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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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



B Check CName of organization D Employer identification number Sector SENIOR COMMUNITY SERVICES 41-0720473 Doing business as Doing business as Roomsuite E Telephone number Number of store (or PL). bus if mail is not delivered to street address) Roomsuite E Telephone number 10201 WAYZATA BOULEVARD 335 Goodereduits 2,122,098. H(a) Is this a group return City or town, state or province, country, and zIP or foreign postal code H(a) Is this a group return Tax exempt status: Sint AS C ABOVE H(b) Are ita acceleatis is a group return to subordinates? We [X] No I Tax exempt status: Sint AS C ABOVE Sint AS C ABOVE H(b) Are ita acceleatis is index of legal domicile: MN Particular Sint AS C ABOVE Form of organization: X Loparation: X Loparation: X Loparation: X Loparation: Yes (Sint No 1 Briefly describe the organization inscion or most significant activities: SEE SCHEDULE O If the organization discontinued its operations or disposed of more than 25% of its net assets. 0.004 2 Oncek this box imail is not deliver of Part VII, loolum (O, line 12 Ta Image of organization discontinued its operations or disposed of more than 25% of its net assets. 0.00. 3 contrib	ΑΙ	For the	e 2021 calendar year, or tax year beginning an	d ending		
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Image: State of province, country, and ZIP or foreign postal code [335] 952-541-1019 City or town, state or province, country, and ZIP or foreign postal code G. Gross recepts 3 2,122,098. MinNETCONKCA, MN 55305 FName and address or principal officer: DEBORAH TAYLOR H(a) Is this a group return for subordinates? Yes No I Tax-exempt status: [X] 501(c)(3) 501(c)(.) (insert no.) 4947(a)(1) or 527 H(b) Is this a group return for subordinates? Yes No J Website: ▶ WWN, SENIORCOMMUNITY.ORG H(c) Group exemption number ▶ H(c) Group exemption number ▶ Z Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 200 3 Number of independent voting members of the governing body (Part VI, line 1a) 4 200 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 6 2004 6 Contributions and grants (Part VIII, column (C), line 12 7a 0. 0. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 32, 515. 17, 422. 10 ther revenue (Part VIII, column (A), lines 4, and 7d) 32, 515. 17, 422. 11 Other revenue (Part VIII, column (A), lines 13, 4, and 7d) 32, 515.			Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
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In Revenue less expenses. Subtract line 18 from line 12 258, 136. -3, 207. Image: Strength of Current Year End of Year End of Year Image: Strength of Current Year 2, 752, 952. 2, 408, 257. Image: Strength of Current Year 341, 050. 96, 793. Image: Strength of Year 2, 411, 902. 2, 311, 464.	ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 2,752,952. 2,408,257. 21 Total liabilities (Part X, line 26) 341,050. 96,793. 22 Net assets or fund balances. Subtract line 21 from line 20 2,411,902. 2,311,464.		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,938,306.	
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2,411,902. 2,311,464.	OC S			Be		
2,411,902. 2,311,464.	sets	20	Total assets (Part X, line 16)			
	it As				341,050.	
Part II Signature Block	ER.				2,411,902.	2,311,464.

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

Sign Here	Signature of officer DEBORAH TAYLOR, CHIEF	EXECUTIVE OFFICER	Date	
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date Check X	PTIN
Paid	LAWRENCE H. MOHR, CPA	LAWRENCE H. MOHR,	, CP 08/30/22 self-employed P	00447603
Preparer	Firm's name BAKER TILLY US ,	LLP	Firm's EIN ► 39-	0859910
Use Only	Firm's address 🖕 225 S 6TH ST #23	300		
	MINNEAPOLIS, MN	55402	Phone no. 612.8	76.4500
May the I	RS discuss this return with the preparer shown ab	ove? See instructions		X Yes No
132001 12-0	2-21 LHA For Paperwork Reduction Act Not	ice, see the separate instructions	S.	Form 990 (2021)

