## **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 Internal Revenue Service

▶ 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

A F	or th	e 2020 calendar year, or tax year beginning	07/01, <b>2020</b>				06/30,	<b>20</b> 21	.1011	
		C Name of organization	, , , , , , , , , , , , , , , , , , , ,	,		D Employer ide	·			
<b>B</b> c	heck if a	AGE WELL SENIOR SERVI	CES, INC.			93-116	3563			
	Addre									
	7 '	Number and street (or P.O. box if mail is	s not delivered to street address)	Room/suit	е	E Telephone number				
	Initial	return 23101 LAKE CENTER DRI	VE SUITE 325			(949) 855-8033				
		return/ City or town, state or province, country,	and ZIP or foreign postal code							
	Amer returi					<b>G</b> Gross receipts	\$ 2	5,853	,138.	
	Appli pend		STEVE MOYER			H(a) Is this a ground subordinates		Yes	X No	
			VE SUITE 325, LAKE FOR	REST, C	A 9	H(b) Are all subord	inates included?	Yes	No.	
		xempt status:         X         501(c)(3)         501(c) (	) <b>(</b> insert no.) 4947(a)(1)	or	527	If "No," at	ttach a list. See i	nstructions		
		ite: ▶ MYAGEWELL.ORG				H(c) Group exem				
		of organization: X Corporation Trust	Association Other	L Yea	r of formation	on: 1995 <b>M</b>	State of legal	domicile:	CA	
Pa	art I	Summary		01/0000	1011001					
	1	Briefly describe the organization's mission of				ALE & IMP	ROVE			
nce		THE QUALITY OF LIFE, DIGNI	TY & INDEPENDENCE OF T	HE ELDI	EKLY.					
rna			P. P. P. P. P.		050/	<u> </u>				
Activities & Governance	3	Check this box  if the organization of Number of voting members of the governing	discontinued its operations or dispos				1 1		10.	
<u>ھ</u>	4	Number of independent voting members of					4		10.	
ies	5	Total number of individuals employed in cal					5		85.	
Ξ	6	Total number of volunteers (estimate if neces					6		940.	
Act	_	Total unrelated business revenue from Part \					7a		0.	
		Net unrelated business taxable income from					7b			
						Prior Year	С	ırrent Y	ear	
ø	8	Contributions and grants (Part VIII, line 1h)				6,804,39	9. 25	793	,594.	
Revenue	9	Program service revenue (Part VIII, line 2g)				133,58	3.		0.	
Şe Ç	10	Investment income (Part VIII, column (A), lin	nes 3, 4, and 7d)			4,18		30	,688.	
	11	Other revenue (Part VIII, column (A), lines 5			1,99			,183.		
	12	Total revenue - add lines 8 through 11 (mus	st equal Part VIII, column (A), line 12) ,			6,944,15		,825		
	13	Grants and similar amounts paid (Part IX, col					0.		0.	
	14	Benefits paid to or for members (Part IX, colu				0 621 01	0.	115	0.	
ses	15	Salaries, other compensation, employee ben				2,631,81	0.	2,415		
Expenses		Professional fundraising fees (Part IX, column			•		0.		0.	
Ë		Total fundraising expenses (Part IX, column of the program of the	(-),		_	4,116,44	Ω 14	1,661	354	
		Other expenses (Part IX, column (A), lines 17 Total expenses. Add lines 13-17 (must equa				6,748,26		7,076		
	19	Revenue less expenses. Subtract line 18 froi				195,88		3,748		
o s		Trevenue less expenses. Cubilder line 10 hol				ing of Current \	_	nd of Yea		
ets	20	Total assets (Part X, line 16)				4,482,19	9. 12	2,648	,554.	
Ass J Ba	21	Total liabilities (Part X, line 26)				3,206,44	8. 2	2,482	,899.	
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 2				1,275,75	1. 10	,165	,655.	
Pa	rt II	Signature Block								
Und	der pe	nalties of perjury, I declare that I have examined thect, and complete. Declaration of preparer (other that	his return, including accompanying sched	lules and sta	atements, ar	nd to the best of	my knowled	ge and b	elief, it is	
- truc	, 00110	soc, and complete. Bedaration of preparer (other tha	in onicer) is based on an information of wi	non proparci	nas any kin	Ĭ				
Sig	n	3: 1 5					6/2022			
He		Signature of officer	g T o			Date				
		STEVE MOYER  Type or print name and title	CEO							
		Print/Type preparer's name	Preparer's signature	Date			; PTIN			
Paic	ı	RICHARD L RUVELSON	RICHARD L RUVELSON		16/2022	Check self-employ	"	23407	75	
Pre	oarer	III TIII III III DDOID		03/1		Firm's EIN > 2				
Use	Only	Firm's name	<u> </u>			Phone no.	49-261-	2808		
May	/ the	IRS discuss this return with the prepare		)				Yes	No	
		rwork Reduction Act Notice, see the separa	·	,					0 (2020)	

