99 Form

(Rev. January 2020)

FNDED FC CXI 021 Return of Organization Exempt From Income Tax

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

Department of the Treasury Int

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information

OMB No. 1545-0047 ୬ଲ10

| Oper | n to F | Public |
|------|--------|--------|

| A F                            | or th          | e 2019         | calendar year, or tax year beginning 07/01, 2019, and endir   | ng                 | 06  | 5/30, <b>20</b> | 20       |              |
|--------------------------------|----------------|----------------|---|--------------------|---|-----------------|----------|--------------|
|                                |                |                | C Name of organization  | <u> </u>           | D Employer identifica                             |                 |          |              |
| <b>B</b> c                     | Check if a     | applicable:    | AGE WELL SENIOR SERVICES, INC.  |                    | 93-116356   | 3               |          |              |
| X                              | Addr<br>chan   |                | Doing business as   |                    |   |                 |          |              |
|                                |                | e change       | Number and street (or P.O. box if mail is not delivered to street address) Room/suite   | E Telephone number |   |                 |          |              |
|                                | -              | al return      | (949) 855-8   | 033                |   |                 |          |              |
| _                              | Final          | l return/      | 23101 LAKE CENTER DRIVE 325<br>City or town, state or province, country, and ZIP or foreign postal code   |                    | (   |                 |          |              |
|                                |                | inated<br>nded | LAKE FOREST, CA 92630   |                    | <b>G</b> Gross receipts \$                        | 7               | 423      | ,620.        |
| _                              | retur<br>Appli | n<br>ication   | F Name and address of principal officer: STEVE MOYER  |                    | H(a) Is this a group retu                         |                 | Yes      | X No         |
|                                | pend           | ling           | 23101 LAKE CENTER DRIVE325, LAKE FOREST, CA 92630   |                    | subordinates?                                     |                 | Yes      | H            |
|                                | Tax a          | vomnt of       |   | - 07               | H(b) Are all subordinates in<br>If "No," attach a |                 | _        |              |
|                                |                | xempt st       | atus: X 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) or 5<br>MYAGEWELL.ORG  | 527                |   |                 | uctions) |              |
|                                |                |                |   |                    | H(c) Group exemption n                            |                 |          |              |
| _                              |                | of organ       |   | of format          | tion: 1995 M State                                | of legal do     | micile:  | CA           |
| Pa                             | art I          |                | mmary   | 1 5110 0           |   |                 |          |              |
|                                | 1              |                | v describe the organization's mission or most significant activities: TO PROMOTE ,  |                    | ATE & IMPROV                                      | E               |          |              |
| сe                             |                | THE            | QUALITY OF LIFE, DIGNITY & INDEPENDENCE OF THE ELDE   | RLY.               |   |                 |          |              |
| naı                            |                |                |   |                    |   |                 |          |              |
| Activities & Governance        | 2              |                | this box 🕨 🔄 if the organization discontinued its operations or disposed of more t  |                    | 1 1   |                 |          |              |
| õ                              | 3              | Numb           | er of voting members of the governing body (Part VI, line 1a)   |                    |   |                 |          | 11.          |
| s<br>S                         | 4              | Numb           | er of independent voting members of the governing body (Part VI, line 1b)   |                    | 4   |                 |          | 11.          |
| itie                           | 5              | Total          | number of individuals employed in calendar year 2019 (Part V, line 2a)  |                    | 5   |                 |          | 89.          |
| ž                              | 6              | Total          | number of volunteers (estimate if necessary)  |                    | 6   |                 |          | 550.         |
| ĕ                              | 7a             |                | unrelated business revenue from Part VIII, column (C), line 12  |                    |   |                 |          | 0.           |
|                                | b              | Net u          | nrelated business taxable income from Form 990-T, line 39   |                    |   |                 |          |              |
|                                |                |                |   |                    | Prior Year  | Cur             | rent Ye  | ear          |
|                                | 8              | Contri         | butions and grants (Part VIII, line 1h)   |                    | 5,184,692.  | б,              | 804,     | ,399.        |
| nu                             | 9              |                | am service revenue (Part VIII, line 2g)   |                    | 342,254.  |                 | 133      | ,583.        |
| Revenue                        | 10             |                | ment income (Part VIII, column (A), lines 3, 4, and 7d)   |                    | 19,986.   |                 | 4        | ,181.        |
| Ř                              | 11             |                | revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  |                    | 0.  |                 | 1        | ,991.        |
|                                | 12             |                | revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  |                    | 5,546,932.  | б,              |          | ,154.        |
|                                | 13             |                | s and similar amounts paid (Part IX, column (A), lines 1-3)   |                    | 0.  | - ,             | - 1      | 0.           |
|                                | 14             |                | its paid to or for members (Part IX, column (A), line 4)  |                    | 0.  |                 |          | 0.           |
|                                | 4.5            |                | es, other compensation, employee benefits (Part IX, column (A), lines 5–10)   |                    | 3,463,492.  | 2               | 631      | ,817.        |
| ses                            | 15             |                |   | _                  | 0.  | 4,              | 0.01     | 0.           |
| Expenses                       | 100            |                | ssional fundraising fees (Part IX, column (A), line 11e)<br>fundraising expenses (Part IX, column (D), line 25) ► 176,682.  | •                  | 0.  |                 |          | 0.           |
| Ĕ                              | 47             |                |   |                    | 3,481,827.  | 4               | 116      | ,448.        |
|                                |                |                | expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  |                    | 6,945,319.  |                 |          | ,265.        |
|                                | 18             |                | expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   |                    |   | Ο,              |          |              |
| ۲s                             | 19             | Rever          | ue less expenses. Subtract line 18 from line 12   |                    | -1,398,387.                                       | _               |          | ,889.        |
| ts o<br>nce                    |                |                |   |                    | aning of Current Year 3, 204, 703.                |                 | l of Yea |              |
| sse<br>3ala                    | 20             |                | assets (Part X, line 16)  | •                  |   |                 |          | ,199.        |
| Net Assets or<br>Fund Balances | 21             |                | iabilities (Part X, line 26)  | •                  | 2,108,917.  |                 |          | ,448.        |
|                                |                |                | sets or fund balances. Subtract line 21 from line 20  |                    | 1,095,786.  | 1,              | 275,     | ,751.        |
|                                | art II         |                | gnature Block   |                    |   |                 |          |              |
| Une                            | der pe         | enalties of    | I declare that I have examined this return, including accompanying schedules and stat<br>complete. Declaration of preparer (other than officer) is based on all information of which preparer | tements, a         | and to the best of my l                           | knowledge       | and be   | elief, it is |
|                                | 3, 0011        |                |   |                    |   |                 |          |              |
| <b>.</b>                       |                |                |   |                    | 05/06/2   | 021             |          |              |
| Sig                            |                | <b>7</b> 3     | lignature of officer  |                    | Date  |                 |          |              |
| He                             | re             |                | STEVE MOYER CEO   |                    |   |                 |          |              |

Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN if Check Paid TASHA J OTSUJI TASHA J OTSUJI 05/10/2021 self-employed P00846495 Preparer Firm's EIN ▶ 22-2027092 ▶WITHUMSMITH+BROWN, PC Firm's name Use Only 949-261-2808 Firm's address 100 SPECTRUM CENTER DRIVE, STE 1000 IRVINE, CA 92618 Phone no May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No Form 990 (2019)

For Paperwork Reduction Act Notice, see the separate instructions.

| Forr        | n 990 (2019) Page 2  |
|-------------|--|
|             | art III Statement of Program Service Accomplishments   |
| 1           | Check if Schedule O contains a response or note to any line in this Part III X<br>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?  |
|             | 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?                   |
|             | services?  |
| 4           | Describe the organization's program service accomplishments for each of its three largest program services, as measured b      |
|             | 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.   |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |
|             | (Code:) (Expenses \$3,767,199. including grants of \$) (Revenue \$)  |
|             | TITLE III CONGREGATE MEALS/HOME DELIVERED MEALS: SERVED 461,823<br>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 \$including grants of \$) (Revenue \$)<br>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  |
|             | INDEPENDENCE FOR THE ELDERLY.  |
|             |  |
|             |  |
|             |  |
| 44          | Other program services (Describe on Schedule O.)   |
| Ψu          | (Expenses \$ 163,556. including grants of \$ )(Revenue \$ )  |
| -           | Total program service expenses ► 5,955,241.  |
| JSA<br>9E10 | D20 2.000 Form <b>990</b> (2019  |

Form 990 (2019)

| Part | V Checklist of Required Schedules   |       |     |          |
|------|---|-------|-----|----------|
|      |   |       | Yes | No       |
| 1    | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"                 |       |     |          |
|      | complete Schedule A.  | 1     | Х   |          |
| 2    | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?                             | 2     | Х   |          |
| 3    | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to              |       |     |          |
| -    | candidates for public office? If "Yes," complete Schedule C, Part I   | 3     |     | х        |
| 4    | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)                 |       |     |          |
| -    | election in effect during the tax year? If "Yes," complete Schedule C, Part II  | 4     |     | х        |
| 5    | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,                  |       |     | <u> </u> |
| 5    | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III                | 5     |     | x        |
| 6    |   | 5     |     |          |
| 6    | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors                       |       |     |          |
|      | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If                   |       |     | x        |
| _    | "Yes," complete Schedule D, Part I.   | 6     |     |          |
| 7    | Did the organization receive or hold a conservation easement, including easements to preserve open space,                     |       |     | 37       |
| _    | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                          | 7     |     | X        |
| 8    | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"           |       |     |          |
|      | complete Schedule D, Part III   | 8     |     | X        |
| 9    | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a               |       |     |          |
|      | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or                  |       |     |          |
|      | debt negotiation services? If "Yes," complete Schedule D, Part IV   | 9     |     | Х        |
| 10   | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments                  |       |     |          |
|      | or in quasi endowments? If "Yes," complete Schedule D, Part V   | 10    | Х   |          |
| 11   | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,                  |       |     |          |
|      | VII, VIII, IX, or X as applicable.  |       |     |          |
| а    | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"                        |       |     |          |
|      | complete Schedule D, Part VI  | 11a   | Х   |          |
| b    | Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more                  |       |     |          |
|      | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII                                      | 11b   | Х   |          |
| с    | Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more                   |       |     |          |
|      | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII                                     | 11c   |     | Х        |
| d    | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets             |       |     |          |
|      | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d   |     | Х        |
| е    | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X         | 11e   |     | X        |
|      | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses       |       |     |          |
| •    | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | 11f   | Х   |          |
| 12a  | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete           |       |     |          |
| 120  | Schedule D, Parts XI and XII.   | 12a   | Х   |          |
| h    | Was the organization included in consolidated, independent audited financial statements for the tax year? If                  | 124   |     | <u> </u> |
| D D  | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional            | 12b   |     | x        |
| 13   | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.                            | 120   |     | X        |
|      | Did the organization maintain an office, employees, or agents outside of the United States?                                   | 14a   |     | X        |
|      | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,                              | 144   |     |          |
| b    | fundraising, business, investment, and program service activities outside the United States, or aggregate                     |       |     |          |
|      |   | 4 4 1 |     | x        |
| 45   | foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>                         | 14b   |     |          |
| 15   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or             | 4.5   |     | v        |
|      | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15    |     | X        |
| 16   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other                    |       |     | 37       |
|      | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV                                     | 16    |     | X        |
| 17   | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on                |       |     |          |
|      | Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).                        | 17    |     | X        |
| 18   | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on                   |       |     |          |
|      | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18    | Х   | <u> </u> |
| 19   | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?                  |       |     | ĺ        |
|      | If "Yes," complete Schedule G, Part III   | 19    |     | X        |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                   | 20a   |     | X        |
| b    | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                  | 20b   |     |          |
| 21   | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or                   |       |     | ĺ        |
|      | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                             | 21    |     | Х        |

