b> JOSEPH MCKNIGHT BOARD MEMBER	1.00 0.	X					0.	0.	0.	
<b>(12)</b> ROB SCHAEFFER BOARD MEMBER	1.00 0.	X					0.	0.	0.	
<b>(13)</b> BOB STEGNER BOARD MEMBER	1.00 0.	X					0.	0.	0.	
<b>(14)</b> JAN GAMEROZ BOARD MEMBER	1.00 0.	X					0.	0.	0.	



**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	470.						
	<b>b</b> Membership dues . . . . .	<b>1b</b>							
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	15,623.						
	<b>d</b> Related organizations . . . . .	<b>1d</b>							
	<b>e</b> Government grants (contributions) . .	<b>1e</b>	5,118,169.						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	1,670,137.						
	<b>g</b> Noncash contributions included in lines 1a-1f. . . . .	<b>1g</b>	\$						
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .			6,804,399.					
	<b>Program Service Revenue</b>				Business Code				
<b>2a</b> TRANSPORTATION SERVICES			480000	133,583.	133,583.				
<b>b</b> _____									
<b>c</b> _____									
<b>d</b> _____									
<b>e</b> _____									
<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .				133,583.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . .			19,201.			19,201.		
	<b>4</b> Income from investment of tax-exempt bond proceeds .			0.					
	<b>5</b> Royalties . . . . .			0.					
	<b>6a</b> Gross rents . . . . .	<b>6a</b>	(i) Real	(ii) Personal					
				125.					
			<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>	125.						
	<b>d</b> Net rental income or (loss) . . . . .				125.		125.		
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	(ii) Other					
				384,625.					
			<b>b</b> Less: cost or other basis and sales expenses . .	<b>7b</b>	399,645.				
			<b>c</b> Gain or (loss) . . . . .	<b>7c</b>	-15,020.				
	<b>d</b> Net gain or (loss) . . . . .				-15,020.		-15,020.		
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>			79,821.				
<b>b</b> Less: direct expenses . . . . .			<b>8b</b>	79,821.					
<b>c</b> Net income or (loss) from fundraising events. . . . .					0.				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .			<b>9a</b>			0.			
				<b>b</b> Less: direct expenses . . . . .	<b>9b</b>	0.			
				<b>c</b> Net income or (loss) from gaming activities. . . . .			0.		
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .			<b>10a</b>			0.			
				<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>	0.			
				<b>c</b> Net income or (loss) from sales of inventory. . . . .			0.		
<b>Miscellaneous Revenue</b>						Business Code			
	<b>11a</b> OTHER INCOME		900099	1,866.			1,866.		
	<b>b</b> _____								
	<b>d</b> All other revenue . . . . .								
	<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .			1,866.					
<b>12</b> <b>Total revenue.</b> See instructions . . . . .				6,944,154.	133,583.		6,172.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Compensation, Salaries, and Total functional expenses.

**Part 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	303,358.	<b>1</b>	1,547,094.
	<b>2</b> Savings and temporary cash investments . . . . .	0.	<b>2</b>	0.
	<b>3</b> Pledges and grants receivable, net . . . . .	291,820.	<b>3</b>	226,137.
	<b>4</b> Accounts receivable, net. . . . .	597,484.	<b>4</b>	603,339.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	10,892.	<b>9</b>	2,981.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	2,234,134.	<b>10a</b>	
	<b>b</b> Less: accumulated depreciation. . . . .	1,008,119.	<b>10b</b>	
		1,219,397.	<b>10c</b>	1,226,015.
	<b>11</b> Investments - publicly traded securities. . . . .	0.	<b>11</b>	0.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	753,516.	<b>12</b>	851,761.
	<b>13</b> Investments - program-related. See Part IV, line 11. . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
<b>15</b> Other assets. See Part IV, line 11 . . . . .	28,236.	<b>15</b>	24,872.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	3,204,703.	<b>16</b>	4,482,199.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	630,731.	<b>17</b>	827,611.
	<b>18</b> Grants payable . . . . .	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue. . . . .	0.	<b>19</b>	389,944.
	<b>20</b> Tax-exempt bond liabilities. . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D. . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	1,478,186.	<b>23</b>	1,489,093.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties. . . . .	0.	<b>24</b>	499,800.
	<b>25</b> 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 . . . . .	0.	<b>25</b>	0.
	<b>26 Total liabilities.</b> Add lines 17 through 25. . . . .	2,108,917.	<b>26</b>	3,206,448.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	17,670.	<b>27</b>	29,300.
	<b>28</b> Net assets with donor restrictions. . . . .	1,078,116.	<b>28</b>	1,246,451.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund. . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds. . . . .		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	1,095,786.	<b>32</b>	1,275,751.	
<b>33</b> Total liabilities and net assets/fund balances. . . . .	3,204,703.	<b>33</b>	4,482,199.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	6,944,154.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	6,748,265.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	195,889.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .	<b>4</b>	1,095,786.
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	-15,924.
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	0.
<b>7</b>	Investment expenses . . . . .	<b>7</b>	0.
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O). . . . .	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) . . . . .	<b>10</b>	1,275,751.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . . . .