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For	m 990 (2020) Page 2
Р	Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: ATTACHMENT 1
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X No  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?
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
_	
4a	(Code:) (Expenses \$1,268,032. including grants of \$) (Revenue \$) TRANSPORTATION SERVICES: PROVIDED TRANSPORTATION TO 20,499 MEDICAL
	APPOINTMENTS, ADULT DAY SERVICES, AND SENIOR CENTERS TO 1,708
	CLIENTS.
4b	(Code: ) (Expenses \$ 14,717,885. including grants of \$ ) (Revenue \$ )
	TITLE III CONGREGATE MEALS/HOME DELIVERED MEALS: SERVED 1,448,891
	HOME-DELIVERED MEALS TO 4,442 SENIORS/ELDERLY THROUGHOUT SOUTH
	ORANGE COUNTY.
4c	(Code: ) (Expenses \$ 165,392. including grants of \$ ) (Revenue \$ )
	SENIOR CENTERS: OPERATE TWO SENIOR CENTERS AND CONTRACTS WITH
	OTHER SENIOR SITES FOR NUTRITIONAL AND SOCIAL SERVICES,
	EDUCATIONAL CLASSES THROUGH EMERITUS AND ADULT EDUCATION,
	PREVENTATIVE HEALTH SCREENING, ELDER CARE, CASE MANAGER NURSE,
	LEGAL AND TAX ASSISTANCE, INSURANCE COUNSELING, SENIOR SUPPORT
	GROUPS, MEDICARE COUNSELORS AND MONTHLY SURPLUS COMMODITY DISTRIBUTIONS. EMPHASIS IS ON WELLNESS AND MAINTAINING
	INDEPENDENCE FOR THE ELDERLY.
_	
4d	Other program services (Describe on Schedule O.)
40	(Expenses \$ 275,810. including grants of \$ ) (Revenue \$ )  Total program service expenses > 16,427,119.

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Part IV **Checklist of Required Schedules** No Yes 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ 1 Х Is the organization required to complete Schedule B, Schedule of Contributors See instructions? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ election in effect during the tax year? If "Yes," complete Schedule C, Part II................................. Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Χ 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 Χ "Yes," complete Schedule D, Part I. 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ complete Schedule D, Part III 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 Χ 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments Χ 10 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a Х b Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more Χ c 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........... Χ 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets Χ 11d Χ e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Χ the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ Schedule D, Parts XI and XII. 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If Χ "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Χ Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Χ 14a Did the organization maintain an office, employees, or agents outside of the United States?.......... **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate Χ foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Χ Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Χ Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Χ Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Χ 19 Χ b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Χ domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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Form 990 (2020) Page 4 Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Χ 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated Χ 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b Χ b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . . . c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a 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............ Χ 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? Χ 25b 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 Χ 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 Χ 27 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? If Χ "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . . . . . . Χ c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c Χ Χ 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," Χ 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Χ sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, Χ 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Χ b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable Χ 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Χ and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V . . . . . . . Yes No 19 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . . . . . **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . . . . . c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

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Par	t 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 85			
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 e-file (see instructions).			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	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		Х
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?	5с		
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		
7	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	7e		X
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 <del>c</del>		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g 7 h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 11		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	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:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	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	14a		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		- 21
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	מדו		
15	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

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Form 990 (2020) AGE WELL SENIOR SERVICES, INC.

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Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a   10			
	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 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		7.7	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	_		37
C = =4:	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	١	X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Coae	<i>.)</i> Yes	No
		100	163	X
	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,	406		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	IIa	71	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	ıza	21	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
	rise to conflicts?	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
40	describe in Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?	14	X	
14 15	Did the organization have a written document retention and destruction policy?		-	
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
a b	Other officers or key employees of the organization	15b	Х	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
. <b></b> u	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ CA,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	-		. ,
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	f inter	est p	olicy,
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record MATTHEW OZUROVICH 24461 RIDGE ROUTE DR., SUITE 220 LAGUNA HILLS, CA 92653 949-498-0400	s <b>&gt;</b>		

Form **990** (2020)

Form 990 (2020) AGE WELL SENIOR SERVICES, INC.