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| Form 9 | 90 (2019)   |            | ŀ   | -age <b>4</b> |
|--------|---|------------|-----|---------------|
| Part   | V Checklist of Required Schedules (continued)   |            | Yes | No            |
|        | Did the encoderation report many them #5 000 of monte on other excitations to an few demonstic individuals on   |            | res | No            |
| 22     | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>        | 22         |     | x             |
| 23     | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the   | ~~~        |     |               |
| 23     | organization's current and former officers, directors, trustees, key employees, and highest compensated   |            |     |               |
|        | employees? If "Yes," complete Schedule J.   | 23         | Х   |               |
| 24 a   | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than   |            |     |               |
|        | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b   |            |     |               |
|        | through 24d and complete Schedule K. If "No," go to line 25a  | 24a        |     | х             |
| b      | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b        |     |               |
|        | Did the organization maintain an escrow account other than a refunding escrow at any time during the year   |            |     |               |
|        | to defease any tax-exempt bonds?  | 24c        |     |               |
| d      | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d        |     |               |
| 25 a   | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit  |            |     |               |
|        | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a        |     | Х             |
| b      | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior  |            |     |               |
|        | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  |            |     |               |
|        | If "Yes," complete Schedule L, Part I   | 25b        |     | X             |
| 26     | Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? If "Yes," complete Schedule L, Part II.   | 26         |     | X             |
| 27     | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key   |            |     |               |
|        | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee  |            |     |               |
|        | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these  |            |     | v             |
| ~~     | persons? If "Yes," complete Schedule L, Part III  | 27         |     | X             |
| 28     | Was the organization a party to a business transaction with one of the following parties (see Schedule L,   |            |     |               |
|        | Part IV instructions, for applicable filing thresholds, conditions, and exceptions):  |            |     |               |
| a      | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>                                      | 28a        |     | x             |
| h      | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV   | 20a<br>28b |     | X             |
|        | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If   | 200        |     |               |
| ·      | "Yes," complete Schedule L, Part IV   | 28c        |     | х             |
| 29     | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29         |     | X             |
| 30     | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified  |            |     |               |
|        | conservation contributions? If "Yes," complete Schedule M   | 30         |     | х             |
| 31     | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 31         |     | Х             |
| 32     | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"   |            |     |               |
|        | complete Schedule N, Part II  | 32         |     | Х             |
| 33     | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations  |            |     |               |
|        | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33         |     | Х             |
| 34     | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,  |            |     |               |
|        | or IV, and Part V, line 1   | 34         |     | X             |
|        | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a        |     | X             |
| b      | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a   |            |     |               |
|        | controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>  | 35b        |     | <u> </u>      |
| 36     | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable  | 26         |     | x             |
| 27     | related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> .<br>Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 36         |     |               |
| 37     | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37         |     | x             |
| 38     | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and  | 51         |     |               |
| 30     | 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.   | 38         | х   |               |
| Part   |   |            |     |               |
|        | Check if Schedule O contains a response or note to any line in this Part V  |            |     |               |
|        |   |            | Yes | No            |
| 1a     | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  |            |     |               |
|        | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0.   |            |     |               |
| С      | Did the organization comply with backup withholding rules for reportable payments to vendors and  |            |     |               |
|        | reportable gaming (gambling) winnings to prize winners?   | 1c         | Х   |               |
| JSA    |   | Form       | 990 | (2019)        |

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| Part | V Statements Regarding Other IRS Filings and Tax Compliance (continued)   |          |     |    |
|------|---|----------|-----|----|
|      |   |          | Yes | No |
| 2a   | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax   |          |     |    |
|      | Statements, filed for the calendar year ending with or within the year covered by this return. 2a 89                                |          |     |    |
| b    | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                      | 2b       | Х   |    |
|      | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)                    |          |     |    |
| 3a   | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                       | 3a       |     | Х  |
| b    | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O                         | 3b       |     |    |
| 4a   | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,             |          |     |    |
|      | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                  | 4a       |     | X  |
| b    | If "Yes," enter the name of the foreign country ►   |          |     |    |
|      | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                 |          |     |    |
| 5a   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                               | 5a       |     | X  |
| b    | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                    | 5b       |     | X  |
| С    | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   | 5c       |     |    |
| 6a   | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the                              |          |     |    |
|      | organization solicit any contributions that were not tax deductible as charitable contributions?                                    | 6a       |     | X  |
| b    | If "Yes," did the organization include with every solicitation an express statement that such contributions or                      |          |     |    |
|      | gifts were not tax deductible?  | 6b       |     |    |
|      | Organizations that may receive deductible contributions under section 170(c).   |          |     |    |
| а    | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods                         | _        |     | 37 |
|      | and services provided to the payor?   | 7a       |     | X  |
|      | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                     | 7b       |     |    |
| С    | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was                            | 7.       |     | Х  |
| _    | required to file Form 8282?   | 7c       |     |    |
|      | If "Yes," indicate the number of Forms 8282 filed during the year   | 7.       |     | Х  |
|      | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                     | 7e       |     | X  |
|      | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                        | 7f       |     |    |
| -    | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?    | 7g<br>7h |     |    |
|      | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. | 711      |     |    |
| 8    | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the                         | 8        |     |    |
| 9    | sponsoring organization have excess business holdings at any time during the year?  |          |     |    |
|      | Did the sponsoring organization make any taxable distributions under section 4966?  | 9a       |     |    |
|      | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                   | 9b       |     |    |
|      | Section 501(c)(7) organizations. Enter:   |          |     |    |
|      | Initiation fees and capital contributions included on Part VIII, line 12  |          |     |    |
| b    | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b                                     |          |     |    |
| 11   | Section 501(c)(12) organizations. Enter:  |          |     |    |
|      | Gross income from members or shareholders   |          |     |    |
| b    | Gross income from other sources (Do not net amounts due or paid to other sources  |          |     |    |
|      | against amounts due or received from them.)   |          |     |    |
| 12 a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                          | 12a      |     |    |
| b    | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b   |          |     |    |
| 13   | Section 501(c)(29) qualified nonprofit health insurance issuers.  |          |     |    |
| а    | Is the organization licensed to issue qualified health plans in more than one state?  | 13a      |     |    |
|      | Note: See the instructions for additional information the organization must report on Schedule O.                                   |          |     |    |
| b    | Enter the amount of reserves the organization is required to maintain by the states in which  |          |     |    |
|      | the organization is licensed to issue qualified health plans  |          |     |    |
|      | Enter the amount of reserves on hand  |          |     | 37 |
|      | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a      |     | X  |
|      | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>                    | 14b      |     |    |
|      | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or                       |          |     | v  |
|      | excess parachute payment(s) during the year?  | 15       |     | X  |
|      | If "Yes," see instructions and file Form 4720, Schedule N.  | 10       |     | Х  |
| 16   | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?                     | 16       |     | Λ  |
|      | If "Yes," complete Form 4720, Schedule O.   |          |     |    |

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Yes No

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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 Х

| Sect  | ion A. Governing Body and Management  |         |            |      | _            |
|-------|---|---------|------------|------|--------------|
|       |   |         |            | _    |              |
| 1a    | Enter the number of voting members of the governing body at the end of the tax year   | 1a      | 11         |      |              |
|       | If there are material differences in voting rights among members of the governing body, or  |         |            |      |              |
|       | if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.  |         |            |      |              |
| b     | Enter the number of voting members included on line 1a, above, who are independent  | 1b      | 11         |      |              |
| 2     | Did any officer, director, trustee, or key employee have a family relationship or a business re   | lations | ship with  |      |              |
|       | any other officer, director, trustee, or key employee?  |         |            | 2    |              |
| 3     | Did the organization delegate control over management duties customarily performed by or un   | nder t  | he direct  |      |              |
|       | supervision of officers, directors, trustees, or key employees to a management company or other p   | persor  | ı? <b></b> | 3    | _            |
| 4     | Did the organization make any significant changes to its governing documents since the prior Form 990 was fi  | led?.   |            | 4    | _            |
| 5     | Did the organization become aware during the year of a significant diversion of the organization's a  | assets  | s? <b></b> | 5    | _            |
| 6     | Did the organization have members or stockholders?  |         |            | 6    | _            |
| 7a    | Did the organization have members, stockholders, or other persons who had the power to el   | ect o   | r appoint  |      |              |
|       | one or more members of the governing body?  |         |            | 7a   | $\downarrow$ |
| b     | Are any governance decisions of the organization reserved to (or subject to approval  | by) n   | nembers,   |      |              |
|       | stockholders, or persons other than the governing body?   |         |            | 7b   | _            |
| 8     | Did the organization contemporaneously document the meetings held or written actions under  | ertake  | en during  |      |              |
|       | the year by the following:  |         |            |      |              |
| а     | The governing body?   |         |            | 8a   | +            |
| b     | Each committee with authority to act on behalf of the governing body?   |         |            | 8b   | +            |
| 9     | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. |         |            | 9    |              |
| Secti | on B. Policies (This Section B requests information about policies not required by the Inte   | ernal   | Revenue    | Code | э.,          |
|       |   |         |            |      |              |
| 10a   | Did the organization have local chapters, branches, or affiliates?  |         |            | 10a  |              |
| b     | If "Yes," did the organization have written policies and procedures governing the activities of   | such    | chapters,  |      |              |
|       | affiliates, and branches to ensure their operations are consistent with the organization's exempt per   | urpose  | es?        | 10b  |              |
| 11a   | Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi   | ling th | e form? .  | 11a  |              |
| b     | Describe in Schedule O the process, if any, used by the organization to review this Form 990.   |         |            |      |              |
| 12a   | Did the organization have a written conflict of interest policy? If "No," go to line 13   |         |            | 12a  |              |
| b     | Were officers, directors, or trustees, and key employees required to disclose annually interests to   | that c  | ould give  |      |              |
|       | rise to conflicts?  |         |            | 12b  | _            |
| С     | Did the organization regularly and consistently monitor and enforce compliance with the p   | olicy?  | If "Yes,"  |      |              |
|       | describe in Schedule O how this was done  |         |            | 12c  | +            |
| 13    | Did the organization have a written whistleblower policy?   |         |            | 13   | _            |
| 14    | Did the organization have a written document retention and destruction policy?  |         |            | 14   | _            |
| 15    | Did the process for determining compensation of the following persons include a review ar   |         |            |      |              |
|       | independent persons, comparability data, and contemporaneous substantiation of the deliberation   |         |            |      |              |
| а     | The organization's CEO, Executive Director, or top management official  |         |            | 15a  | +            |
| b     | Other officers or key employees of the organization   |         |            | 15b  | +            |
|       | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).   |         |            |      |              |
| 16a   | Did the organization invest in, contribute assets to, or participate in a joint venture or simila   |         | •          | 4.4  |              |
|       | with a taxable entity during the year?  |         |            | 16a  | -            |
| b     | If "Yes," did the organization follow a written policy or procedure requiring the organization  |         |            |      |              |
|       | participation in joint venture arrangements under applicable federal tax law, and take steps to   | safeg   | guard the  |      |              |
| Sec.  | organization's exempt status with respect to such arrangements?   |         |            | 16b  |              |
|       | ion C. Disclosure   |         |            |      |              |
| 17    | List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ CA   |         |            |      |              |

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (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)

- Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year.
- 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 20

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<sup>19)</sup> AGE WELL SENIOR SERVICES, INC. 93-1163563 Page 7 Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and

Independent Contractors

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)<br>Name and title | <b>(B)</b><br>Average<br>hours<br>per week                                  | box,                              | unles                 | Pos<br>neck<br>ss pe | erson        | e than c<br>is both<br>cor/trust | an     | (D)<br>Reportable<br>compensation<br>from the | <b>(E)</b><br>Reportable<br>compensation<br>from related | <b>(F)</b><br>Estimated amount<br>of other<br>compensation |
|-----------------------|---|-----------------------------------|-----------------------|----------------------|--------------|----------------------------------|--------|---|--|--|
|                       | (list any<br>hours for<br>related<br>organizations<br>below<br>dotted line) | Individual trustee<br>or director | Institutional trustee | Officer              | Key employee | Highest compensated employee     | Former | organization<br>(W-2/1099-MISC)               | organizations<br>(W-2/1099-MISC)                         | from the<br>organization and<br>related organizations      |
| (1) STEVE MOYER       | 40.00   |                                   |                       |                      |              |                                  |        |   |  |  |
| CEO                   | 0.  |                                   |                       | Х                    |              |                                  |        | 157,943.                                      | 0.   | 7,667.   |
| (2) DAN PALUMBO       | 40.00   |                                   |                       |                      |              |                                  |        |   |  |  |
| C00                   | 0.  |                                   |                       | Х                    |              |                                  |        | 100,401.                                      | 0.   | 6,547.   |
| (3) MARILYN DITTY     | 1.00  |                                   |                       |                      |              |                                  |        |   |  |  |
| FOUNDER EMERITUS      | 0.  | 1                                 |                       | Х                    |              |                                  |        | 81,660.                                       | 0.   | 9,125.   |
| (4) MARLENE BRIDGES   | 1.00  |                                   |                       |                      |              |                                  |        |   |  |  |
| PRESIDENT             | 0.  | X                                 |                       | Х                    |              |                                  |        | 0.  | 0.   | 0.   |
| (5) BRENT LAUER       | 1.00  |                                   |                       |                      |              |                                  |        |   |  |  |
| VICE PRESIDENT        | 0.  | X                                 |                       | Х                    |              |                                  |        | 0.  | 0.   | 0.   |
| (6) TED SANDERS       | 1.00  |                                   |                       |                      |              |                                  |        |   |  |  |
| TREASURER             | 0.  | X                                 |                       | Х                    |              |                                  |        | 0.  | 0.   | 0.   |
| (7) RAY CHICOINE      | 1.00  |                                   |                       |                      |              |                                  |        |   |  |  |
| SECRETARY             | 0.  | X                                 |                       | Х                    |              |                                  |        | 0.  | 0.   | 0.   |
| (8) ANNA T. BOYCE     | 1.00  |                                   |                       |                      |              |                                  |        |   |  |  |
| BOARD MEMBER          | 0.  | X                                 |                       |                      |              |                                  |        | 0.  | 0.   | 0.   |
| (9)LESLIE GIBOLA      | 1.00  |                                   |                       |                      |              |                                  |        |   |  |  |
| BOARD MEMBER          | 0.  | X                                 |                       |                      |              |                                  |        | 0.  | 0.   | 0.   |
| (10) BOB BATES        | 1.00  |                                   |                       |                      |              |                                  |        |   |  |  |
| BOARD MEMBER          | 0.  | X                                 |                       |                      |              |                                  |        | 0.  | 0.   | 0.   |
| (11) JOSEPH MCKNIGHT  | 1.00  |                                   |                       |                      |              |                                  |        |   |  |  |
| BOARD MEMBER          | 0.  | Х                                 |                       |                      |              |                                  |        | 0.  | 0.   | 0.   |
| (12) ROB SCHAEFFER    | 1.00  |                                   |                       |                      |              |                                  |        |   |  |  |
| BOARD MEMBER          | 0.  | Х                                 |                       |                      |              |                                  |        | 0.  | 0.   | 0.   |
| (13) BOB STEGNER      | 1.00  |                                   |                       |                      |              |                                  |        |   |  |  |
| BOARD MEMBER          | 0.  | X                                 |                       |                      |              |                                  |        | 0.  | 0.   | 0.   |
| (14) JAN GAMEROZ      | 1.00  |                                   |                       |                      |              |                                  |        |   |  |  |
| BOARD MEMBER          | 0.  | X                                 |                       |                      |              |                                  |        | 0.  | 0.   | 0.   |