Par	rt III 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:
	INNOVATE AND DELIVER SERVICES THAT MEET THE CHANGING NEEDS OF OLDER
	ADULTS AND THEIR CAREGIVERS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
-	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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 \$ 1,014,816. including grants of \$) (Revenue \$ 387,233.
Ĩ	HOUSEHOLD & OUTSIDE MAINTENANCE (HOME) PROGRAM:
	THE HOME PROGRAM PROVIDED 1,468 SENIORS WITH QUALITY CHORE AND
	HOMEMAKER SERVICES FROM MINOR HOME REPAIRS AND PAINTING TO YARD
	MAINTENANCE, SNOW REMOVAL, HOME SAFETY ASSESSMENTS, AND TECHNOLOGY
	SUPPORT. WE WELCOME ALL INCOME LEVELS AND SENIORS ARE NEVER TURNED AWAY
	BASED ON INABILITY TO PAY. THESE SERVICES ARE PROVIDED BY TRUSTED AND
	DEDICATED STAFF AND VOLUNTEERS. BACKGROUND CHECKS ARE CONDUCTED ON ALL
	FIELD STAFF AND VOLUNTEERS. WE TRY TO PAIR EACH RESIDENT WITH THE SAME
	WORKERS AND VOLUNTEERS OVER TIME TO FACILITATE ENGAGING COMMUNITY
	RELATIONSHIPS. WE OFFER TECHNOLOGY SUPPORT AS PART OF THE HOME PROGRAM.
	OUR GOALS FOR THIS SERVICE INCLUDE HELPING TO CONNECT OLDER ADULTS TO
	THEIR LOVED ONES, TAKING ADVANTAGE OF ENTERTAINMENT OPTIONS, FINDING
	· · · · ·
4b	(Code:) (Expenses \$550,868. including grants of \$) (Revenue \$)
	SENIOR OUTREACH & CAREGIVER SERVICES PROGRAMS:
	THESE PROGRAMS HELPED 3,273 SENIORS AND THEIR CAREGIVERS AGE WELL IN
	PLACE, WITH HEALTH, SAFETY, AND DIGNITY. WE ASSIST CLIENTS TO CONNECT
	WITH OTHER HELPFUL RESOURCES, LOCATE HOUSING ALTERNATIVES, AND PLAN FOR
	FUTURE NEEDS. AND WHEN INDIVIDUAL HEALTHCARE COVERAGE CAN NO LONGER
	FUND NEEDED SERVICES, WE PROVIDE A SAFETY NET SEAMLESSLY CONTINUING THE
	CASE MANAGEMENT AND CARE COORDINATION FOR THE MOST VULNERABLE.
	CAREGIVER SERVICES MEETS FAMILIES AT THE POINT OF THEIR GREATEST NEEDS.
	STAFF BRINGS SUPPORTIVE COUNSELING AND CAREGIVER SERVICES AND
	COORDINATION TO INDIVIDUAL CAREGIVERS AND FAMILIES, TO MAINTAIN A
	HEALTHY BALANCE IN THEIR LIVES. WE PROVIDE CAREGIVER COACHING AND
	CONSULTATION, FAMILY MEETING FACILITATION, FREE CAREGIVER SUPPORT
4c	(Code:) (Expenses \$288,939. including grants of \$) (Revenue \$)
	SENIOR CENTERS:
	SENIOR COMMUNITY SERVICES PROVIDED STAFF AND PROGRAMMING FOR FOUR
	AFFILIATED SENIOR CENTERS THAT SERVED 8,863 OLDER ADULTS. BY
	PARTNERING WITH SENIOR COMMUNITY SERVICES, THESE SENIOR CENTERS ARE
	ABLE TO RECEIVE A WIDE ARRAY OF SUPPORTS, WHILE MAINTAINING THEIR
	ABILITY TO MEET THE UNIQUE NEEDS OF THEIR CLIENTS. EACH CENTER KEEPS
	OLDER ADULTS ENGAGED, HEALTHY AND ACTIVE IN THE COMMUNITY THROUGH A
	VARIETY OF INTELLECTUAL, SOCIAL AND PHYSICAL ACTIVITIES INCLUDING ART,
	FITNESS AND EDUCATIONAL CLASSES, CARD AND GARDEN CLUBS, COMMUNAL
	DINING, DAY TRIPS, BLOOD PRESSURE CHECKS AND OTHER HEALTH SERVICES.
	SERVICE AREA: HENNEPIN AND WRIGHT COUNTIES.
4d	Other program services (Describe on Schedule O.)
4 -	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 1,854,623.
4e	
	Form 990 (202 SEE SCHEDULE O FOR CONTINUATION(S)
	2 12-09-21 SEE SCHEDULE O FOR CONTINUATION(S)