E WELL SENIOR SERVICES, INC. 93-1163563

# Part VII 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.

								,	, ,	1
<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related organizations	box,	unles	Pos heck ss pe	erson	e than α is both tor/trust Highest α	an tee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable  compensation  from related  organizations  (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	below dotted line)	trustee	al trustee		byee	Highest compensated employee				
(1) STEVE MOYER	40.00									
CEO	0.			Х				176,221.	0.	8,003
(2) MARILYN DITTY	1.00									
FOUNDER EMERITUS	0.			Х				146,783.	0.	1,911
(3) JACI SVENSSON	40.00									
VP OF OPERATIONS	0.			Х				90,317.	0.	8,231
(4) MARLENE BRIDGES	1.00									
PRESIDENT	0.	Х		Х				0.	0.	0
(5) BRENT LAUER	1.00									
VICE PRESIDENT	0.	Х						0.	0.	0
(6) RAY CHICOINE	1.00									
SECRETARY	0.	X		Х				0.	0.	0
(7) TED SANDERS	1.00									
TREASURER	0.	Х		Х				0.	0.	0
(8) ANNA T. BOYCE	1.00									
BOARD MEMBER	0.	Х						0.	0.	0
(9) LESLIE GIBOLA THRU 8/26/2020	0.									
BOARD MEMBER	0.	Х						0.	0.	0
(10) BOB BATES	1.00									
BOARD MEMBER	0.	Х						0.	0.	0
(11) JAN GAMEROZ	1.00									
BOARD MEMBER	0.	Х						0.	0.	0
(12) JOSEPH MCKNIGHT	1.00									
BOARD MEMBER	0.	Х						0.	0.	0
(13) ROB SCHAEFFER	1.00									
BOARD MEMBER	0.	Х						0.	0.	0
(14) BOB STEGNER	1.00									
BOARD MEMBER	0.	Х						0.	0.	0

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Form 990 (2020) Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (A) (C) (D) (B) Name and title Position Reportable Reportable Estimated Average (do not check more than one hours per compensation compensation from amount of week (list any box, unless person is both an other from related officer and a director/trustee) compensation hours for the organizations Individual trustee or director Institutional trustee Highest compensated employee related organization from the (W-2/1099-MISC) organizations organization employee (W-2/1099-MISC) and related below dotted organizations 413,321. 0. 18,145. 1b Sub-total 0. 0 Ο. c Total from continuation sheets to Part VII, Section A 413,321. 0. 18,145. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated Χ 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 X Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual Χ for services rendered to the organization? If "Yes," complete Schedule J for such person ........... **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax (A) (B) (C) Name and business address Description of services Compensation ATTACHMENT 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

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JSA 0E1055 1.000

AGE WELL SENIOR SERVICES, INC. Form 990 (2020)

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Statement of Revenue Part VIII (A) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts 256 Membership dues c Fundraising events 1c d Related organizations Government grants (contributions) . . 24,130,864 All other contributions, gifts, grants, and similar amounts not included above . 1f 1,662,474 g Noncash contributions included in lines 1a-1f. 1g \$ Total. Add lines 1a-1f 25,793,594 **Business Code** Program Service Revenue All other program service revenue Investment income (including dividends, interest, and 31,787 31,787 Income from investment of tax-exempt bond proceeds . 5 0. (i) Real (ii) Personal Gross rents 6a **b** Less: rental expenses 6b Rental income or (loss) 6c d Net rental income or (loss)... Gross amount from (i) Securities (ii) Other sales of assets 26,574. other than inventory 7a b Less: cost or other basis Other Revenue 7b 27,673. and sales expenses . . -1,099. c Gain or (loss) . . . . 7c -1,099 -1,099 d Net gain or (loss) 8a Gross income from fundraising events (not including \$ \_ of contributions reported on line 1c). See Part IV, line 18 0. 8b **b** Less: direct expenses c Net income or (loss) from fundraising events. 9a Gross income from gaming 0. activities. See Part IV, line 19 0. **b** Less: direct expenses 0. c Net income or (loss) from gaming activities.  $\triangleright$ Gross sales of inventory, 0. returns and allowances 0. Net income or (loss) from sales of inventory 0. **Business Code** Miscellaneous Revenue OTHER INCOME 900099 1.183 1.183 11a b All other revenue 1,183 Total, Add lines 11a-11d 25,825,465. 31.871.