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| Par                       | Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)  |  |                        |                       |                               |             |   |                      |   | d)  |                                       |  |
|---------------------------|--|--|------------------------|-----------------------|-------------------------------|-------------|---|----------------------|---|---|---------------------------------------|--|
|                           | (A)<br>Name and title  | (B)<br>Average<br>hours per<br>week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line)  | box,                   | unles                 | Pos<br>heck<br>ss pe<br>d a c | erson       | e than o<br>is both<br>or/trust<br>employee | an                   | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation fr<br>related<br>organizations<br>(W-2/1099-MIS | om am<br>com<br>C) fro<br>orga<br>and | (F)<br>timated<br>ount of<br>other<br>pensation<br>om the<br>anization<br>d related<br>nizations |
|                           |  |  | -                      |                       |                               |             | <u>d</u>                                    |                      |   |   |                                       |  |
|                           |  |  | -                      |                       |                               |             |   |                      |   |   |                                       |  |
|                           |  |  | -                      |                       |                               |             |   |                      |   |   |                                       |  |
|                           |  |  | -                      |                       |                               |             |   |                      |   |   |                                       |  |
|                           |  |  | -                      |                       |                               |             |   |                      |   |   |                                       |  |
|                           |  |  | -                      |                       |                               |             |   |                      |   |   |                                       |  |
|                           |  | +  | -                      |                       |                               |             |   |                      |   |   |                                       |  |
|                           |  | +  | -                      |                       |                               |             |   |                      |   |   |                                       |  |
|                           |  |  | -                      |                       |                               |             |   |                      |   |   |                                       |  |
|                           |  |  | -                      |                       |                               |             |   |                      |   |   |                                       |  |
|                           |  |  | -                      |                       |                               |             |   |                      | 240,004   |   | 0                                     | 22 220   |
| c ⊺<br>d ⊺                | Sub-total<br>Fotal from continuation sheets to Part VII, S<br>Fotal (add lines 1b and 1c)<br>Fotal number of individuals (including but not  | Section A  | · · · ·                | •••                   | · ·                           | •••         |   | ►<br>►<br>►          | 340,004.<br>0.<br>340,004.<br>ceived more than                                      | \$100,000 of  | 0.<br>0.<br>0.                        | 23,339.<br>0.<br>23,339.   |
| r                         | reportable compensation from the organization<br>Did the organization list any <b>former</b> offi  | on ►<br>cer, directo   | or, or                 | 2<br>tru              | uste                          | e,          | key e                                       | mp                   | loyee, or highest   | t compensated   |                                       | Yes No   |
| 4 F<br>c<br>i<br>5 [<br>f | employee on line 1a? <i>If "Yes," complete Sched</i><br>For any individual listed on line 1a, is the<br>organization and related organizations guindividual<br>Did any person listed on line 1a receive on<br>for services rendered to the organization? <i>If "</i> Y | sum of represented of represented by sum of represented by a sum of the sum o | oortab<br>\$15<br>mpen | ole o<br>50,0<br>sati | com<br>00?<br>on              | per<br>//// | isatior<br><i>"Ye</i> s<br>n any            | n ar<br>;," (<br>uni | nd other compens<br>complete Schedu<br>related organizatio                          | sation from the<br><i>le J for such</i><br>on or individua                        | 4                                     | X<br>X<br>X<br>X   |
| -                         | tion B. Independent Contractors  |  |                        |                       |                               |             |   |                      |   |   | <u> </u>                              |  |
| C                         | Complete this table for your five highest cor<br>compensation from the organization. Report<br>/ear.   |  |                        |                       |                               |             |   |                      |   |   |                                       |  |
|                           | (A)<br>Name and business ac  | dress  |                        |                       |                               |             |   |                      | <b>(B)</b><br>Description of se   | rvices  | <b>(C)</b><br>Compens                 | ation  |
| AT                        | FACHMENT 2   |  |                        |                       |                               |             |   |                      |   |   |                                       |  |
|                           |  |  |                        |                       |                               |             |   |                      |   |   |                                       |  |
|                           |  |  |                        |                       |                               |             |   |                      |   |   |                                       |  |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 3

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## VELL SENTOR SERVICES, INSPECTION Part VIII Statement of Revenue

|   |     | Check if Schedule O co                                     | ntains a r   | espor    | nse or note to ar | ny line in this Part V      | /   |   |   |
|---|-----|--|--------------|----------|-------------------|-----------------------------|---|---|---|
|   |     |  |              |          |                   | <b>(A)</b><br>Total revenue | <b>(B)</b><br>Related or exempt<br>function revenue | <b>(C)</b><br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |
| s s   | 1a  | Federated campaigns  |              | 1a       | 470.              |                             |   |   |   |
| Contributions, Gifts, Grants<br>and Other Similar Amounts |     | Membership dues  | F            | 1b       | 170.              |                             |   |   |   |
| <u>n</u><br>D<br>D<br>D<br>D                              | b   | ·  |              |          | 15 600            |                             |   |   |   |
| Ą,  | C . | Fundraising events   |              | 1c       | 15,623.           |                             |   |   |   |
| lar<br>Iar  | d   | Related organizations                                      |              | 1d       |                   |                             |   |   |   |
| s,  | e   | Government grants (contribut                               | tions)       | 1e       | 5,118,169.        |                             |   |   |   |
| Sig   | f   | All other contributions, gifts, grants,                    |              |          |                   |                             |   |   |   |
| her   |     | and similar amounts not included                           | above .      | 1f       | 1,670,137.        |                             |   |   |   |
| ΞĒ  | g   | Noncash contributions includ                               | led in       |          |                   |                             |   |   |   |
| <u>j</u><br>Š   |     | lines 1a-1f  | [            | 1g       | \$                |                             |   |   |   |
| ສັບ   | h   | Total. Add lines 1a-1f                                     |              |          |                   | 6,804,399.                  |   |   |   |
|   |     |  |              |          | Business Code     |                             |   |   |   |
| e   | 2a  | TRANSPORTATION SERVICES                                    |              |          | 480000            | 133,583.                    | 133,583.  |   |   |
| Program Service<br>Revenue                                |     |  |              |          |                   |                             |   |   |   |
| Se  | b   |  |              |          |                   |                             |   |   |   |
| Ē   | c   |  |              |          |                   |                             |   |   |   |
| gra<br>Re   | d   |  |              |          |                   |                             |   |   |   |
| õ   | e   |  |              |          |                   |                             |   |   |   |
| <b>D</b>  | f   | All other program service reve                             |              |          |                   |                             |   |   |   |
|   | g   | Total. Add lines 2a-2f                                     |              |          | <u></u> ▶         | 133,583.                    |   |   |   |
|   | 3   | Investment income (includ                                  | ling divide  | ends,    | interest, and     |                             |   |   |   |
|   |     | other similar amounts)                                     |              | •        | 19,201.           |                             |   | 19,201                                      |   |
|   | 4   | Income from investment of t                                | tax-exempt   | bond     | proceeds .        | 0.                          |   |   |   |
|   | 5   | Royalties  |              |          |                   | 0.                          |   |   |   |
|   |     |  | (i) Rea      | al       | (ii) Personal     |                             |   |   |   |
|   | 6a  | Gross rents 6a   |              | 125.     |                   |                             |   |   |   |
|   | b   | Less: rental expenses 6b                                   |              |          |                   |                             |   |   |   |
|   |     |  |              | 125.     |                   |                             |   |   |   |
|   | с   | Rental income or (loss) 6c                                 |              |          | L                 | 105                         |   |   | 1.05  |
|   | d _ | Net rental income or (loss)                                |              |          |                   | 125.                        |   |   | 125   |
|   | 7a  | Gross amount from  | (i) Securi   | lues     | (ii) Other        |                             |   |   |   |
|   |     | sales of assets  |              |          |                   |                             |   |   |   |
|   |     | other than inventory <b>7a</b>                             | 384          | ,625.    |                   |                             |   |   |   |
| he  | b   | Less: cost or other basis                                  |              |          |                   |                             |   |   |   |
| Revenue   |     | and sales expenses 7b                                      | 399          | ,645.    |                   |                             |   |   |   |
| ě   | c   | Gain or (loss) 7c  | -15          | ,020.    |                   |                             |   |   |   |
| -   | d   | Net gain or (loss)   |              |          |                   | -15,020.                    |   |   | -15,020.  |
| Other   |     | Gross income from fu                                       |              |          |                   |                             |   |   |   |
| ð   | oa  | events (not including \$                                   | Ũ            |          |                   |                             |   |   |   |
|   |     |  |              |          |                   |                             |   |   |   |
|   |     | of contributions reported                                  |              | 0-       | 70 901            |                             |   |   |   |
|   |     | 1c). See Part IV, line 18                                  |              | 8a       | 79,821.           |                             |   |   |   |
|   | b   | Less: direct expenses                                      |              |          | 79,821.           |                             |   |   |   |
|   | C   | Net income or (loss) from fur                              | ndraising e  | vents    | <u> ▶</u>         | 0.                          |   |   |   |
|   | 9a  | Gross income from  | gaming       |          |                   |                             |   |   |   |
|   |     | activities. See Part IV, line 19                           |              | 9a       | 0.                |                             |   |   |   |
|   | b   | Less: direct expenses                                      |              | 9b       | 0.                |                             |   |   |   |
|   | c   | Net income or (loss) from ga                               |              |          |                   | 0.                          |   |   |   |
|   | 10a | Gross sales of invento                                     | -            |          |                   |                             |   |   |   |
|   | loa | returns and allowances                                     |              | 10a      | 0.                |                             |   |   |   |
|   | .   |  |              |          |                   |                             |   |   |   |
|   | b   | Less: cost of goods sold<br>Net income or (loss) from sale | es of invent | 10b      |                   |                             |   |   |   |
|   | C   | Net income of (ioss) from sale                             | es or invent | uy.      |                   | 0.                          |   |   |   |
| sn  |     |  |              |          | Business Code     |                             |   |   |   |
| oe<br>Neo   | 11a | OTHER INCOME   |              |          | 900099            | 1,866.                      |   |   | 1,866.  |
| en  | b   |  |              |          |                   |                             |   |   |   |
| ev el   | c   |  |              |          |                   |                             |   |   |   |
| Miscellaneous<br>Revenue                                  | d   | All other revenue  |              |          |                   |                             |   |   |   |
| 2   | е   | Total. Add lines 11a-11d                                   | <u></u>      | <u> </u> | <b> </b>          | 1,866.                      |   |   |   |
| _   | 12  | Total revenue. See instruction                             |              |          |                   | 6,944,154.                  | 133,583.  |   | 6,172   |