	Yes	No
<b>2a</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>2b</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2c</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3a</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3b</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

# FOR PUBLIC INSPECTION

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

## Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

AGE WELL SENIOR SERVICES, INC.

Employer identification number

93-1163563

**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 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  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.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **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.**
  - 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.**
  - 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.**
  - d  **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.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2019



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.)

Section A. Public Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2018 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2019; 16b 33 1/3% support test - 2018; 17a 10%-facts-and-circumstances test - 2019; 17b 10%-facts-and-circumstances test - 2018; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2019, 2018. Row 15: Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)). Row 16: Public support percentage from 2018 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2019, 2018. Row 17: Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)). Row 18: Investment income percentage from 2018 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>	<b>1</b>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<b>2</b>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<b>3a</b>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	<b>3b</b>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	<b>3c</b>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	<b>4a</b>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	<b>4b</b>		
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)? <i>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.</i>	<b>4c</b>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	<b>5a</b>		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5b</b>		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>		
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? <i>If "Yes," provide detail in Part VI.</i>	<b>6</b>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>7</b>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>8</b>		
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))? <i>If "Yes," provide detail in Part VI.</i>	<b>9a</b>		
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? <i>If "Yes," provide detail in Part VI.</i>	<b>9b</b>		
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? <i>If "Yes," provide detail in Part VI.</i>	<b>9c</b>		
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)? <i>If "Yes," answer 10b below.</i>	<b>10a</b>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<b>10b</b>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>	
<b>2</b> Recoveries of prior-year distributions	<b>2</b>	
<b>3</b> Other gross income (see instructions)	<b>3</b>	
<b>4</b> Add lines 1 through 3.	<b>4</b>	
<b>5</b> Depreciation and depletion	<b>5</b>	
<b>6</b> 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)	<b>6</b>	
<b>7</b> Other expenses (see instructions)	<b>7</b>	
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

Section B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b> Average monthly value of securities	<b>1a</b>	
<b>b</b> Average monthly cash balances	<b>1b</b>	
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b> Multiply line 5 by .035.	<b>6</b>	
<b>7</b> Recoveries of prior-year distributions	<b>7</b>	
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

Section C - Distributable Amount		Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b> Enter 85% of line 1.	<b>2</b>	
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b> Income tax imposed in prior year	<b>5</b>	
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	

**7**  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in <b>Part VI</b> ). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014 . . . . .			
<b>b</b> From 2015 . . . . .			
<b>c</b> From 2016 . . . . .			
<b>d</b> From 2017 . . . . .			
<b>e</b> From 2018 . . . . .			
<b>f</b> <b>Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:                     \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
<b>a</b> Excess from 2015 . . . . .			
<b>b</b> Excess from 2016 . . . . .			
<b>c</b> Excess from 2017 . . . . .			
<b>d</b> Excess from 2018 . . . . .			
<b>e</b> Excess from 2019 . . . . .			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

# FOR PUBLIC INSPECTION

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

## Schedule of Contributors

OMB No. 1545-0047

**2019**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization AGE WELL SENIOR SERVICES, INC.	Employer identification number 93-1163563
--	--

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 an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2019)



# FOR PUBLIC INSPECTION

## 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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

# 2019

### Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

AGE WELL SENIOR SERVICES, INC.