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AGE WELL SENIOR SERVICES, INC. Form 990 (2020)

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Part IX Statement of Functional Expenses

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

000				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,											
	9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses							
	Grants and other assistance to domestic organizations		5/ps/1888	general expenses	5,40,100							
-	and domestic governments. See Part IV, line 21	0.										
2	Grants and other assistance to domestic											
	individuals. See Part IV, line 22	0.										
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,	431,466.	405,578.	8,629.	17,259.							
_	trustees, and key employees	431,400.	403,376.	0,029.	17,239.							
6	Compensation not included above to disqualified											
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.										
7	Other salaries and wages	1,542,149.	1,490,523.	7,118.	44,508.							
	Pension plan accruals and contributions (include				<u> </u>							
,	section 401(k) and 403(b) employer contributions)	0.										
9	Other employee benefits	190,412.	171,479.	15,407.	3,526.							
10	Payroll taxes	251,110.	225,262.	21,679.	4,169.							
11	Fees for services (nonemployees):											
а	Management	0.										
b	Legal	176,008.	19,803.	156,205.								
	Accounting	32,633.	26,860.	5,773.								
	l Lobbying	0.										
	Professional fundraising services. See Part IV, line 17.	0.										
	Investment management fees	0.										
ç	Other. (If line 11g amount exceeds 10% of line 25, column	336,399.	258,199.	49,181.	29,019.							
12	(A) amount, list line 11g expenses on Schedule O.)  Advertising and promotion	19,293.	7,593.	2,000.	9,700.							
13	Office expenses	14,583.	8,575.	5,089.	919.							
14	Information technology	0.										
15	Royalties	0.										
16	Occupancy	79,107.	29,157.	49,950.								
17	Travel	1,492.	1,492.									
18	Payments of travel or entertainment expenses											
	for any federal, state, or local public officials	0.		1 706								
19	Conferences, conventions, and meetings	1,706.		1,706.								
20	Interest	52,821.		52,821.								
21	Payments to affiliates	69,726.	48,412.	21,314.								
22 23	Depreciation, depletion, and amortization  Insurance	137,523.	101,943.	35,106.	474.							
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	13,180,476.	13,166,492.	13,984.								
-	PROGRAM SUPPLIES	137,145.	103,580.	23,665.	9,900.							
-	VEHICLE OPERATION	166,821.	166,821.									
C	REPAIRS & MAINTENANCE	136,509.	131,796.	4,713.	00 555							
	All other expenses	119,112.	63,554.	35,001.	20,557.							
	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	17,076,491.	16,427,119.	509,341.	140,031.							
-0	organization reported in column (B) joint costs											
	from a combined educational campaign and fundraising solicitation. Check here											
	following SOP 98-2 (ASC 958-720)	0.										
_	. , , , , , , , , , , , , , , , , , , ,	- 1	I	I	Form <b>QQQ</b> (2020)							

Form **990** (2020)

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### Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X	<u></u> .	<u> </u>
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	1,547,094.	1	948,386.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	226,137.	3	115,000.
	4	Accounts receivable, net	603,339.	4	537,769.
	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.
ets	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
⋖	9	Prepaid expenses and deferred charges	2,981.	9	270.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
			1,226,015.	40.	1,167,659.
		Zees. desamatated depresentation 111111111111111111111111111111111111	1,220,013.		0.
	11	Investments - publicly traded securities.	851,761.	11 12	9,870,962.
	12 13	Investments - other securities. See Part IV, line 11	0.	13	0.
	14	Investments - program-related. See Part IV, line 11.	0.	14	0.
	15	Intangible assets	24,872.	15	8,508.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	4,482,199.	16	12,648,554.
	17	Accounts payable and accrued expenses.	827,611.	17	515,832.
	18	Grants payable	0.	18	0.
	19	Deferred revenue.	389,944.	19	2,500.
	20	Tax-exempt bond liabilities.	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jabi		controlled entity or family member of any of these persons	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties	1,489,093.	23	1,919,146.
	24	Unsecured notes and loans payable to unrelated third parties	499,800.	24	45,421.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	3,206,448.	26	2,482,899.
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	29,300.	27	8,534,162.
Ba	28	Net assets with donor restrictions.	1,246,451.	28	1,631,493.
pur		Organizations that do not follow FASB ASC 958, check here ▶	, , , , , ,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
٦ ٦		and complete lines 29 through 33.			
S	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
S		Retained earnings, endowment, accumulated income, or other funds.		31	
~	31		4 0== ==		1 1 1
Net Assets or Fund Balances	31 32 33	Total net assets or fund balances	1,275,751. 4,482,199.	32 33	10,165,655. 12,648,554.