### 93-1163563 Page **10** Part IX Statement of Functional Expenses

| Check if Schedule O contains a response or note to any line in this Part IX  |                       |                                    |  |                                       |  |  |  |  |
|--|-----------------------|------------------------------------|--|---------------------------------------|--|--|--|--|
| Do not include amounts reported on lines 6b, 7b,<br>8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service<br>expenses | <b>(C)</b><br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>expenses |  |  |  |  |
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  | 0.                    |                                    |  |                                       |  |  |  |  |
| 2 Grants and other assistance to domestic  | 0.                    |                                    |  |                                       |  |  |  |  |
| individuals. See Part IV, line 22<br>3 Grants and other assistance to foreign  |                       |                                    |  |                                       |  |  |  |  |
| organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  | 0.                    |                                    |  |                                       |  |  |  |  |
| 4 Benefits paid to or for members  | 0.                    |                                    |  |                                       |  |  |  |  |
| 5 Compensation of current officers, directors,   |                       |                                    |  |                                       |  |  |  |  |
| trustees, and key employees  | 317,648.              | 298,589.                           | 6,353.   | 12,706                                |  |  |  |  |
| 6 Compensation not included above to disqualified  |                       |                                    |  |                                       |  |  |  |  |
| persons (as defined under section 4958(f)(1)) and  | 0                     |                                    |  |                                       |  |  |  |  |
| persons described in section 4958(c)(3)(B)   | 0.                    | 1 770 500                          | 02 442   | C1 000                                |  |  |  |  |
| 7 Other salaries and wages   | 1,927,939.            | 1,772,509.                         | 93,442.  | 61,988                                |  |  |  |  |
| 8 Pension plan accruals and contributions (include   |                       |                                    |  |                                       |  |  |  |  |
| section 401(k) and 403(b) employer contributions)  | 0.                    | 011 401                            | 12 007   | C 222                                 |  |  |  |  |
| 9 Other employee benefits  | 231,091.              | 211,491.                           | 13,267.  | 6,333                                 |  |  |  |  |
| 10 Payroll taxes   | 155,139.              | 141,295.                           | 9,940.   | 3,904                                 |  |  |  |  |
| <b>11</b> Fees for services (nonemployees):  |                       |                                    |  |                                       |  |  |  |  |
| a Management   | 0.                    |                                    | 10.107   |                                       |  |  |  |  |
| b Legal  | 49,187.               |                                    | 49,187.  |                                       |  |  |  |  |
| c Accounting   | 32,626.               | 22,539.                            | 10,087.  |                                       |  |  |  |  |
| d Lobbying   | 0.                    |                                    |  |                                       |  |  |  |  |
| e Professional fundraising services. See Part IV, line 17.   | 0.                    |                                    |  |                                       |  |  |  |  |
| f Investment management fees   | 0.                    |                                    |  |                                       |  |  |  |  |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column   |                       |                                    |  |                                       |  |  |  |  |
| (A) amount, list line 11g expenses on Schedule O.)   | 621,526.              | 517,234.                           | 50,543.  | 53,749                                |  |  |  |  |
| 12 Advertising and promotion   | 15,118.               |                                    | 4,800.   | 10,318                                |  |  |  |  |
| 13 Office expenses   | 14,632.               | 9,896.                             | 4,736.   |                                       |  |  |  |  |
| 14 Information technology  | 0.                    |                                    |  |                                       |  |  |  |  |
| 15 Royalties   | 0.                    |                                    |  |                                       |  |  |  |  |
| 16 Occupancy   | 174,502.              | 38,539.                            | 135,963.   |                                       |  |  |  |  |
| 17 Travel  | 2,011.                | 1,876.                             |  | 135                                   |  |  |  |  |
| 18 Payments of travel or entertainment expenses  |                       |                                    |  |                                       |  |  |  |  |
| for any federal, state, or local public officials  | 0.                    |                                    |  |                                       |  |  |  |  |
| 19 Conferences, conventions, and meetings  | 1,359.                | 43.                                | 1,264.   | 52                                    |  |  |  |  |
| 20 Interest  | 120,000.              |                                    | 120,000.   |                                       |  |  |  |  |
| 21 Payments to affiliates  | 0.                    |                                    |  |                                       |  |  |  |  |
| 22 Depreciation, depletion, and amortization   | 73,914.               | 50,337.                            | 23,577.  |                                       |  |  |  |  |
| 23 Insurance   | 146,606.              | 107,222.                           | 38,446.  | 938                                   |  |  |  |  |
| 24 Other expenses. Itemize expenses not covered  |                       |                                    |  |                                       |  |  |  |  |
| above (List miscellaneous expenses on line 24e. If   |                       |                                    |  |                                       |  |  |  |  |
| line 24e amount exceeds 10% of line 25, column   |                       |                                    |  |                                       |  |  |  |  |
| (A) amount, list line 24e expenses on Schedule O.)   |                       |                                    |  |                                       |  |  |  |  |
| a FOOD   | 2,270,265.            | 2,264,486.                         | 5,779.   |                                       |  |  |  |  |
| pROGRAM SUPPLIES   | 215,908.              | 161,126.                           | 29,241.  | 25,541                                |  |  |  |  |
| cREPAIRS & MAINTENANCE   | 145,131.              | 143,127.                           | 2,004.   |                                       |  |  |  |  |
| dVEHICLE OPERATION   | 144,740.              | 144,740.                           |  |                                       |  |  |  |  |
| e All other expenses   | 88,923.               | 70,192.                            | 17,713.  | 1,018                                 |  |  |  |  |
| 25 Total functional expenses. Add lines 1 through 24e  | 6,748,265.            | 5,955,241.                         | 616,342.   | 176,682                               |  |  |  |  |
| <ul> <li>26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here  if</li> </ul> |                       |                                    |  |                                       |  |  |  |  |
| following SOP 98-2 (ASC 958-720)   | 0.                    |                                    |  |                                       |  |  |  |  |

Page **11** 

Form 990 (2019) Part X Balance Sheet

| Part X                           | Balance Sheet   |                                 |          |                           |
|----------------------------------|---|---------------------------------|----------|---------------------------|
|                                  | Check if Schedule O contains a response or note to any line in this Pa                        | art X                           | •••      |                           |
|                                  |   | <b>(A)</b><br>Beginning of year |          | <b>(B)</b><br>End of year |
| 1                                | Cash - non-interest-bearing   | 303,358.                        | 1        | 1,547,094.                |
| 2                                | Savings and temporary cash investments  | 0.                              | 2        | 0 .                       |
| 3                                | Pledges and grants receivable, net  | 291,820.                        | 3        | 226,137.                  |
| 4                                | Accounts receivable, net  | 597,484.                        | 4        | 603,339                   |
| 5                                | 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.                              | 5        | 0                         |
| 6                                | 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.                              | 6        | 0                         |
| 7<br>8                           | Notes and loans receivable, net   | 0.                              | 7        | 0.                        |
| 8                                | Inventories for sale or use   | 0.                              | 8        | 0                         |
| 9                                | Prepaid expenses and deferred charges   | 10,892.                         | 9        | 2,981                     |
| 10 a                             | Land, buildings, and equipment: cost or other   |                                 |          |                           |
|                                  | basis. Complete Part VI of Schedule D 10a 2,234,134.  | 1 010 205                       |          | 1 006 015                 |
| k                                |   |                                 | 10c      | 1,226,015.                |
| 11                               | Investments - publicly traded securities  |                                 | 11       | 0.                        |
| 12                               | Investments - other securities. See Part IV, line 11  |                                 | 12       | 851,761.                  |
| 13                               | Investments - program-related. See Part IV, line 11   | -                               | 13       | 0                         |
| 14                               | Intangible assets   |                                 | 14       | 0                         |
| 15                               | Other assets. See Part IV, line 11  |                                 | 15       | 24,872                    |
| 16                               | Total assets. Add lines 1 through 15 (must equal line 33)                                     |                                 | 16       | 4,482,199.                |
| 17                               | Accounts payable and accrued expenses   |                                 | 17       | 827,611.                  |
| 18                               | Grants payable  |                                 | 18       | 0                         |
| 19                               |   |                                 | 19       |                           |
| 20                               | Tax-exempt bond liabilities   |                                 | 20       | 0                         |
| 21                               | Escrow or custodial account liability. Complete Part IV of Schedule D.                        | 0.                              | 21       | 0                         |
| 22                               | Loans and other payables to any current or former officer, director,                          |                                 |          |                           |
|                                  | trustee, key employee, creator or founder, substantial contributor, or 35%                    | 0.                              |          | 0                         |
|                                  | controlled entity or family member of any of these persons                                    |                                 | 22       | 1,489,093.                |
| 23                               | Secured mortgages and notes payable to unrelated third parties                                |                                 | 23<br>24 | 499,800.                  |
| 24<br>25                         | Unsecured notes and loans payable to unrelated third parties                                  | 0.                              | 24       | 199,000.                  |
| 25                               | parties, and other liabilities not included on lines 17-24). Complete Part X                  |                                 |          |                           |
|                                  | of Schedule D   | 0.                              | 25       | 0.                        |
| 26                               | Total liabilities. Add lines 17 through 25.   | 0 100 015                       | 26       | 3,206,448.                |
| -                                | Organizations that follow FASB ASC 958, check here ► X  | 272007527.                      | 20       | 5,200,110.                |
|                                  | and complete lines 27, 28, 32, and 33.  |                                 |          |                           |
| 27                               | Net assets without donor restrictions   |                                 | 27       | 29,300.                   |
| 28                               | Net assets with donor restrictions  | 1,078,116.                      | 28       | 1,246,451.                |
| 27<br>28<br>29<br>30<br>31<br>32 | Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33. |                                 |          |                           |
| 29                               | Capital stock or trust principal, or current funds  |                                 | 29       |                           |
| 30                               | Paid-in or capital surplus, or land, building, or equipment fund                              |                                 | 30       |                           |
| 31                               | Retained earnings, endowment, accumulated income, or other funds                              |                                 | 31       |                           |
| 32                               | Total net assets or fund balances   | 1,095,786.                      | 32       | 1,275,751.                |
| 33                               | Total liabilities and net assets/fund balances  | 3,204,703.                      | 33       | 4,482,199.                |

| Form 99 | 90 (2019)  |        |        |            | Pa    | ge <b>12</b> |
|---------|--|--------|--------|------------|-------|--------------|
| Part    | XI Reconciliation of Net Assets  |        |        |            |       |              |
|         | Check if Schedule O contains a response or note to any line in this Part XI                            |        |        |            |       |              |
| 1       | Total revenue (must equal Part VIII, column (A), line 12)  | 1      |        | 6,9        | 44,1  | L54.         |
| 2       | Total expenses (must equal Part IX, column (A), line 25)   | 2      |        |            | 48,2  |              |
| 3       | Revenue less expenses. Subtract line 2 from line 1   | 3      |        |            | .95,8 |              |
| 4       | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))              | 4      |        | 1,0        | 95,7  | 786.         |
| 5       | Net unrealized gains (losses) on investments   | 5      |        | _          | 15,9  | 924.         |
| 6       | Donated services and use of facilities   | 6      |        |            |       | 0.           |
| 7       | Investment expenses  | 7      |        |            |       | 0.           |
| 8       | Prior period adjustments   | 8      |        |            |       | 0.           |
| 9       | Other changes in net assets or fund balances (explain on Schedule O)                                   | 9      |        |            |       | 0.           |
| 10      | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line         |        |        |            |       |              |
|         | 32, column (B))  | 10     |        | 1,2        | 75,7  | 751.         |
| Part    |  |        |        |            |       |              |
|         | Check if Schedule O contains a response or note to any line in this Part XII                           |        |        |            |       | X            |
|         |  |        |        |            | Yes   | No           |
| 1       | Accounting method used to prepare the Form 990: Cash X Accrual Other                                   |        |        |            |       |              |
|         | If the organization changed its method of accounting from a prior year or checked "Other," e           | xplair | ו in ו |            |       |              |
|         | Schedule O.  |        |        |            |       |              |
| 2a      | Were the organization's financial statements compiled or reviewed by an independent accountant?        |        |        | 2a         |       | X            |
|         | If "Yes," check a box below to indicate whether the financial statements for the year were con         | npiled | lor    |            |       |              |
|         | reviewed on a separate basis, consolidated basis, or both:   |        |        |            |       |              |
|         | Separate basis Consolidated basis Both consolidated and separate basis                                 |        |        |            | 37    |              |
| b       | Were the organization's financial statements audited by an independent accountant?                     |        |        | 2b         | X     |              |
|         | If "Yes," check a box below to indicate whether the financial statements for the year were audi        | ted o  | na     |            |       |              |
|         | separate basis, consolidated basis, or both:   |        |        |            |       |              |
|         | X       Separate basis       Consolidated basis       Both consolidated and separate basis             |        |        |            |       |              |
| С       | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over | -      |        | •          | x     |              |
|         | the audit, review, or compilation of its financial statements and selection of an independent accounta |        |        | 2c         |       |              |
|         | If the organization changed either its oversight process or selection process during the tax year, ex  | kplain | on     |            |       |              |
|         | Schedule O.  |        |        |            |       |              |
| 3a      | As a result of a federal award, was the organization required to undergo an audit or audits as set for | th in  | the    | 2-         | x     |              |
| -       | Single Audit Act and OMB Circular A-133?   |        | •.••   | 3a         | - 22  |              |
| b       | If "Yes," did the organization undergo the required audit or audits? If the organization did not und   | •      |        | <b>2</b> L | x     |              |
|         | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au    | ldits  |        | 3b         | 000   |              |