Form	990	(2021)	
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Form 990 (2021) SENIOR COMMUNITY SERVICES Part IV Checklist of Required Schedules Services

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X
5	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		- 23
10		10		х
11	or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X
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 foreign investments valued at \$100,000			v
46	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<u>X</u>
15		15		х
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		- 23
10		16		х
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		- 23
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Х
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Form	990	(2021)
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	(gambling) winnings to prize winners?	1c		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 31			
			Yes	No
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
Par			•	
	Note: All Form 990 filers are required to complete Schedule O	38	х	
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 37		<u> </u>
31		37		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
30		36		x
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
a	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)2. If "Yes." complete School 2. Dest V line 2.	35b		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
25 0	Part V, line 1	34		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
00	Schedule N, Part II	32		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			- -
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
	contributions? If "Yes," complete Schedule M	30		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
	"Yes," complete Schedule L, Part IV	28c		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	"Yes," complete Schedule L, Part IV	28a		x
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	instructions for applicable filing thresholds, conditions, and exceptions):			
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part II	26		x
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	Schedule L. Part I	25b		x
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			<u> </u>
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u>u</u>		<u> </u>
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		<u> </u>
C	any tax-exempt bonds?	24c		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		<u> </u>
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	Schedule J	23		X
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
			Yes	No

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Form	990 (2021) SENIOR COMMUNITY SERVICES 41-0720	473	Р	_{age} 5
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 95			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6.		x
h	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		
U	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		1
7	Were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	00		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 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		<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
Ū	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. 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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the			
D				
~	organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b		
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the 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		x
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
132005	12-09-21 6	Form	990	(2021)

Form 990	(2021)
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Form	990 (2021) SENIOR COMMONITY SERVICES		41-0/20			age C
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below, and for a	"No" ı	respon	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion 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	20			
	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	20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	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					
	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 99	0 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse			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 app					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockho	lders, 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					
а	The governing body?	-		8a	Х	
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 reach					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue	Code.)			
			,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha					
	and branches to ensure their operations are consistent with the organization's exempt purposes?	·		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es." d	escribe			
	on Schedule O how this was done	'		12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-				
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b		X
	If "Voe" to line 15e or 15h describe the process on Schodule O. See instructions					

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a **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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed MM

18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available			
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial			

			(e el gainzan	gir india ing g		 ,	 	P	, ee, , e	 ~
	statements availa	able to the	public	during the	e tax yea	ar.							
~	<u> </u>											•	

	DON WALETZKO - 952-767-7885	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	▶

	10201	WAYZATA	BOULEVARD,	SUITE	335,	MINNETONKA,	MN	55305	
132006	12-09-21								Form 990 (2021)

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensate
	Employees, and Independent Contractors

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

(D)

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

 (\mathbf{n})

(D)

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

(. .