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AGE WELL SENIOR SERVICES, INC.

roim 98	90 (2020)			Pa	age IZ
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	25	,825,	465.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17	,076,	491.
3	Revenue less expenses. Subtract line 2 from line 1	3	8	,748,	974.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	,275,	751.
5	Net unrealized gains (losses) on investments	5		142,	478.
6	Donated services and use of facilities	6			0.
7	Investment expenses	7		-1,	548.
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	10	,165,	655.
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	xplain	in		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		28	a	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were cor				
	reviewed on a separate basis, consolidated basis, or both:	'			
	Separate basis Consolidated basis Both consolidated and separate basis				
h	Were the organization's financial statements audited by an independent accountant?		21	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi				
	separate basis, consolidated basis, or both:		-		
	X Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersiaht (	of		
·	the audit, review, or compilation of its financial statements and selection of an independent accounta	•		, X	
	If the organization changed either its oversight process or selection process during the tax year, e				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in th	ne l		
Ju	Single Audit Act and OMB Circular A-133?		38	a X	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	lerao th	ne 🗀		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			X	

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

## **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.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

		ne organization					Employer identifi	
AGI	C WI	ELL SENIOR SERVICES	•				93-11635	
Pa	rt I	Reason for Public Cha	rity Status. (All	organizations must	complet	te this p	art.) See instructions	3.
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1	Щ	A church, convention of chu	urches, or associa	tion of churches desc	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
2	Щ	A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	I-EZ).)	
3	Ш	A hospital or a cooperative	hospital service o	rganization described	in <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated	for the benefit of	a college or universit	y owne	d or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6	Ш	A federal, state, or local go	vernment or gove	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7	Х	An organization that norma	ally receives a sub	stantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8	Ш	A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research org	ganization describe	ed in <b>section 170(b)(1</b>	)(A)(ix)	operated	l in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	riculture (see instruct	ions). E	nter the i	name, city, and state of	f the college or
		university:						
10		An organization that normal receipts from activities rela support from gross investmacquired by the organization	ted to its exempt f rent income and u	unctions, subject to c nrelated business tax	ertain ex able inco	ceptions me (les	s; and (2) no more thar s section 511 tax) from	n 331/3 % of its
11		An organization organized						
 12		An organization organized	•	•	•			arry out the nurnoses
-		of one or more publicly su	•	-				• • •
		Check the box in lines 12a t						
а		Type I. A supporting orga	•	• •	• •		•	•
а		the supported organization	•	•	-		• , ,	
		supporting organization.				ajointy of	the directors of truste	C3 Of the
b		Type II. A supporting org	-			with its	supported organization	on(s) by having
~		control or management of	•				• • •	
		organization(s). You must	• • • •	=	tilo odili	o porcor	io triat control of man	ago ino supportou
С		Type III functionally integ			ited in c	onnectio	n with, and functional	ly integrated with
·		its supported organization						.,g.a.a,
d		Type III non-functionally	. , .					ted organization(s)
_		that is not functionally inte			-			
		requirement (see instruct	-		-			
е		Check this box if the orga	•	•				I. Type III
		functionally integrated, or					• • • • • • • • • • • • • • • • • • • •	·, · )  - · ··
f	Ent	ter the number of supported						
g		ovide the following information						
	(i) Na	ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				above (see instructions))	Yes	No	mon donons)	moti dottorio)
/۸۱								
(A) ——								
(B)								
(C)								
(D)								
(E)								
Tota	al						1	