SCHEDULE A (Form 990 or 990-EZ)

## FOR PUBLIC INSPECTION Public Charity Status and Public Support

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

|              |             | nt of the Treasury<br>evenue Service            | I   | Go to www.irs.go   | v/Form990 for instruction   | ons and t                                    | he latest i                        | nformation.                | Inspection                                      |
|--------------|-------------|---|---|--|---|--|------------------------------------|----------------------------|---|
| Nam          | e of th     | ne organization                                 |   |  |   |  |                                    | Employer identifi          | cation number                                   |
| AGI          | E WI        | ELL SENIOR                                      | SERVICES  | , INC.   |   |  |                                    | 93-11635                   | 63  |
| Ра           |             |   |   |  | <u> </u>  |  |                                    | art.) See instructions     |   |
| The          | orga        |   | •   |  | is: (For lines 1 throug   |  |                                    | ,                          |   |
| 1            |             |   |   |  | tion of churches desc   |  |                                    |                            |   |
| 2            |             |   |   |  | . (Attach Schedule E  | -  |                                    |                            |   |
| 3            |             | -   | -   |  | rganization described   |  |                                    |                            |   |
| 4            |             | A medical res<br>hospital's nam                 | •   | •  | conjunction with a hos  | spital de                                    | scribed ir                         | n section 170(b)(1)(A)     | (iii). Enter the                                |
| 5            |             |   |   |  | a college or universit  |  | d or one                           | rated by a governme        | ntal unit described in                          |
| J            |             | -   | -   | Complete Part II.)   |   | y owned                                      |                                    |                            |   |
| 6            |             | A federal, stat                                 | te, or local go                                   | overnment or gove  | rnmental unit describe  | d in <b>sect</b>                             | ion 170(                           | b)(1)(A)(v).               |   |
| 7            | Х           | An organization                                 | on that norma                                     | ally receives a sub  | ostantial part of its su  | pport fro                                    | om a go                            | vernmental unit or fro     | om the general public                           |
|              |             | described in ${\boldsymbol{s}}$                 | ection 170(b)                                     | (1)(A)(vi). (Compl   | ete Part II.)   |  |                                    |                            |   |
| 8            |             | A community                                     | trust describe                                    | ed in section 170(b  | o)(1)(A)(vi). (Complete   | Part II.)                                    |                                    |                            |   |
| 9            |             | An agricultura                                  | l research or                                     | ganization describe  | ed in <b>section 170(b)(1</b>   | )(A)(ix)                                     | operated                           | l in conjunction with a    | land-grant college                              |
|              |             | or university o                                 | r a non-land-                                     | grant college of ag  | griculture (see instruct  | ions). Ei                                    | nter the i                         | name, city, and state of   | f the college or                                |
|              |             | university:                                     |   |  |   |  |                                    |                            |   |
| 10           |             | receipts from<br>support from<br>acquired by th | activities rela<br>gross investm<br>e organizatio | ted to its exempt f<br>nent income and u<br>n after June 30, 1 | unctions - subject to<br>nrelated business tax<br>975. See <b>section 509</b> | certain e<br>able inco<br>( <b>a)(2).</b> (0 | exception<br>ome (less<br>Complete |                            | n 331/3% of its                                 |
| 11           |             | •   | •   |  | usively to test for publi   |  |                                    |                            |   |
| 12           |             | -   | -   |  | -   | -  |                                    |                            | arry out the purposes                           |
|              |             |   |   |  |   |  |                                    |                            | ee section 509(a)(3).<br>nes 12e, 12f, and 12g. |
| а            |             |   |   | -  |   |  |                                    | orted organization(s),     | -   |
|              |             | the supporte                                    | ed organizatio                                    | on(s) the power to   | regularly appoint or e  | lect a m                                     | ajority of                         | the directors or truste    | es of the                                       |
|              | _           |   | -   |  | e Part IV, Sections A   |  |                                    |                            |   |
| b            |             |   | • • • •   | -  |   |  |                                    | supported organization     |   |
|              |             |   |   |  |   | the sam                                      | e persor                           | is that control or man     | age the supported                               |
|              |             | -   |   | -  | , Sections A and C.   |  |                                    |                            |   |
| С            |             |   |   |  |   |  |                                    | n with, and functional     | ly integrated with,                             |
|              |             |   | -   |  | s). You must comple   |  |                                    |                            |   |
| d            |             |   | -   |  |   | -  |                                    | ection with its suppor     |   |
|              |             |   |   |  |   | -  |                                    | oution requirement and     | d an attentiveness                              |
|              |             |   |   |  | omplete Part IV, Sect   |  |                                    |                            |   |
| е            |             |   |   |  |   |  |                                    | nat it is a Type I, Type I | I, Type III                                     |
| 4            | <b>F</b> == |   |   |  | ionally integrated sup  |  | organizat                          | ion.                       |   |
| t<br>a       |             |   |   | •  | orted organization(s).  |  |                                    |                            | •••••   |
| g            |             | ame of supported of                             |   | (ii) EIN   | (iii) Type of organization  | (b) is the                                   | organization                       | (v) Amount of monetary     | (vi) Amount of                                  |
|              | (1) 14      | ame of supported t                              | Jiganization                                      |  | (described on lines 1-10  |  | ur governing                       | support (see               | other support (see                              |
|              |             |   |   |  | above (see instructions))   |  | ment?                              | instructions)              | instructions)                                   |
|              |             |   |   |  |   | Yes  | No                                 |                            |   |
| (A)          |             |   |   |  |   |  |                                    |                            |   |
| (B)          |             |   |   |  |   |  |                                    |                            |   |
| (C)          |             |   |   |  |   |  |                                    |                            |   |
| ( <b>U</b> ) |             |   |   |  |   |  |                                    |                            |   |
| (D)          |             |   |   |  |   |  |                                    |                            |   |
| (E)          |             |   |   |  |   |  |                                    |                            |   |
| Tota         | al          |   |   |  |   |  |                                    |                            |   |
|              |             |   |   |  |   |  |                                    |                            | L   |

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

### Schedule A (Form 990 or 990-EZ) 2019

93-1163563

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.)

| Sec             | tion A. Public Support   |                    |                  |                          |                  |                   |             |
|-----------------|--|--------------------|------------------|--------------------------|------------------|-------------------|-------------|
| Cale            | ndar year (or fiscal year beginning in) 🕨  | <b>(a)</b> 2015    | <b>(b)</b> 2016  | (c) 2017                 | <b>(d)</b> 2018  | <b>(e)</b> 2019   | (f) Total   |
| 1               | Gifts, grants, contributions, and<br>membership fees received. (Do not<br>include any "unusual grants.")   | 6,082,154.         | 5,361,478.       | 7,340,259.               | 5,184,692.       | 6,804,399.        | 30,772,982. |
| 2               | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |                    |                  |                          |                  |                   | 0.          |
| 3               | The value of services or facilities<br>furnished by a governmental unit to the<br>organization without charge  |                    |                  |                          |                  |                   | 0.          |
| 4               | Total. Add lines 1 through 3   | 6,082,154.         | 5,361,478.       | 7,340,259.               | 5,184,692.       | 6,804,399.        | 30,772,982. |
| 5               | The portion of total contributions by<br>each person (other than a<br>governmental unit or publicly<br>supported organization) included on<br>line 1 that exceeds 2% of the amount |                    |                  |                          |                  |                   | 1 000 440   |
| 6               | shown on line 11, column (f)   |                    |                  |                          |                  |                   | 1,099,449.  |
| $\frac{6}{800}$ | Public support. Subtract line 5 from line 4  |                    |                  |                          |                  |                   | 29,673,533. |
|                 | ndar year (or fiscal year beginning in)  | (a) 2015           | <b>(b)</b> 2016  | (c) 2017                 | (d) 2018         | (e) 2019          | (f) Total   |
| 7               |  | 6,082,154.         | 5,361,478.       | 7,340,259.               | 5,184,692.       | 6,804,399.        | 30,772,982. |
| 8               | Amounts from line 4<br>Gross income from interest, dividends,<br>payments received on securities loans,<br>rents, royalties, and income from<br>similar sources                    | 117,340.           | 15,880.          | 8,854.                   | 17,418.          | 19,326.           | 178,818.    |
| 9               | Net income from unrelated business<br>activities, whether or not the business<br>is regularly carried on   |                    |                  |                          |                  |                   | 0.          |
| 10              | Other income. Do not include gain or<br>loss from the sale of capital assets<br>(Explain in Part VI.)  | 4,215.             | 6,735.           |                          |                  | 1,866.            | 12,816.     |
| 11              | Total support. Add lines 7 through 10  |                    |                  |                          |                  |                   | 30,964,616. |
| 12              | Gross receipts from related activities, etc. (se   | ee instructions) . |                  |                          |                  | 12                | 3,391,040.  |
| 13              | First five years. If the Form 990 is for organization, check this box and stop here.   | <u></u>            | <u></u>          |                          |                  |                   |             |
| Sec             | tion C. Computation of Public Supp   | oort Percenta      | ge               |                          |                  |                   |             |
| 14              | Public support percentage for 2019 (lin  | ne 6, column (f)   | divided by line  | 11, column (f)) <b>.</b> |                  | 14                | 95.83%      |
| 15              | Public support percentage from 2018 \$   |                    |                  |                          |                  | 15                | 95.70%      |
| 16a             | 331/3% support test - 2019. If the org   | anization did n    | ot check the box | x on line 13, ar         | id line 14 is 33 | 1/3 % or more, cl |             |
|                 | box and stop here. The organization qu   |                    |                  |                          |                  |                   |             |
| b               | 331/3% support test - 2018. If the org   |                    |                  |                          |                  |                   |             |
|                 | this box and <b>stop here.</b> The organization  |                    |                  | -                        |                  |                   |             |
| 17a             | 10%-facts-and-circumstances test - 2   | •                  |                  |                          |                  |                   |             |
|                 | 10% or more, and if the organization   |                    |                  |                          |                  |                   |             |
|                 | Part VI how the organization meets the   |                    |                  | -                        | -                |                   | upported    |
| _               | organization   |                    |                  |                          |                  |                   | •••• ► L    |
| b               | 10%-facts-and-circumstances test - 2   |                    | •                |                          | -                |                   |             |
|                 | 15 is 10% or more, and if the orga   |                    |                  |                          |                  |                   | -           |
|                 | Explain in Part VI how the organization  |                    |                  |                          | -                |                   |             |
|                 | supported organization   |                    |                  |                          |                  |                   |             |
| 18              | Private foundation. If the organization  |                    |                  |                          |                  |                   |             |
|                 | instructions   |                    |                  |                          |                  |                   |             |

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 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.)