Employer identification number

93-1163563

### 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 advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

### Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	<b>Held at the End of the Tax Year</b>
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____	
4 Number of states where property subject to conservation easement is located ▶ _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

### Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1. . . . . ▶ \$ _____ b Assets included in Form 990, Part X. . . . . ▶ \$ _____	

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

Schedule D (Form 990) 2019

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Description, Amount
1c Beginning balance
1d Additions during the year
1e Distributions during the year
1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
b Permanent endowment 100.0000 %
c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely held equity interests . . . . .		
(3) Other		
(A) INVESTMENTS - FIDELITY	570.	FMV
(B) CHARITABLE REMAINDER TRUSTS	219,894.	FMV
(C) ENDOWMENT FUNDS	631,297.	FMV
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	851,761.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII



**Part XIII** Supplemental Information (continued)

PART V, LINE 4:

THE PURPOSE OF THIS ENDOWMENT FUND IS TO OPERATE AND MAINTAIN THE FLORENCE SYLVESTER MEMORIAL SENIOR CENTER. CURRENTLY THE FLORENCE SYLVESTER MEMORIAL SENIOR CENTER IS FULLY OPERATIONAL AND REQUIRES FUNDING ONLY FOR DAY-TO-DAY UPKEEP AND STAFFING. TAKING ALL OF THE AFOREMENTIONED FACTORS INTO ACCOUNT, THE ORGANIZATION BELIEVES THAT THE \$631,297 BALANCE IN THE ENDOWMENT FUND AT JUNE 30, 2020 IS SUFFICIENT FUNDING TO SUBSIDIZE THE FLORENCE SYLVESTER MEMORIAL SENIOR CENTER FOR THE FORESEEABLE FUTURE.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND CORRESPONDING PROVISIONS OF THE CALIFORNIA REVENUE AND TAXATION STATUTE. HOWEVER, THE ORGANIZATION IS SUBJECT TO INCOME TAXES ON ANY NET INCOME THAT IS DERIVED FROM A TRADE OR BUSINESS, REGULARLY CARRIED ON, AND NOT IN FURTHERANCE OF THE PURPOSES FOR WHICH IT WAS GRANTED EXEMPTION. AS A MATTER OF COURSE, VARIOUS TAXING AUTHORITIES, INCLUDING THE IRS, HAVE THE AUTHORITY TO REGULARLY AUDIT THE ORGANIZATION. THERE WERE NO TAX YEARS OPEN TO EXAMINATION BY MAJOR TAX JURISDICTIONS AS OF JUNE 30, 2020. MANAGEMENT BELIEVES THAT THE ORGANIZATION'S TAX POSITIONS COMPLY WITH APPLICABLE TAX LAW AND HAS ADEQUATELY PROVIDED FOR THESE MATTERS. THE ORGANIZATION HAS ADOPTED THE PROVISIONS OF ACCOUNTING STANDARDS CODIFICATION ("ASC") 740-10-05 RELATING TO ACCOUNTING AND REPORTING FOR UNCERTAINTY IN INCOME TAXES. FOR THE ORGANIZATION, THESE PROVISIONS COULD BE APPLICABLE TO THE INCURRENCE OF ANY UNRELATED BUSINESS INCOME ATTRIBUTABLE TO THE ORGANIZATION. BECAUSE OF THE ORGANIZATION'S GENERAL

FOR PUBLIC INSPECTION

**Part XIII** Supplemental Information (continued)

TAX-EXEMPT STATUS, ASC 740-10-05 IS NOT ANTICIPATED TO HAVE A MATERIAL  
IMPACT ON THE ORGANIZATION'S FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT DIRECT EXPENSES \$79,821

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT DIRECT EXPENSES \$79,821



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		ANNUAL GALA <small>(event type)</small>	NONE <small>(event type)</small>	 <small>(total number)</small>	(add col. (a) through col. (c))
	<b>1</b> Gross receipts . . . . .	106,434.			106,434.
	<b>2</b> Less: Contributions . . . . .	15,623.			15,623.
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	90,811.			90,811.
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .	10,990.			10,990.
	<b>6</b> Rent/facility costs . . . . .	24,734.			24,734.
	<b>7</b> Food and beverages . . . . .	22,258.			22,258.
	<b>8</b> Entertainment . . . . .	12,100.			12,100.
	<b>9</b> Other direct expenses . . . . .	20,729.			20,729.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				90,811.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," explain: \_\_\_\_\_



- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

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# FOR PUBLIC INSPECTION

**SCHEDULE J  
(Form 990)**

## Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

# 2019

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

AGE WELL SENIOR SERVICES, INC.

Employer identification number

93-1163563

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |   |  |
|---|--|
| <input type="checkbox"/> First-class or charter travel<br><input type="checkbox"/> Travel for companions<br><input type="checkbox"/> Tax indemnification and gross-up payments<br><input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Housing allowance or residence for personal use<br><input type="checkbox"/> Payments for business use of personal residence<br><input type="checkbox"/> Health or social club dues or initiation fees<br><input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |
|---|--|

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? . . . . .