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

Schedule A (Form 990 or 990-EZ) 2020

Page 2 Schedule A (Form 990 or 990-EZ) 2020

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	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,361,478.	7,340,259.	5,184,692.	6,804,399.	25,793,594.	50,484,422.		
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 furnished by a governmental unit to the organization without charge						0.		
4	<b>Total.</b> Add lines 1 through 3	5,361,478.	7,340,259.	5,184,692.	6,804,399.	25,793,594.	50,484,422.		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.		
_6_	Public support. Subtract line 5 from line 4						50,484,422.		
	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
7	Amounts from line 4	5,361,478.	7,340,259.	5,184,692.	6,804,399.	25,793,594.	50,484,422.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	15,880.	8,854.	17,418.	19,326.	31,787.	93,265.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	6,735.			1,866.	1,183.	9,784.		
11	Total support. Add lines 7 through 10						50,587,471.		
12	Gross receipts from related activities, etc. (s	see instructions) .				12	1,733,675.		
13	First 5 years. If the Form 990 is for organization, check this box and stop here			, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ►		
Sec	tion C. Computation of Public Sup								
14	Public support percentage for 2020 (li					14	99.80%		
15	Public support percentage from 2019		•			15	95.70 <b>%</b>		
16a	331/3% support test - 2020. If the org	_							
_	box and <b>stop here.</b> The organization q								
b	331/3% support test - 2019. If the org								
	this box and <b>stop here.</b> The organization	•		•					
1/a	10%-facts-and-circumstances test - 2								
	10% or more, and if the organization						•		
	Part VI how the organization meets			J	•		hbourea		
<b>L</b>	organization						and line		
D		•							
	15 is 10% or more, and if the organizin Part VI how the organization meets								
	5			•	•				
18	organization								
10									
	instructions						· · · · · ·		

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 Page 3

#### 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	.,		, բ		,	
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees	Ç.,	(1,720.1	(1)	(,,	(3, 2223	(,,::::::
•	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						
3	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						
3	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						1
<i>r</i> a	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						1
С 8	Add lines 7a and 7b						
o	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	(0) = 0.10	(4, 24 )	(0, 2010	(4) = 2 + 2	(0, 2020	(-,
	Gross income from interest, dividends,						
	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						
_	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						
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	ion's firet secon	d third fourth	or fifth tax v	ar as a section	501(c)(3)
17	organization, check this box and <b>stop here</b> .	•			•		` ` ` ` _
Sec	tion C. Computation of Public Supp						
<u> 15</u>	Public support percentage for 2020 (line 8,			mn (f))		15	%
16	Public support percentage from 2019 Sche					16	<del>//</del>
	tion D. Computation of Investment					10	70
<del>360</del> 17	Investment income percentage for 2020 (lin			13 column (f))		17	%
18	Investment income percentage from 2019		•				<del></del>
	331/3% support tests - 2020. If the or					•	
134		_					
h	17 is not more than 331/3%, check this	-	-	•			
D	331/3% support tests - 2019. If the orga						
20	line 18 is not more than 331/3%, check		•	•			

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Schedule A (Form 990 or 990-EZ) 2020

#### **Supporting Organizations** Part IV

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

S

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 <b>Part VI</b> .	6		
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).	7		
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).	8		
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 <b>Part VI.</b>	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section	30		
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a		
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.)	10b		

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Schedule A (Form 990 or 990-EZ) 2020

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Schedul	e A (Form 990 or 990-EZ) 2020		F	⊃age <b>5</b>
Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	44=		
b	11c below, the governing body of a supported organization?  A family member of a person described in line 11a above?	11a 11b		
	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide</i>	110		
·	detail in <b>Part VI.</b>	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 officers, 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 <b>Part</b> VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Saction	on C. Type II Supporting Organizations	2		
Occin	on or Type in oupporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
·	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
•		2		
3	By reason of the relationship described in line 2, above, 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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ions).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			,
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (se	e instr	Yes	
2	Activities Test. Answer lines 2a and 2b below.		163	140
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> 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 line 2a, above, 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
	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? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," <i>describe in</i> <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2020

93-1163563 Schedule A (Form 990 or 990-EZ) 2020

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	ıs	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			in in <b>Part VI</b> ). See
	instructions. All other Type III non-functionally integrated supporting organization	zations r	must complete Sectio	ns A through E.
Se	ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
_8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Se	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
_	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
c	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):	1e		
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 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ection C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3		3		
4	Enter greater of line 2 or line 3.	4		
_		5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lv integra	ated Type III supporting	organization

Schedule A (Form 990 or 990-EZ) 2020

(see instructions).

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Page 7 Schedule A (Form 990 or 990-EZ) 2020

AGE WELL SENIOR SERVICES, INC.