| Sec          | tion A. Public Support  |                       |                        |                    |                  |                    |                     |
|--------------|---|-----------------------|------------------------|--------------------|------------------|--------------------|---------------------|
| Caler        | ndar year (or fiscal year beginning in) 🕨                               | <b>(a)</b> 2015       | (b) 2016               | (c) 2017           | (d) 2018         | (e) 2019           | (f) Total           |
| 1            | Gifts, grants, contributions, and membership fees                       |                       |                        |                    |                  |                    |                     |
|              | received. (Do not include any "unusual grants.")                        |                       |                        |                    |                  |                    |                     |
| 2            | Gross receipts from admissions, merchandise                             |                       |                        |                    |                  |                    |                     |
|              | sold or services performed, or facilities                               |                       |                        |                    |                  |                    |                     |
|              | furnished in any activity that is related to the                        |                       |                        |                    |                  |                    |                     |
|              | organization's tax-exempt purpose                                       |                       |                        |                    |                  |                    |                     |
| 3            | Gross receipts from activities that are not an                          |                       |                        |                    |                  |                    |                     |
|              | unrelated trade or business under section 513                           |                       |                        |                    |                  |                    |                     |
| 4            | Tax revenues levied for the   |                       |                        |                    |                  |                    |                     |
|              | organization's benefit and either paid to                               |                       |                        |                    |                  |                    |                     |
|              | or expended on its behalf   |                       |                        |                    |                  |                    |                     |
| 5            | The value of services or facilities                                     |                       |                        |                    |                  |                    |                     |
|              | furnished by a governmental unit to the                                 |                       |                        |                    |                  |                    |                     |
|              | organization without charge   | <u> </u>              |                        |                    |                  |                    |                     |
| 6            | Total. Add lines 1 through 5  | <u> </u>              |                        |                    |                  |                    |                     |
| 7a           | Amounts included on lines 1, 2, and 3                                   |                       |                        |                    |                  |                    |                     |
|              | received from disqualified persons                                      |                       |                        |                    |                  |                    |                     |
| b            | Amounts included on lines 2 and 3 received from other than disqualified |                       |                        |                    |                  |                    |                     |
|              | persons that exceed the greater of \$5,000                              |                       |                        |                    |                  |                    |                     |
|              | or 1% of the amount on line 13 for the year                             |                       |                        |                    |                  |                    |                     |
|              | Add lines 7a and 7b.  |                       |                        |                    |                  |                    |                     |
| 8            | Public support. (Subtract line 7c from                                  |                       |                        |                    |                  |                    |                     |
| <u> </u>     | line 6.)  |                       |                        |                    |                  |                    |                     |
|              | tion B. Total Support   | (a) 2015              | (b) 2016               | (c) 2017           | (d) 2018         | (e) 2019           | (f) Total           |
|              | ndar year (or fiscal year beginning in) ►                               | (a) 2010              | (6) 2010               | (6) 2017           | (0) 2010         | (e) 2010           |                     |
| 9<br>10 a    | Amounts from line 6<br>Gross income from interest, dividends,           |                       |                        |                    |                  |                    |                     |
| IVu          | payments received on securities loans,                                  |                       |                        |                    |                  |                    |                     |
|              | rents, royalties, and income from similar sources                       |                       |                        |                    |                  |                    |                     |
| h            | Unrelated business taxable income (less                                 |                       |                        |                    |                  |                    |                     |
|              | section 511 taxes) from businesses                                      |                       |                        |                    |                  |                    |                     |
|              | acquired after June 30, 1975  |                       |                        |                    |                  |                    |                     |
| с            | Add lines 10a and 10b   |                       |                        |                    |                  |                    |                     |
| 11           | Net income from unrelated business                                      |                       |                        |                    |                  |                    |                     |
| ••           | activities not included in line 10b, whether                            |                       |                        |                    |                  |                    |                     |
|              | or not the business is regularly carried on                             |                       |                        |                    |                  |                    |                     |
| 12           | Other income. Do not include gain or                                    |                       |                        |                    |                  |                    |                     |
| 12           | loss from the sale of capital assets                                    |                       |                        |                    |                  |                    |                     |
|              | (Explain in Part VI.)   |                       |                        |                    |                  |                    |                     |
| 13           | Total support. (Add lines 9, 10c, 11,                                   |                       |                        |                    |                  |                    |                     |
|              | and 12.)  |                       |                        |                    |                  |                    |                     |
| 14           | First five years. If the Form 990 is f                                  | or the organiza       | tion's first, secc     | nd, third, fourth  | , or fifth tax y | ear as a sectior   | n 501(c)(3)         |
|              | organization, check this box and stop here                              | <u></u>               |                        |                    |                  |                    | · · · . ▶           |
| Sec          | tion C. Computation of Public Sup                                       | port Percenta         | ge                     |                    |                  |                    |                     |
| 15           | Public support percentage for 2019 (line 8                              | ( )                   | •                      |                    |                  | 15                 | %                   |
| 16           | Public support percentage from 2018 Sche                                | dule A, Part III, lir | ne 15                  |                    |                  | 16                 | %                   |
| Sec          | tion D. Computation of Investmen  |                       |                        |                    |                  | 1 1                |                     |
| 17           | Investment income percentage for 2019 (lin                              |                       |                        |                    |                  | 17                 | %                   |
| 18           | Investment income percentage from 2018                                  |                       |                        |                    |                  | 18                 | %                   |
| 19 a         | 331/3% support tests - 2019. If the or                                  | ganization did r      | not check the bo       | ox on line 14, a   | nd line 15 is m  | ore than 331/3%    | , and line          |
|              | 17 is not more than 331/3%, check th                                    | is box and <b>sto</b> | <b>o here.</b> The org | anization qualifie | s as a publicly  | supported organ    | ization . 🕨 📃       |
| b            | 331/3% support tests - 2018. If the orga                                | anization 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 331/3%, check                                  |                       | •                      | •                  |                  |                    |                     |
| 20           | Private foundation. If the organization of                              | did not check a       | a box on line 1        | 4, 19a, or 19b,    |                  |                    |                     |
| JSA<br>9E122 | 1 1.000   |                       |                        |                    | 5                | Schedule A (Form 9 | 990 or 990-EZ) 2019 |

Schedule A (Form 990 or 990-EZ) 2019

### 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

JSA

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

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Schedule A (Form 990 or 990-EZ) 2019 Page 5 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a 11b **b** A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to 1 regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization. describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 1 organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 2 organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1 а The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). С Yes No 2 Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a

- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer (a) and (b) below.*a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

s regard. 3b Schedule A (Form 990 or 990-EZ) 2019

2b

3a

Schedule A (Form 990 or 990-EZ) 2019 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V 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. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 Add lines 1 through 3. 4 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities 1b b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 **Current Year** Section C - Distributable Amount 1 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

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

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|----------|--|-----------------------------|--|---|
| Part     |  | Supporting Organizat        | tions (continued)                      | <u> </u>                                  |
|          | on D - Distributions   |                             | 1 /                                    | Current Year                              |
| 1        | Amounts paid to supported organizations to accomplish ex             | empt purposes               |  |   |
| 2        | Amounts paid to perform activity that directly furthers exen         |                             | ed                                     |   |
|          | organizations, in excess of income from activity                     |                             |  |   |
| 3        | Administrative expenses paid to accomplish exempt purpo              | ses of supported organiz    | zations                                |   |
| 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        | Total annual distributions. Add lines 1 through 6.                   |                             |  |   |
| 8        | Distributions to attentive supported organizations to which          | the organization is resp    | onsive                                 |   |
|          | (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)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>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                      |                             |  |   |
| а        | From 2014  |                             |  |   |
| b        | From 2015  |                             |  |   |
| c        | From 2016  |                             |  |   |
| d        | From 2017  |                             |  |   |
| е        | From 2018  |                             |  |   |
| f        | Total of lines 3a through e  |                             |  |   |
| g        | Applied to underdistributions of prior years                         |                             |  |   |
| h        | Applied to 2019 distributable amount                                 |                             |  |   |
| i        | Carryover from 2014 not applied (see instructions)                   |                             |  |   |
| j        | Remainder. Subtract lines 3g, 3h, and 3i from 3f.                    |                             |  |   |
| 4        | Distributions for 2019 from  |                             |  |   |
|          | Section D, line 7: \$  |                             |  |   |
| а        | Applied to underdistributions of prior years                         |                             |  |   |
| b        | Applied to 2019 distributable amount                                 |                             |  |   |
| C        | 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         |                             |  |   |
|          | Part VI. See instructions.   |                             |  |   |
| 7        | Excess distributions carryover to 2020. Add lines 3j                 |                             |  |   |
|          | and 4c.  |                             |  |   |
| 8        | Breakdown of line 7:   |                             |  |   |
| a        | Excess from 2015   |                             |  |   |
| b        | Excess from 2016   |                             |  |   |
| <b>C</b> | Excess from 2017   |                             |  |   |
| d        | Excess from 2018   |                             |  |   |
| е        | Excess from 2019   |                             |  |   |

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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.)

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

93-1163563

AGE WELL SENIOR SERVICES, INC.

| Organization typ | e (check one): |
|------------------|----------------|
|------------------|----------------|

| Filers of:         | Section:   |  |  |  |
|--------------------|--|--|--|--|
| Form 990 or 990-EZ | X 501(c)( 3 ) (enter number) organization  |  |  |  |
|                    | 4947(a)(1) nonexempt charitable trust <b>not</b> 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)

JSA 9E1251 1.000

|        |   | FOR PUE   | <b>BLIC INSPECTI</b>   | ON                 |  |
|--------|---|---|--|--------------------|--|
|        |   | Supplem   | ental Financial Statement  | S                  | OMB No. 1545-0047                      |
| (FO    | rm 990)                                   | Complete if   | the organization answered "Yes" on Form 990  | ),                 | 2019                                   |
|        |   | Part IV, line 6, 7,   | 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or  | 12b.               |  |
|        | rtment of the Treasury                    | ► Go to www.irs gov   | Attach to Form 990. /Form990 for instructions and the latest inform  | nation             | Open to Public<br>Inspection           |
|        | al Revenue Service<br>of the organization | ► G0 t0 www.ns.g0v  |  | Employer identifi  |  |
|        | -   | SERVICES, INC.  |  | 93-1163            |  |
| _      |   |   | ised Funds or Other Similar Funds or   |                    | 505                                    |
| 1 a    | _   | -   | "Yes" on Form 990, Part IV, line 6.  |                    |  |
|        | Compiete                                  |   | (a) Donor advised funds  | (b) Funds ar       | nd other accounts                      |
| 1      | Total number at e                         | nd of year  |  | ( )                |  |
| 2      |   | of contributions to (during year)   |  |                    |  |
| 3      |   | of grants from (during year)  |  |                    |  |
| 4      |   | at end of year  |  |                    |  |
| 5      |   | -   | advisors in writing that the assets held   | in donor advise    | d                                      |
| -      | -   |   | e organization's exclusive legal control?  |                    |  |
| 6      | -   |   | and donor advisors in writing that grant fu  |                    |  |
|        | -   | -   | fit of the donor or donor advisor, or for a  |                    |  |
|        | conferring imperm                         | issible private benefit?  |  |                    | . Yes No                               |
| Ра     |   | tion Easements.   |  |                    |  |
|        |   |   | "Yes" on Form 990, Part IV, line 7.  |                    |  |
| 1      |   |   | e organization (check all that apply).   |                    |  |
|        |   | n of land for public use (for example   |  | -                  | mportant land area                     |
|        |   | of natural habitat  | Preservation   | of a certified his | toric structure                        |
| -      |   | n of open space   |  |                    |  |
| 2      |   |   | eld a qualified conservation contribution in   |                    | nservation<br>The End of the Tax Year  |
|        |   | ast day of the tax year.  |  |                    | le End of the Tax Tear                 |
| a      |   |   |  | 2a                 |  |
| b      |   |   | S  | 2b<br>2c           |  |
| c<br>d |   |   | historic structure included in (a)<br>c) acquired after 7/25/06, and not on a  | 20                 |  |
| u      |   |   |  | 2d                 |  |
| 3      |   |   | nsferred, released, extinguished, or term  | ·                  | ganization during the                  |
| -      | tax year 🕨                                |   |  |                    | gg                                     |
| 4      | Number of states                          | where property subject to conse   | ervation easement is located <b>&gt;</b>   |                    |  |
| 5      | Does the organiz                          | ation have a written policy re  | garding the periodic monitoring, inspect   | tion, handling of  | ·                                      |
|        | violations, and enf                       | orcement of the conservation ea   | sements it holds?  |                    | Yes No                                 |
| 6      | Staff and volunteer                       | hours devoted to monitoring, insp   | ecting, handling of violations, and enforcing  | conservation ease  | ements during the year                 |
|        | ▶   |   |  |                    |  |
| 7      | Amount of expens                          | es incurred in monitoring, inspec   | ting, handling of violations, and enforcing c  | onservation ease   | ments during the year                  |
| •      | ►\$                                       |   |  |                    | <b>N</b>                               |
| 8      |   |   | 2(d) above satisfy the requirements of secti   |                    |  |
| 9      | In Port XIII docori                       | (4)(D)(II)?   | conservation easements in its revenue and  | d ovpopso statom   | . Yes No                               |
| 3      |   | •   | of the footnote to the organization's financ   | •                  |  |
|        |   | ounting for conservation easeme   | •  |                    |  |
| Ра     |   |   | of Art, Historical Treasures, or Othe  | r Similar Asset    | s.                                     |
|        | Complete                                  | e if the organization answered  | "Yes" on Form 990, Part IV, line 8.  |                    |  |
| 1a     | If the organization                       | elected, as permitted under F   | ASB ASC 958, not to report in its revenu   | e statement and    | balance sheet works                    |
|        | of art, historical t                      | treasures, or other similar asse  | ASB ASC 958, not to report in its revenu<br>ts held for public exhibition, education,<br>to its financial statements that describes th | or research in     | furtherance of public                  |
| b      |   |   | ASB ASC 958, to report in its revenue s  |                    |  |
| 2      | art, historical treas                     | sures, or other similar assets he   | Id for public exhibition, education, or res  |                    |  |
|        | provide the follow                        | ing amounts relating to these ite   | ms:  |                    | •                                      |
|        |   |   |  |                    |  |
|        |   |   |  |                    |  |
| 2      | -   |   | rt, historical treasures, or other similar   | assets for finand  | cial gain, provide the                 |
|        | -   |   | ASB ASC 958 relating to these items:   |                    |  |
| a<br>h |   |   |  |                    |  |
|        |   | Form 990, Part X<br>Act Notice, see the Instructions for<br>Act Notice, see the Instructions for Act Notice, see the Instructions for<br>Act Notice, see the Instruction for Act Notice, see the Instructing for Act Notice, see the In | r Form 990   |                    | <u>\$</u><br>chedule D (Form 990) 2019 |
| JSA    | aper work reduction                       | A A NOUCE, SEE THE INSTRUCTIONS TO  | i i onil 330.  | 50                 | 2019 (Form 990) 2019                   |