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee<br><input type="checkbox"/> Independent compensation consultant<br><input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Written employment contract<br><input type="checkbox"/> Compensation survey or study<br><input type="checkbox"/> Approval by the board or compensation committee |
|---|---|

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? . . . . .
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. . . . .

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2019

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(i)	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
STEVE MOYER	(i)	153,655.	0.	4,288.	0.	7,667.	165,610.	
1 CEO	(ii)	0.	0.	0.				
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

# FOR PUBLIC INSPECTION

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

AGE WELL SENIOR SERVICES, INC.

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

OMB No. 1545-0047

2019

Open to Public  
Inspection

Employer identification number

93-1163563

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PROVIDED 2,304 HOURS OF CASE MANAGEMENT AND 2,211 HOURS OF IN-HOME

SUPPORTIVE SERVICES TO 392 ELDERLY THROUGH THE CASE MANAGEMENT PROGRAM

EXPENSES \$ 163,556. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

FORM 990 IS REVIEWED BY THE CEO AND AUDIT COMMITTEE BEFORE BEING FILED.

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

BOARD MEMBERS AND KEY EMPLOYEES ARE REQUIRED TO SUBMIT THE

ACKNOWLEDGEMENT OF UNDERSTANDING AND ACCEPTANCE OF THE POLICY BY SIGNING

A REPORT OF MATERIAL FACTS AND PERSONAL INTERESTS. THESE REPORTS ARE

REVIEWED BY THE BOARD TO RESOLVE ANY ACTUAL OR POTENTIAL CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15:

THE CEO'S SALARY IS DETERMINED BY THE EXECUTIVE COMMITTEE. THE SALARIES

OF OTHER KEY EMPLOYEES ARE DETERMINED BY THE CEO.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTANTS:

# FOR PUBLIC INSPECTION

Name of the organization AGE WELL SENIOR SERVICES, INC.	Employer identification number 93-1163563
--	--

PROGRAM SERVICE EXPENSES	517,235.
MANAGEMENT AND GENERAL EXPENSES	50,543.
FUNDRAISING EXPENSES	53,749.
TOTAL EXPENSES	621,526.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	621,526.

PART IX LINE 11G OTHER FEE PROGRAM SERVICE BREAKOUT - CONT.

BREAK OUT OF PROGRAM CONSULTANT EXPENSES ARE AS FOLLOWS:

TRANSPORTATION	343,246 (*)
NUTRITION	100,565
CASE MANAGEMENT	59,074
SENIOR CENTERS	14,349
TOTAL	517,235

(\*)THE VAST MAJORTIY OF CONSULTANT EXPENSE GOES TO TRANSPORTATION PROGRAM. THE ORGANIZATION HIRES OUTSORUCED TRANSPORTATION SERVICE (AMERICAN LOGISTICS) WHICH BROKER PRIVATE CAB DRIVERS TO FULFILL RIDES THAT THE ORGANIZATION NORMALLY DOES NOT ACCOMMODATE.

FORM 990, PART XII, LINE 2C:

THE AUDIT COMMITTEE'S OVERSIGHT AND SELECTION PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE PURPOSE OF THE ORGANIZATION IS TO BE A SERVICE PROVIDER, A COMMUNITY RESOURCE, A CONSUMER ADVOCATE, AND A PROMOTER OF THE GENERAL WELFARE OF SENIOR CITIZENS IN SOUTH ORANGE COUNTY, CALIFORNIA. THE ORGANIZATION'S MISSION IS TO PROMOTE, ADOVOCATE &

# FOR PUBLIC INSPECTION

Name of the organization AGE WELL SENIOR SERVICES, INC.	Employer identification number 93-1163563
--	--

ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

IMPROVE THE QUALITY OF LIFE, DIGNITY & INDEPENDENCE OF THE ELDERLY.

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
AMERICAN LOGISTICS 1492 W. SILICAN WAY SUITE B ST GEORGE, UT 84770	TRANSPORTATION	307,761.

Age Well Senior Services, Inc.  
Instructions for Filing  
Form 8453-EO  
CA e-file Return Authorization for Exempt Organizations  
For the Year Ended June 30, 2020

The original Form 8453-EO should be signed (use full name) and dated by an authorized officer of the organization.

Please return the signed form on or before May 17, 2021 to:

WITHUMSMITH+BROWN,PC  
100 SPECTRUM CENTER DRIVE, STE 1000  
IRVINE CA 92618

Your return will be filed electronically. You do not need to file any forms with the state of California.