<b>Part</b>	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Section D - Distributions							
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1			
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed				
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3			
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required - p		5				
6	Other distributions (describe in Part VI). See instructions.		6				
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which						
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2020 from Section C, line 6						
10	Line 8 amount divided by line 9 amount	10					
		/i)	(ii)		(iii)		

_10	Line 8 amount divided by line 9 amount		10	
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
С	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
C	Excess from 2018			
d	Excess from 2019			
<u>e</u>	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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AGE WELL SENIOR SERVICES, INC.

Schedule A (Form 990 or 990-EZ) 2020 Page 8

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 A (Form 990 or 990-EZ) 2020

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JSA

### **SCHEDULE D** (Form 990)

Department of the Treasury

# Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **Open to Public** Inspection

Internal Revenue Service Name of the organization Employer identification number

AGE	E WELL SENIOR SERVICES, INC.	93-1163563
Pa	organizations Maintaining Donor Advised Funds or Other Similar Fund	s or Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets h	neld in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control	
6	Did the organization inform all grantees, donors, and donor advisors in writing that gra	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or t	
	conferring impermissible private benefit?	
Pa	Int    Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education) Preserva	tion of a historically important land area
		tion of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	_ 2a
b	Total acreage restricted by conservation easements	
С	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on	
	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or t	
	tax year	, ,
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, ins	pection, handling of
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enfor	cing conservation easements during the year
	<b>&gt;</b>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforci	ng conservation easements during the year
	<b>&gt;</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of s	section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue	
	balance sheet, and include, if applicable, the text of the footnote to the organization's fir	ancial statements that describes the
	organization's accounting for conservation easements.	
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Collections of Art, Historical Treasures	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8	•
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its rev	enue statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, educat service, provide in Part XIII the text of the footnote to its financial statements that describ	es these items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue	
	art, historical treasures, or other similar assets held for public exhibition, education, or provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X	<b>&gt;</b> \$
2	If the organization received or held works of art, historical treasures, or other sim	lar assets for financial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	<b> ▶</b> \$

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

Schedule D (Form 990) 2020

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Schedule D (Form 990) 2020 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): а Public exhibition Loan or exchange program Scholarly research b Preservation for future generations C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 4 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . . No **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? X No Yes If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c Distributions during the year 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V **Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (c) Two years back (d) Three years back (a) Current year (b) Prior year (e) Four years back 696,257. 631,297. 513,884. 661,874. 696,800. Beginning of year balance . . . 100,000. 494,625. 125,000. c Net investment earnings, gains, 4,847. 85,376. 7,413. 7,299. 65,074. d Grants or scholarships . . . . . Other expenditures for facilities 384,625. 187,220. 97,916. 100,000. f Administrative expenses 816,673. 631,297. 696,257. 513,884. 661,874. g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Permanent endowment ▶ 100.0000 % Term endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes No organization by: 3a(i) Χ 3a(ii) Χ b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?......... Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Part VI Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated Description of property (a) Cost or other basis (b) Cost or other basis (d) Book value depreciation (investment) (other) 245,395 245,395. **1a** Land............ 1,790,320. 878,450 911,870. c Leasehold improvements 188,025 198,419. 10,394. d Equipment 1,167,659. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

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Schedule D (Form 990) 2020

Part VII Investments - Other Securities.			
	l "Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12	<u> </u>
(a) Description of security or category (including name of security)	<b>(b)</b> Book value	<b>(c)</b> Method of valuation: Cost or end-of-year market value	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) INVESTMENTS - FIDELITY	932.	FMV	
(B) PACIFIC CAPITAL INVESTMENTS	8,787,523.	FMV	
(C) CHARITABLE REMAINDER TRUSTS	265,834.	FMV	
(D) ENDOWMENT FUNDS	816,673.	FMV	
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	9,870,962.		
Part VIII Investments - Program Related. Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X, line 13	3.
(a) Description of investment	(b) Book value	(c) Method of valuation:	
		Cost or end-of-year market value	
<u>(1)</u>			
(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.	L !!\/a a!! a	Don't IV Jima 44 d. Con Forms 000 Port V. Jima 45	_
		, Part IV, line 11d. See Form 990, Part X, line 15	
	scription	(b) Book value	<u>e</u>
<u>(1)</u>			
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			
<u>(7)</u>			
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) I	ine 15 )	<b>•</b>	
Part X Other Liabilities.		, Part IV, line 11e or 11f. See Form 990, Part X,	
1. (a) Descrip	tion of liability	<b>(b)</b> Book value	e
(1) Federal income taxes	<u> </u>		
(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 .