|         | FOF  | REPUBL                  | SERVICES        | N.S.F                  | PE        | CTI                    | ON            | 93-116                                  | 53563                |         |  |
|---------|--|-------------------------|-----------------|------------------------|-----------|------------------------|---------------|---|----------------------|---------|--|
| Schee   | dule D (Form 990) 2019                         |                         |                 |                        |           |                        |               |   |                      | F       | Page <b>2</b>                                |
| Ра      | rt III Organizations Maintaini                 | -                       |                 |                        |           |                        |               |   |                      |         |  |
| 3       | Using the organization's acquisition           |                         | other record    | s, check               | any of    | the follo              | owing that i  | make sigr                               | nificant             | use c   | of its                                       |
|         | collection items (check all that app           | ly):                    |                 |                        |           |                        |               |   |                      |         |  |
| а       | Public exhibition                              |                         | d               | Loan o                 | r excha   | nge progi              | ram           |   |                      |         |  |
| b       | Scholarly research                             |                         | e               | Other _                |           |                        |               |   |                      |         |  |
| С       | Preservation for future gener                  | rations                 |                 |                        |           |                        |               |   |                      |         |  |
| 4       | Provide a description of the organ             | nization's collections  | s and explai    | n how th               | ney furt  | ther the o             | organization  | n's exemp                               | t purpo              | se in   | Part   |
|         | XIII.  |                         |                 |                        |           |                        |               |   |                      |         |  |
| 5       | During the year, did the organization          | on solicit or receive o | donations of    | art, histo             | rical tre | easures, o             | or other simi | lar _                                   |                      |         | -  |
|         | assets to be sold to raise funds rath          | ner than to be mainta   | ained as part   | t of the o             | rganiza   | tion's coll            | ection?       |   | Yes                  |         | No   |
| Pa      | rt IV Escrow and Custodial A                   |                         |                 |                        |           |                        |               |   |                      |         |  |
|         | Complete if the organiza 990, Part X, line 21. | ition answered "Ye      | es" on Form     | n 990, Pa              | art IV, I | line 9, or             | reported a    | an amour                                | nt on F              | orm     |  |
| 1a      | Is the organization an agent, truste           | e. custodian or othe    | er intermedia   | arv for co             | ontributi | ons or oth             | ner assets no | ot                                      |                      |         |  |
|         | included on Form 990, Part X?                  |                         |                 |                        |           |                        |               |   | Yes                  | X       | No   |
| b       | If "Yes," explain the arrangement in           | n Part XIII and com     | plete the follo | wing tabl              | e.        |                        |               | •••• ∟                                  |                      |         | ]  |
|         | in roo, oxplain the analygement i              |                         |                 | in ig tabl             | Γ         |                        |               | Amount                                  |                      |         |  |
| с       | Beginning balance                              |                         |                 |                        |           | 1c                     |               |   |                      |         |  |
| d       | Additions during the year                      |                         |                 |                        | _         | 10<br>1d               |               |   |                      |         |  |
| e       | Distributions during the year                  |                         |                 |                        | _         | 1e                     |               |   |                      |         |  |
| f       | Ending balance                                 |                         |                 |                        | F         | 16<br>1f               |               |   |                      |         |  |
| 2a      |  |                         |                 |                        |           |                        | al account li | ahilitv?                                | Yes                  |         | No   |
|         | If "Yes," explain the arrangement in           |                         |                 |                        |           |                        |               |   |                      |         |  |
|         | rt V Endowment Funds.                          |                         |                 | Janatorri              |           | n provido              |               |   |                      |         |  |
| Ιa      | Complete if the organiza                       | ation answered "Ye      | es" on Form     | n 990. Pa              | art IV.   | line 10.               |               |   |                      |         |  |
|         |  | (a) Current year        | (b) Prior       |                        |           | years back             | (d) Three     | years back                              | <b>(e)</b> Fou       | r vears | back   |
|         |  | 513,884.                |                 | ,257.                  |           | ,<br>561,874           | ( )           | 6,800.                                  |                      |         | 907.   |
| 1a      | Beginning of year balance                      | 494,625.                | 030             | 72371                  |           | 25,000                 |               | 0,000.                                  |                      |         | 000.   |
| b       |  | 19170231                |                 |                        |           | 237000                 | •             |   |                      | 500,    |  |
| С       | Net investment earnings, gains,                | 7,413.                  | 4               | ,847.                  |           | 7,299                  |               | 5,074.                                  |                      | 5       | ,893.  |
| _       | and losses                                     | ,,113.                  | -               | ,01/.                  |           | 1,200                  |               | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                      |         |  |
|         | Grants or scholarships                         |                         |                 |                        |           |                        |               |   |                      |         |  |
| е       | Other expenditures for facilities              | 384,625.                | 187             | ,220.                  |           | 97,916                 | 10            | 0,000.                                  |                      | 150     | .000   |
|         | and programs                                   | 504,025.                | 107             | ,220.                  |           | <i>J</i> , <i>J</i> 10 |               | 0,000.                                  |                      | 10,     |  |
| f       | Administrative expenses                        | 631,297.                | E12             | 0.0.1                  | 6         | 06 257                 | 66            | 1,874.                                  |                      | 606     | 000  |
| g       | End of year balance                            |                         |                 | ,884.                  |           | 596,257                |               | 1,0/4.                                  |                      | 090,    | 800.   |
| 2       | Provide the estimated percentage               |                         |                 | (line 1g, o            | column    | (a)) held a            | as:           |   |                      |         |  |
| a       | Board designated or quasi-endowm               |                         | _%              |                        |           |                        |               |   |                      |         |  |
| b       | Permanent endowment  100.0                     |                         |                 |                        |           |                        |               |   |                      |         |  |
| С       | · · · · · · · · · · · · · · · · · · ·          | .%                      | 4000/           |                        |           |                        |               |   |                      |         |  |
| 0       | The percentages on lines 2a, 2b, a             |                         |                 |                        |           | سامحا معاسم            |               |   |                      |         |  |
| 3a      | Are there endowment funds not in               | the possession of the   | ne organizati   | ion that a             | are neid  | and adm                | ninistered to | rtne                                    | 1                    | Yes     | No   |
|         | organization by:                               |                         |                 |                        |           |                        |               |   | 2=(1)                | res     |  |
|         | (i) Unrelated organizations                    |                         |                 |                        |           |                        |               |   | 3a(i)                |         | X  |
| _       | (ii) Related organizations                     |                         |                 |                        |           |                        |               |   | 3a(ii)               |         | X  |
| b       | If "Yes" on line 3a(ii), are the relate        | 0                       | •               |                        |           | ?                      | • • • • • •   | • • • • •                               | 3b                   |         |  |
| 4<br>Pa | rt VI Land, Buildings, and Equ                 | lipment.                |                 |                        |           | lin a <b>4</b> 4 a     | 0             | - 000 D-                                |                      |         |  |
|         | Complete if the organiza                       |                         |                 | n 990, P<br>(b) Costor |           |                        | . See Form    | 1                                       | ITX, III<br>) Book v |         | <u>.                                    </u> |
|         |  |                         | stment)         | (oth                   | ner)      | Óde                    | preciation    | (0                                      |                      |         |  |
| 1a      | Land   | 📖 🗌                     |                 |                        | 45,39     |                        |               |   |                      | 45,3    |  |
| b       | Buildings                                      | 📃 🗌                     |                 | 1,79                   | 90,32     | 0.                     | 830,038       | •                                       | 9                    | 60,2    | 282.   |
| с       | Leasehold improvements                         | [                       |                 |                        |           |                        |               |   |                      |         |  |
| d       | Equipment                                      | [                       |                 | 19                     | 98,41     | 8.                     | 178,081       | •                                       |                      | 20,3    | 337.   |
|         | Other  |                         |                 |                        |           |                        |               |   |                      |         |  |
|         | I. Add lines 1a through 1e. (Column            |                         | m 990, Part X   | (, column              | (B), line | e 10c.)                |               |   | 1,2                  | 26,0    | )15.   |
|         |  |                         |                 |                        |           |                        |               | Sched                                   | ule D (Fo            | rm 990  | ) 2019                                       |

Page 3

Schedule D (Form 990) 2019

### 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

|   | Tes on Form 990       |   |
|---|-----------------------|---|
| (a) Description of security or category<br>(including name of security) | <b>(b)</b> Book value | <b>(c)</b> Method of valuation:<br>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)   |                       |   |
| Total. (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 | <b>(c)</b> Method of valuation:<br>Cost or end-of-year market value |
|--|----------------|---|
| (1)  |                |   |
| (2)  |                |   |
| (3)  |                |   |
| (4)  |                |   |
| (5)  |                |   |
| (6)  |                |   |
| (7)  |                |   |
| (8)  |                |   |
| (9)  |                |   |
| Total. (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)   |                |
| otal. (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)                      |                              |                |
|                          |                              |                |

Total. (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

| FOR PUBLIC INSPECTION 93 | 3-1 |
|--------------------------|-----|
|--------------------------|-----|

| Schedu | le D (Form 990) 2019   |        | Page <b>4</b>      |
|--------|--|--------|--------------------|
| Part   | XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | າ.     |                    |
| 1      | Total revenue, gains, and other support per audited financial statements   | 1      | 7,008,051.         |
| 2      | Amounts included on line 1 but not on Form 990, Part VIII, line 12:  |        |                    |
| а      | Net unrealized gains (losses) on investments   |        |                    |
| b      | Donated services and use of facilities   |        |                    |
| C      | Recoveries of prior year grants  |        |                    |
| d      | Other (Describe in Part XIII.)   |        |                    |
| e      | Add lines 2a through 2d  | 2e     | 65,389.            |
| 3      | Subtract line 2e from line 1   | 3      | 6,942,662.         |
| 4      | Amounts included on Form 990, Part VIII, line 12, but not on line 1:   |        |                    |
| a      | Investment expenses not included on Form 990, Part VIII, line 7b 4a 1,492.   |        |                    |
| b      | Other (Describe in Part XIII.)   |        |                    |
| c      | Add lines 4a and 4b  | 4c     | 1,492.             |
| 5      | Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )   | 5      | 6,944,154.         |
| Part   |  | rn.    |                    |
|        | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  |        |                    |
| 1      | Total expenses and losses per audited financial statements   | 1      | 6,828,086.         |
| 2      | Amounts included on line 1 but not on Form 990, Part IX, line 25:  |        |                    |
| -<br>a | Donated services and use of facilities   |        |                    |
| b      | Prior year adjustments   |        |                    |
| c      | Other losses   |        |                    |
| d      | Other (Describe in Part XIII.)   |        |                    |
| e      | Add lines 2a through 2d  | 2e     | 79,821.            |
| 3      | Subtract line 2e from line 1   | 3      | 6,748,265.         |
| 4      | Amounts included on Form 990, Part IX, line 25, but not on line 1:   |        |                    |
| -      | Investment expenses not included on Form 990, Part VIII, line 7b 4a  |        |                    |
| a<br>L | investment expenses not included on Form 350, Fart Viii, ine 75 FFFFFFFFFFFFFF   |        |                    |
| b      | Other (Describe in Part XIII.)   | 4c     |                    |
| с<br>5 | Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ).  | 5      | 6,748,265.         |
|        | XIII Supplemental Information.   | •      | -, -,              |
|        | e the descriptions required for Part II lines 3, 5, and 0. Part III lines 1a and 4. Part IV lines 1b and 2b. E   | Part V | line / Part X line |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