There is no tax due with the filing of this return.

DO NOT separately file Form 199 with the state of California. Doing so will delay the processing of your return.

We must receive your signed form before we can electronically transmit your return, which is due on or before May 17, 2021. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The state will notify us when your return is accepted. Your return is not considered filed until the state confirms their acceptance, which may occur after the due date of your return.



Age Well Senior Services, Inc.  
Instructions for Filing  
Form RRF-1  
California Annual Registration Renewal Fee Report  
For the year ended June 30, 2020

The original return should be signed (use full name) and dated on page 1 by an authorized officer of the organization.

File the signed return by May 17, 2021 with:

Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470

A check or money order payable to "Attorney General's Registry of Charitable Trusts" in the amount of \$150 should be attached to the return. Be sure to include the federal EIN and "2019 Form RRF-1" on the check.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

# FOR PUBLIC INSPECTION

TAXABLE YEAR

## California Exempt Organization Annual Information Return

FORM

**2019**

**199**

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) 07/01/2019, and ending (mm/dd/yyyy) 06/30/2020

Corporation/Organization name AGE WELL SENIOR SERVICES, INC. California corporation number 1756287

Additional information. See instructions. FEIN 93-1163563

Street address (suite or room) 23101 LAKE CENTER DRIVE 325 PMB no. \_\_\_\_\_

City LAKE FOREST State CA Zip code 92630

Foreign country name \_\_\_\_\_ Foreign province/state/county \_\_\_\_\_ Foreign postal code \_\_\_\_\_

**A** First Return. . . . .  Yes  No

**B** Amended Return . . . . .  Yes  No

**C** IRC Section 4947(a)(1) trust . . . . .  Yes  No

**D** Final Information Return?  
 Dissolved  Surrendered (Withdrawn)  Merged/Reorganized  
 Enter date: (mm/dd/yyyy) ● \_\_\_\_\_

**E** Check accounting method:  
 (1)  Cash (2)  Accrual (3)  Other

**F** Federal return filed?  
 (1)  990T (2)  990PF (3)  Sch H (990) (4)  Other 990 series

**G** Is this a group filing? See instructions . . . . .  Yes  No

**H** Is this organization in a group exemption . . . . .  Yes  No  
 If "Yes," what is the parent's name? \_\_\_\_\_

**I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions. . . . .  Yes  No

**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. . . . .  Yes  No

**K** Is the organization exempt under R&TC Section 23701g? ●  Yes  No  
 If "Yes," enter the gross receipts from nonmember sources . . . . . \$ \_\_\_\_\_

**L** If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required . . . . .

**M** Is the organization a Limited Liability Company? . . . . .  Yes  No

**N** Did the organization file Form 100 or Form 109 to report taxable income? . . . . .  Yes  No

**O** Is the organization under audit by the IRS or has the IRS audited in a prior year? . . . . .  Yes  No

**P** Is federal Form 1023/1024 pending? . . . . .  Yes  No  
 Date filed with IRS \_\_\_\_\_

**Part I Complete Part I unless not required to file this form. See General Information B and C.**

<b>Receipts and Revenues</b>	<b>1</b> Gross sales or receipts from other sources. From Side 2, Part II, line 8 . . . . . ● <b>1</b>	539,400	00
	<b>2</b> Gross dues and assessments from members and affiliates . . . . . ● <b>2</b>		00
	<b>3</b> Gross contributions, gifts, grants, and similar amounts received. . . . . <u>ATCH 1</u> ● <b>3</b>	6,804,399	00
	<b>4</b> Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Information B . . . . . ● <b>4</b>	7,343,799	00
	<b>5</b> Cost of goods sold . . . . . ● <b>5</b>		00
	<b>6</b> Cost or other basis, and sales expenses of assets sold ● <b>6</b>	399,645	00
	<b>7</b> Total costs. Add line 5 and line 6 . . . . . ● <b>7</b>	399,645	00
	<b>8</b> Total gross income. Subtract line 7 from line 4. . . . . ● <b>8</b>	6,944,154	00
<b>Expenses</b>	<b>9</b> Total expenses and disbursements. From Side 2, Part II, line 18. . . . . ● <b>9</b>	6,748,265	00
	<b>10</b> Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 . . . . . ● <b>10</b>	195,889	00
<b>Filing Fee</b>	<b>11</b> Total payments. . . . . ● <b>11</b>		00
	<b>12</b> Use tax. See General Information K . . . . . ● <b>12</b>		00
	<b>13</b> Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 . . . . . ● <b>13</b>		00
	<b>14</b> Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 . . . . . ● <b>14</b>		00
	<b>15</b> Filing fee \$10 or \$25. See General Information F. . . . . ● <b>15</b>		00
	<b>16</b> Penalties and Interest. See General Information J . . . . . ● <b>16</b>		00
	<b>17</b> <b>Balance due.</b> Add line 12, line 15, and line 16. Then subtract line 11 from the result . . . . . ● <b>17</b>		00