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	le D (Form 990) 2020		Page <b>4</b>
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	า.	
1	Total revenue, gains, and other support per audited financial statements	1	25,966,395.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	142,478.
3	Subtract line 2e from line 1	3	25,823,917.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b.  1,548.		
а	investment expenses not included on Form 990, Fait viii, line 75		
b	Other (Describe in Part XIII.)	4c	1,548.
С 5	Add lines <b>4a</b> and <b>4b</b>	5	25,825,465.
Part		_	.,,
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	17,076,491.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	17,076,491.
3	Subtract line 2e from line 1	3	17,070,491.
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	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Add lines <b>4a</b> and <b>4b</b>	4c	
С 5	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ).	5	17,076,491.
Part	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F		
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	iation.	•
SEE	PAGE 5		

Schedule D (Form 990) 2020

#### 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, 2021 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, 2021. 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

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

AGE WELL SENIOR SERVICES, INC.

93-1163563

Page 5

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.

Schedule D (Form 990) 2020

JSA

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### **SCHEDULE J** (Form 990)

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

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

Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. **Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

AGE WELL SENIOR SERVICES, INC.

Employer identification number 93-1163563

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1b		
2	explain	10		
2	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
_				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

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

Schedule J (Form 990) 2020

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Schedule J (Form 990) 2020 Page 2

### 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) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and (D) Nontaxable		(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
STEVE MOYER	(i)	172,021.	0.		0.	8,003.	184,224.	
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) 2020

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Schedule J (Form 990) 2020 Page 3

### 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 J (Form 990) 2020

### **SCHEDULE 0** (Form 990 or 990-EZ)

#### 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization

AGE WELL SENIOR SERVICES, INC.

Employer identification number 93-1163563

FORM 990, PART III, PG. 2 LINE 4D:

PROVIDED 2,362 HOURS OF CASE MANAGEMENT AND 1,938 HOURS OF IN-HOME SUPPORTIVE SERVICES TO 359 ELDERLY THROUGH THE CASE MANAGEMENT PROGRAM EXPENSES \$ 275,810. 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.

JOSEPH MCKNIGHT, A BOARD MEMBER OF AGE WELL SENIOR SERVICES, INC PRESENTS

A CONFLICT OF INTEREST AS HE ALSO SITS IN THE BOARD OF VINCE FERRAGAMO

FAMILY SOLUTIONS.

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.

Schedule O (Form 990 or 990-EZ) 2020 Page **2** 

Name of the organization

AGE WELL SENIOR SERVICES, INC.

Employer identification number

93-1163563

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

**CONSULTANTS:** 

PROGRAM SERVICE EXPENSES 258,199.

MANAGEMENT AND GENERAL EXPENSES 49,181.

FUNDRAISING EXPENSES 29,019.

TOTAL EXPENSES 336,399.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 336,399.

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

BREAK OUT OF PROGRAM CONSULTANT EXPENSES ARE AS FOLLOWS:

TRANSPORTATION 45,998

NUTRITION 129,399

CASE MANAGEMENT 72,353

SENIOR CENTERS 10,449

TOTAL 258,199

FORM 990, PART XII, LINE 2C:

THE AUDIT COMMITTEE'S OVERSIGHT AND SELECTION PROCESS HAS NOT CHANGED

FROM PRIOR YEAR.

ATTACHMENT 1

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

THE PURPOSE OF THE ORGANIZATION IS TO BE A SERVICE PROVIDER, A

COMMUNITY RESOURCE, A CONSUMER ADVOCATE, AND A PROMOTER OF THE

GENERAL WELFARE OF SENIOR CITIZENS IN SOUTH ORANGE COUNTY,

CALIFORNIA. THE ORGANIZATION'S MISSION IS TO PROMOTE, ADOVOCATE &

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

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020 Page **2** 

Name of the organization

Employer identification number

AGE WELL SENIOR SERVICES, INC. 93-1163563

ATTACHMENT 2

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

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

MATTHEW OZUROVICH CFO SERVICES 115,750.

30211 AVENIDA DE LAS BANDERAS SUITE 200 RANCHO SANTA MARGARITA, CA 92688

Schedule O (Form 990 or 990-EZ) 2020

JSA

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