ISPECTION

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

ISPECTION

### Schedule D (Form 990) 2019

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

|            | EDULE G<br>1 990 or 990-EZ)               | Complete if t  | PUBLI<br>Information Re<br>he organization answer<br>organization entered n | red "Yes" on<br>nore than \$1 | Form 990, F<br>5,000 on Foi                | Part IV, line 17, 18, or 1<br>m 990-EZ, line 6a. |  | OMB No. 1545-0047  |  |
|------------|---|--|---|-------------------------------|--|--|--|--|--|
|            | nent of the Treasury                      | <ul> <li>▶ Attach to Form 990 or Form 990-EZ.</li> <li>▶ Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul> |   |                               |  |  |  |  |  |
| -          | Revenue Service                           | , ,  | e tee.ge  |                               |  |  | Employer identificati  | Inspection   |  |
|            | •   | SERVICES, INC  |   |                               |  |  | 93-1163563   |  |  |
| Part       |   | g Activities. Comp   |   | ization ar                    | swered "                                   | Yes" on Form 99                                  |  | 7.   |  |
| T art      |   | EZ filers are not re   | 0   |                               |  |  |  |  |  |
| 1          |   | the organization rais  |   |                               |  | activities. Check a                              | all that apply.  |  |  |
| а          | Mail solicita                             | •  | e   |                               | •  | non-government g                                 |  |  |  |
| b          | Internet and                              | email solicitations  | f   |                               |  | government grant                                 |  |  |  |
| с          | Phone solic                               | itations   | g   |                               |  | ising events                                     |  |  |  |
| d          | In-person so                              | olicitations   |   |                               |  |  |  |  |  |
|            | or key employee<br>If "Yes," list the     | tion have a written o<br>es listed in Form 990<br>10 highest paid indi<br>least \$5,000 by the   | , Part VII) or entity<br>viduals or entities                                | in connec                     | tion with p                                | professional fundra                              | ising services?  | Yes No fundraiser is to be                                     |  |
|            | <b>(i)</b> Name and addi<br>or entity (fu |  | <b>(ii)</b> Activity  | custody o                     | ndraiser have<br>or control of<br>outions? | <b>(iv)</b> Gross receipts<br>from activity      | (v) Amount paid to<br>(or retained by)<br>fundraiser listed in<br>col. (i) | <b>(vi)</b> Amount paid to<br>(or retained by)<br>organization |  |
|            |   |  |   | Yes                           | No   |  |  |  |  |
| 1          |   |  |   |                               |  |  |  |  |  |
|            |   |  |   |                               |  |  |  |  |  |
| 2          |   |  |   |                               |  |  |  |  |  |
| 3          |   |  |   |                               |  |  |  |  |  |
| 4          |   |  |   |                               |  |  |  |  |  |
| 5          |   |  |   |                               |  |  |  |  |  |
| 6          |   |  |   |                               |  |  |  |  |  |
| 7          |   |  |   |                               |  |  |  |  |  |
| 8          |   |  |   |                               |  |  |  |  |  |
| 9          |   |  |   |                               |  |  |  |  |  |
| 10         |   |  |   |                               |  |  |  |  |  |
| Total<br>3 |   | which the organiza   |   |                               |  | contributions or                                 | has been notified  | it is exempt from  |  |
|            | registration or lic                       | ensing.  |   |                               |  |  |  |  |  |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 9E1281 1.000 3229QF XL8S

### Schedule G (Form 990 or 990-EZ) 2019

22 1103303

Page **2** 

| Ра                     | rt l | Fundraising Events. Complete<br>more than \$15,000 of fundrate<br>events with gross receipts gree   | aising event contribut                          |  |                  |  |
|------------------------|------|---|---|--|------------------|--|
|                        |      |   | (a) Event #1<br>ANNUAL GALA                     | (b) Event #2<br>NONE                             | (c) Other events | (d) Total events<br>(add col. (a) through<br>col. (c)) |
| e                      |      |   | (event type)                                    | (event type)                                     | (total number)   | col. (c))  |
| Revenue                | 1    | Gross receipts  | 106,434.  |  |                  | 106,434  |
| К                      | 2    | Less: Contributions<br>Gross income (line 1 minus   | 15,623.   |  |                  | 15,623   |
|                        | 3    | line 2)   | 90,811.   |  |                  | 90,811   |
|                        | 4    | Cash prizes   |   |  |                  |  |
|                        | 5    | Noncash prizes  | 10,990.   |  |                  | 10,990   |
| nses                   | 6    | Rent/facility costs   | 24,734.   |  |                  | 24,734   |
| <b>Direct Expenses</b> | 7    | Food and beverages  | 22,258.   |  |                  | 22,258   |
| Direc                  | 8    | Entertainment   | 12,100.   |  |                  | 12,100   |
|                        | 9    | Other direct expenses   | 20,729.   |  |                  | 20,729   |
| Pa                     | 11   | Direct expense summary. Add lin<br>Net income summary. Subtract lin<br><b>Gaming.</b> Complete if the org<br>\$15,000 on Form 990-EZ, lin | ne 10 from line 3, colu<br>anization answered " | umn (d)  | <u></u>          |  |
| Revenue                |      |   | <b>(a)</b> Bingo                                | (b) Pull tabs/instant<br>bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add<br>col. (a) through col. (c))    |
| Ř                      | 1    | Gross revenue   |   |  |                  |  |
| ses                    | 2    | Cash prizes   |   |  |                  |  |
| Expenses               | 3    | Noncash prizes  |   |  |                  |  |
| Direct [               | 4    | Rent/facility costs   |   |  |                  |  |
|                        | 5    | Other direct expenses   |   |  |                  |  |
|                        |      | Volunteer labor   | Yes %   | ▶Yes%<br>No                                      | Yes%<br>No       |  |
|                        | 7    | Direct expense summary. Add lin   | es 2 through 5 in colu                          | mn (d)   |                  |  |
|                        | 8    | Net gaming income summary. Su   | ubtract line 7 from line                        | 1, column (d)                                    | <u></u>          |  |
| 9<br>a<br>b            |      | Enter the state(s) in which the organization licensed to con If "No," explain:  |   | in each of these state                           |                  | YesNo  |
| 10a<br>b               |      | Were any of the organization's gaming<br>If "Yes," explain:   |   |  |                  | YesNo  |

Schedule G (Form 990 or 990-EZ) 2019

|       | AGE WELL SENIOR SERVICES, TINC: 93-1103303  |
|-------|---|
| Sched | lule G (Form 990 or 990-EZ) 2019 Page 3   |
| 11    | Does the organization conduct gaming activities with nonmembers?  |
| 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?   |
| 13    | Indicate the percentage of gaming activity conducted in:  |
| a     | The organization's facility   |
|       | An outside facility 13b %   |
| 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 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 ► \$   |
| с     | 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                     |
| u     | retain the state gaming license?  |
| h     | Enter the amount of distributions required under state law to be distributed to other exempt organizations                    |
| U     | or spent in the organization's own exempt activities during the tax year $\triangleright$ \$                                  |
| Par   |   |
|       | Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions). |
|       |   |

|         |                      | FOR PUBLIC INSPECTION   | <b>DN</b>                         |                |         |         |
|---------|----------------------|---|-----------------------------------|----------------|---------|---------|
| SCHI    | EDULE J              | Compensation Information  | 1                                 | OMB No.        | 1545-0  | 047     |
| (For    | n 990)               | For certain Officers, Directors, Trustees, Key Employees, and Highest   |                                   | എത             | 10      |         |
|         |                      | Compensated Employees<br>► Complete if the organization answered "Yes" on Form 990, Part IV, line   | 23                                | ZU             | 19      |         |
| Departm | nent of the Treasury | Attach to Form 990.   |                                   | Open to Public |         |         |
|         | Revenue Service      | Go to www.irs.gov/Form990 for instructions and the latest information   |                                   |                | ectio   | n       |
|         | of the organization  | DR SERVICES, INC.   | Employer identificat<br>93-116356 |                | er.     |         |
| Part    |                      | s Regarding Compensation  | 93-110350                         | 5              |         |         |
| Fari    | Question             | s regarding compensation  |                                   |                | Yes     | No      |
| 1a      | Check the app        | propriate box(es) if the organization provided any of the following to or for a pers  | son listed on Forr                | n              |         |         |
|         |                      | Section A, line 1a. Complete Part III to provide any relevant information regarding   |                                   |                |         |         |
|         |                      | ss or charter travel Housing allowance or residence for   | -                                 |                |         |         |
|         | Travel fo            | or companions Payments for business use of perso  | •                                 |                |         |         |
|         | Tax inde             | mnification and gross-up payments Health or social club dues or initiation  | on fees                           |                |         |         |
|         | Discretio            | onary spending account       Personal services (such as maid, ch  | auffeur, chef)                    |                |         |         |
| h       | If any of the        | boxes on line 1a are checked, did the organization follow a written policy re   | agarding navma                    | at             |         |         |
| 5       | or reimburse         | ment or provision of all of the expenses described above? If "No," con  | nplete Part III t                 | 0              |         |         |
|         |                      |   |                                   | 1b             |         |         |
| 2       | -                    | anization require substantiation prior to reimbursing or allowing expenses  | -                                 |                |         |         |
|         |                      | stees, and officers, including the CEO/Executive Director, regarding the items  | s checked on lin                  |                |         |         |
| -       |                      |   |                                   | 2              |         |         |
| 3       |                      | n, if any, of the following the organization used to establish the compensation of<br>CEO/Executive Director. Check all that apply. Do not check any boxes for methor |                                   |                |         |         |
|         |                      | ization to establish compensation of the CEO/Executive Director, but explain in P   |                                   |                |         |         |
|         |                      | sation committee Written employment contract  |                                   |                |         |         |
|         |                      | dent compensation consultant Compensation survey or study   |                                   |                |         |         |
|         |                      | 0 of other organizations Approval by the board or compensations   | ation committee                   |                |         |         |
| 4       | During the year      | ar, did any person listed on Form 990, Part VII, Section A, line 1a, with respect t   |                                   |                |         |         |
| а       |                      | or a related organization:<br>/erance payment or change-of-control payment?   |                                   | 4a             |         | X       |
| b       |                      | or receive payment from, a supplemental nonqualified retirement plan?   |                                   |                |         | X       |
| c       |                      | or receive payment from, an equity-based compensation arrangement?  |                                   |                |         | X       |
| -       |                      | y of lines 4a-c, list the persons and provide the applicable amounts for each i   |                                   |                |         |         |
|         |                      |   |                                   |                |         |         |
|         | 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 pa   | ay or accrue ar                   | ıy             |         |         |
|         |                      | n contingent on the revenues of:  |                                   |                |         |         |
| а       | -                    | ion?  |                                   |                |         | X       |
| b       | •                    | rganization?  |                                   | 5b             |         | X       |
| •       |                      | e 5a or 5b, describe in Part III.   |                                   |                |         |         |
| 6       |                      | listed on Form 990, Part VII, Section A, line 1a, did the organization participation of   | ay or accrue ar                   | 'Y             |         |         |
| а       |                      | n contingent on the net earnings of:  |                                   | 6a             |         | X       |
|         | -                    | rganization?  |                                   |                |         | X       |
| D.      | •                    | e 6a or 6b, describe in Part III.   |                                   | 0.0            |         |         |
| 7       |                      | listed on Form 990, Part VII, Section A, line 1a, did the organization prov   | vide any ponfive                  | d              |         |         |
| '       |                      | described on lines 5 and 6? If "Yes," describe in Part III.   |                                   |                |         | х       |
| 8       |                      | ounts reported on Form 990, Part VII, paid or accrued pursuant to a contract th   |                                   |                |         |         |
|         |                      | contract exception described in Regulations section 53.4958-4(a)(3)?  |                                   | e              |         | 1       |
|         |                      |   |                                   |                |         | Х       |
| 9       | If "Yes" on I        | ine 8, did the organization also follow the rebuttable presumption procee   | lure described i                  | n              |         |         |
|         | Regulations so       | ection 53.4958-6(c)?  |                                   | 9              |         |         |
| For Pa  |                      | tion Act Notice, see the Instructions for Form 990.   |                                   | edule J (Fo    | orm 990 | 0) 2019 |

# AGE WELL SENIOR SERVICES, INC. FOR PUBLIC INSPECTION

93-1163563

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

Schedule J (Form 990) 2019

JSA

# age well senior services, inc. FOR PUBLIC INSPECTION

Page 3

Schedule J (Form 990) 2019

### 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.

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

# FOR PUBLIC INSPECTION

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

AGE WELL SENIOR SERVICES, INC.

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:

| Schedule O (Form 990 or 990-EZ) 2019 | Page                           | ϶Ż |
|--------------------------------------|--------------------------------|----|
| Name of the organization             | Employer identification number | _  |
| AGE WELL SENIOR SERVICES, INC.       | 93-1163563                     |    |
|                                      |                                |    |

| PROGRAM SERVICE EXPENSES                               |          |  |  |  |  |  |  |
|--|----------|--|--|--|--|--|--|
| MANAGEMENT AND GENERAL EXPENSES                        |          |  |  |  |  |  |  |
| FUNDRAISING EXPENSES                                   |          |  |  |  |  |  |  |
| 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 14,349 517,235

TOTAL

(\*)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.

### 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 &

ATTACHMENT 1

Schedule O (Form 990 or 990-EZ) 2019

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

NAME AND ADDRESS

TRANSPORTATION

DESCRIPTION OF SERVICES

307,761.

COMPENSATION

AMERICAN LOGISTICS 1492 W. SILICAN WAY SUITE B ST GEORGE, UT 84770