**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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer STEVE MOYER Title CEO Date \_\_\_\_\_ Telephone 949-498-0400

Preparer's signature TASHA J OTSUJI Date 05/10/2021 Check if self-employed  ● PTIN P00846495

**Paid Preparer's Use Only** Firm's name (or yours, if self-employed) and address WITHUMSMITH+BROWN, PC  
100 SPECTRUM CENTER DRIVE, STE 1000  
IRVINE, CA 92618 ● Firm's FEIN 22-2027092  
 ● Telephone 949-261-2808

May the FTB discuss this return with the preparer shown above? See instructions . . . . . ●  Yes  No

# FOR PUBLIC INSPECTION

**Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.**

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions . . . . .	•	1	133,583	00	
	2	Interest . . . . .	•	2		00	
	3	Dividends . . . . .	•	3		00	
	4	Gross rents . . . . .	•	4	125	00	
	5	Gross royalties . . . . .	•	5		00	
	6	Gross amount received from sale of assets (See Instructions) . . . . .	•	6	384,625	00	
	7	Other income. Attach schedule . . . . . ATCH. 2. . . . .	•	7	21,067	00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 . . . . .		8	539,400	00	
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule . . . . .	•	9		00	
	10	Disbursements to or for members . . . . .	•	10		00	
	Expenses and Disbursements	11	Compensation of officers, directors, and trustees. Attach schedule. . . . . ATCH. 3. . . . .	•	11	317,648	00
		12	Other salaries and wages . . . . .	•	12	1,927,939	00
		13	Interest . . . . .	•	13	120,000	00
		14	Taxes . . . . .	•	14	155,139	00
		15	Rents . . . . .	•	15	174,502	00
		16	Depreciation and depletion (See instructions). . . . .	•	16	73,914	00
		17	Other Expenses and Disbursements. Attach schedule . . . . . ATCH. 4. . . . .	•	17	3,979,123	00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 . . . . .		18	6,748,265	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
Assets	(a)	(b)	(c)	(d)
1 Cash . . . . .		303,358.		1,547,094.
2 Net accounts receivable . . . . .		597,484.		603,339.
3 Net notes receivable . . . . .		291,820.		226,137.
4 Inventories . . . . .				
5 Federal and state government obligations . . . . .				
6 Investments in other bonds . . . . .				
7 Investments in stock. . . . .	ATCH 5	753,516.		851,761.
8 Mortgage loans . . . . .				
9 Other investments. Attach schedule . . . . .				
10 a Depreciable assets . . . . .	2,164,209.		2,234,134.	
b Less accumulated depreciation . . . . .	944,812.	1,219,397.	1,008,119.	1,226,015.
11 Land . . . . .				
12 Other assets. Attach schedule . . . . .	ATCH 6	39,128.		27,853.
13 <b>Total assets</b> . . . . .		3,204,703.		4,482,199.
<b>Liabilities and net worth</b>				
14 Accounts payable . . . . .		630,731.		827,611.
15 Contributions, gifts, or grants payable . . . . .				
16 Bonds and notes payable . . . . .				
17 Mortgages payable . . . . .		1,478,186.		1,489,093.
18 Other liabilities. Attach schedule . . . . .				
19 Capital stock or principal fund . . . . .				
20 Paid-in or capital surplus. Attach reconciliation . . . . .				
21 Retained earnings or income fund . . . . .		1,095,786.		1,275,751.
22 <b>Total liabilities and net worth</b> . . . . .		3,204,703.		3,592,455.

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000			
1	Net income per books . . . . .	211,813.	
2	Federal income tax . . . . .		
3	Excess of capital losses over capital gains . . . . .		
4	Income not recorded on books this year. Attach schedule . . . . .		
5	Expenses recorded on books this year not deducted in this return. Attach schedule. . . . .		
6	<b>Total.</b> Add line 1 through line 5 . . . . .	211,813.	
7	Income recorded on books this year not included in this return. Attach schedule . . . . .		ATCH 7 15,924.
8	Deductions in this return not charged against book income this year. Attach schedule . . . . .		
9	<b>Total.</b> Add line 7 and line 8 . . . . .		15,924.
10	<b>Net income per return.</b> Subtract line 9 from line 6 . . . . .		195,889.

# FOR PUBLIC INSPECTION

027

Date Accepted \_\_\_\_\_

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

**2019**

## California e-file Return Authorization for Exempt Organizations

FORM

**8453-EO**

Exempt Organization name <b>AGE WELL SENIOR SERVICES, INC.</b>	Identifying number <b>93-1163563</b>
---	---

**Part I Electronic Return Information** (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	<b>7,343,799.</b>
2 Total gross income (Form 199, line 8)	2	<b>6,944,154.</b>
3 Total expenses and disbursements (Form 199, Line 9)	3	<b>6,748,265.</b>

**Part II Settle Your Account Electronically for Taxable Year 2019**

4  Electronic funds withdrawal      4a Amount \_\_\_\_\_      4b Withdrawal date (mm/dd/yyyy) \_\_\_\_\_

**Part III Banking Information** (Have you verified the exempt organization's banking information?)

5 Routing number \_\_\_\_\_      7 Type of account:  Checking  Savings  
6 Account number \_\_\_\_\_

**Part IV Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2019 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

**Sign Here**      Signature of officer \_\_\_\_\_      Date 05/10/2021      Title CEO

**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.** See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2019 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO Must Sign</b>	ERO's signature	TASHA J OTSUJI	Date	05/10/2021	Check if also paid preparer	<input checked="" type="checkbox"/>	Check if self-employed	<input type="checkbox"/>	ERO's PTIN	P00846495
	Firm's name (or yours if self-employed) and address	WITHUMSMITH+BROWN, PC 100 SPECTRUM CENTER DRIVE, STE 1000 IRVINE CA			Firm's FEIN	22-2027092		ZIP code	92618	

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>Paid Preparer Must Sign</b>	Paid preparer's signature	_____	Date	_____	Check if self-employed	<input type="checkbox"/>	Paid preparer's PTIN	_____
	Firm's name (or yours if self-employed) and address	_____			Firm's FEIN	_____		ZIP code

PART II - OTHER INCOME

OTHER INCOME	1,866.
INVESTMENT INCOME	19,201.
TOTAL OTHER INCOME	<u>21,067.</u>

COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

<u>NAME</u>	<u>TITLE</u>	<u>COMPENSATION</u>
MARILYN DITTY	FOUNDER EMERITUS	90,726.
STEVE MOYER	CEO	161,955.
DAN PALUMBO	COO	64,967.
MARLENE BRIDGES	PRESIDENT	0.
BRENT LAUER	VICE PRESIDENT	0.
TED SANDERS	TREASURER	0.
RAY CHICOINE	SECRETARY	0.
ANNA T. BOYCE	BOARD MEMBER	0.
LESLIE GIBOLA	BOARD MEMBER	0.
BOB BATES	BOARD MEMBER	0.
JOSEPH MCKNIGHT	BOARD MEMBER	0.
ROB SCHAEFFER	BOARD MEMBER	0.
BOB STEGNER	BOARD MEMBER	0.
JAN GAMEROZ	BOARD MEMBER	0.
TOTAL COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES		<u>317,648.</u>

PART II - OTHER EXPENSES

EMPLOYEE BENEFITS	231,091.
LEGAL EXPENSES	49,187.
ACCOUNTING EXPENSE	32,626.
OTHER FEES FOR SVCS	621,526.
ADVERTISING	15,118.
OFFICE EXPENSES	14,632.
TRAVEL EXPENSES	2,011.
CONFERENCES	1,359.
INSURANCE	146,606.
FOOD	2,270,265.
PROGRAM SUPPLIES	215,908.
REPAIRS & MAINTENANCE	145,131.
VEHICLE OPERATION	144,740.
TELEPHONE	37,508.
MISCELLANEOUS	11,953.
FUNDRAISING	400.
UTILITIES	18,300.
PAYROLL SERVICES	18,097.
DUES AND SUBSCRIPTIONS	2,665.
TOTAL OTHER EXPENSES	<u>3,979,123.</u>

SCHEDULE L - INVESTMENTS IN STOCK

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
INVESTMENTS - FIDELITY	2,220.	570.
CHARITABLE REMAINDER TRUSTS	237,412.	219,894.
ENDOWMENT FUNDS	513,884.	631,297.
TOTAL INVESTMENTS IN STOCK	<u>753,516.</u>	<u>851,761.</u>



SCHEDULE L - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
DEPOSITS	28,236.	24,872.
PREPAID EXPENSES	10,892.	2,981.
TOTAL OTHER ASSETS	<u>39,128.</u>	<u>27,853.</u>

SCHEDULE M-1 - INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED

UNREALIZED GAIN ON INVESTMENTS	14,432.
INVESTMENT FEES	1,492.
TOTAL INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED	<u>15,924.</u>

# FOR PUBLIC INSPECTION

STATE OF CALIFORNIA  
RRF-1  
(Rev. 09/2017)

DEPARTMENT OF JUSTICE  
PAGE 1 of 5

MAIL TO:  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470  
STREET ADDRESS  
1300 I Street  
Sacramento, CA 95814  
(916) 210-6400  
WEBSITE ADDRESS:  
[www.oag.ca.gov/charities](http://www.oag.ca.gov/charities)

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

**Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-306, 309, 311, and 312**

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

AGE WELL SENIOR SERVICES, INC. Name of Organization  List all DBAs and names the organization uses or has used 23101 LAKE CENTER DRIVE Address (Number and Street) LAKE FOREST CA 92630 City or Town, State and ZIP Code (949) 855-8033 Telephone Number E-mail Address	Check if: <input checked="" type="checkbox"/> Change of address  <input type="checkbox"/> Amended report  State Charity Registration Number <u>097183</u> Corporate or Organization No. <u>1756287</u> Federal Employer I.D. No. <u>93-1163563</u>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)  
Make Check Payable to Department of Justice**

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 07/01/2019 ending 06/30/2020) list:

Gross Annual Revenue \$ 6,944,154.      Noncash Contributions \$ \_\_\_\_\_      Total Assets \$ 4,482,199.

Program Expenses \$ 5,955,241.      Total Expenses \$ 6,748,265.

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?	X	
<u>ATCH 8</u>		
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete, and I am authorized to sign.**

_____ Signature of Authorized Agent	STEVE MOYER Printed Name	CEO Title	05/10/2021 Date
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# FOR PUBLIC INSPECTION

FORM RRF-1, PART B - CONTRIBUTING GOVERNMENT AGENCIESATTACHMENT 8

GOVERNMENT AGENCY NAME	STREET ADDRESS	CITY, STATE AND ZIP CODE	CONTACT NAME	TELEPHONE
COUNTY OF ORANGE, OFFICE ON AGING	1300 S. GRAND AVE., BLDG B	SANTA ANA, CA 92705	JANNETTE REVILLA	800-510-2020
CITY OF DANA POINT	34052 DEL OBISPO ROAD	DANA POINT, CA 92629	SUE STEINRIEDE	949-248-3500
CITY OF NEWPORT BEACH	P.O. BOX 1768	NEWPORT BEACH, CA 92658-1768	JAMES CAMPBELL	949-644-3141
CITY OF MISSION VIEJO	200 CIVIC CENTER	MISSION VIEJO, CA 92691	MARK NIX	949-470-3000
CITY OF LAKE FOREST	25550 COMMERCE CENTER DRIVE	LAKE FOREST, CA 92630	ROBERT GAYLORD	949-461-3400
CITY OF LAGUNA NIGUEL	30111 CROWN VALLEY PARKWAY	LAGUNA NIGUEL, CA 92677	STEPHEN ERLANDSON	949-362-4300
CITY OF SAN CLEMENTE	100 AVE. PRESIDIO	SAN CLEMENTE, CA 92672	LESLIE DAVIS	949-361-8200
CITY OF SAN JUAN CAPISTRANO	25925 CAMINO DEL AVION	SAN JUAN CAPISTRANO, CA 92675	HEIDI IVANOFF	949-493-1171
CITY OF RANCHO SANTA MARGARITA	22112 EL PASEO	RANCHO SANTA MARGARITA, CA 92688	FINANCE DEPARTMENT	949-635-1800
CITY OF LAGUNA BEACH	505 FOREST AVE	LAGUNA BEACH, CA 92651	DONNA ROBERTS	949-497-3311
CITY OF LAGUNA HILLS	24035 EL TORO ROAD	LAGUNA HILLS, CA 92653	FINANCE DEPARTMENT	949-707-2623