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

(A)	(C)						(D)	(E)	(F)			
Name and title	Average	(do	not cl		itior		one	Reportable	Reportable	le Estimated		
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of		
	week		cer an	aaa	Irecto	or/trus	tee)	from	from related	other		
	(list any	recto						the	organizations	compensation		
	hours for	or di	æ			ated		organization	(W-2/1099-MISC/	from the		
	related	ustee	truste		e	pens		(W-2/1099-MISC/	1099-NEC)	organization		
	organizations below	ual tr	ional		ploye	t com		1099-NEC)		and related organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) DON WALETZKO	40.00			0	×	Ξω	LL.					
CHIEF FINANCIAL OFFICER		1		х				100,140.	0.	29,330.		
(2) DEBORAH TAYLOR	40.00											
CHIEF EXECUTIVE OFFICER		1		х				104,086.	Ο.	17,616.		
(3) MARK HORNUNG	2.00											
PRESIDENT		Х		Х				0.	0.	0.		
(4) SUSAN HEICHERT	2.00											
1ST VICE PRESIDENT		Х		Х				0.	0.	0.		
(5) WALTER WHITE	2.00											
2ND VICE PRESIDENT		Х		Х				0.	0.	0.		
(6) LINDA BAUERMEISTER	2.00											
SECRETARY		х		Х				0.	0.	0.		
(7) BOB SANNERUD	2.00									-		
TREASURER		Х		Х				0.	0.	0.		
(8) THAD STANDLEY	2.00									•		
EXECUTIVE MEMBER-AT-LARGE		Х		Х				0.	0.	0.		
(9) JINAL SHAH	2.00								0	0		
EXECUTIVE MEMBER-AT-LARGE	1 00	Х		Х				0.	0.	0.		
(10) MATT BOCHNICEK	1.00			37					0	0		
PAST PRESIDENT (11) JOEL ACKERMAN	1.00	Х		Х				0.	0.	0.		
BOARD MEMBER	1.00	х						0.	0.	0.		
(12) GILLIAN BRENNAN	1.00	^						0.	0.	0.		
BOARD MEMBER	1.00	x						0.	0.	0.		
(13) JOHN FRASER	1.00	Δ						0.	0.			
BOARD MEMBER	1.00	х						0.	0.	0.		
(14) NICOLE GORMAN	1.00											
BOARD MEMBER		x						0.	0.	0.		
(15) JEFF HEDLUND	1.00											
BOARD MEMBER		x						0.	0.	0.		
(16) MARVIN D. JOHNSON	1.00											
BOARD MEMBER		х						0.	0.	0.		
(17) LAURIE LAFONTAINE	1.00											
BOARD MEMBER		Х						0.	0.	0.		
132007 12-09-21										Form 990 (2021)		

8

132007 12-09-21

Form 990 (2021)

	990 (2021) SENIOR CO	OMMUNITY	S	ER	VI	CE	IS			41-072	047	/3 I	-age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)			
	Name and title Average hours per week		nours per (do box week office				than o is both pr/trus	an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estima amoun othe	t of r
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)		from t from t organiza and rela organiza	he ation ated
	JOHN LAWSON	1.00	37						0	0			0
	D MEMBER WOODY LOVE	1.00	Х				-		0.	0	•		0.
	D MEMBER	1.00	х						0.	0			0.
	DANNY NADEAU	1.00									•		
BOAR	D MEMBER		х						0.	0	•		0.
(21)	CHRIS PEMANTELL	1.00											
	D MEMBER	1 00	Х						0.	0	•		0.
	SCOTT ZERBY D MEMBER	1.00	x						0.	0			0.
BUAR	J MEMDEK		^						0.	0	•		0.
											+		
	Subtotal								204,226.	0	_	46,9	
c d	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0.204,226.	0	_	46,9	$\frac{0.}{946.}$
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d at	oove	e) wh	o re	eceived more than \$100,	000 of reportable			2
•	Did the eventiation list on former officer							la : a				Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	-				-		Ŭ	nest compensated emp	-	2	3	x
4	For any individual listed on line 1a, is the su												
	and related organizations greater than \$150	,										4	X
5	Did any person listed on line 1a receive or a												
Sect	rendered to the organization? If "Yes." com ion B. Independent Contractors	plete Schedule	e J fe	or su	ich i	pers	ion .					5	X
1	Complete this table for your five highest control the organization. Report compensation for the organization for t									, 1	sation	n from	
	(A)	une calendar ye		nun	ig w				(B)			(C)	
	Name and business	address	NC	ONE	2				Description of s	ervices	Com	pensati	on
								_					
								-					
								-					
2	Total number of independent contractors (ii	•	ot lin	nitec	to		se lis	ted	above) who received mo	ore than			
	\$100,000 of compensation from the organiz										For	rm 990	(2021)

132008 12-09-21

Pa	rt VII	Statement of Rev	venue					
		Check if Schedule O c	contains a respo	onse or note to any li			(
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a b c d f g	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contri All other contributions, gifts, similar amounts not included Noncash contributions included in I	1b 1c 1d ibutions) 1e grants, and above 1f	28,076. 1,203,783. 438,940. \$				
<u>a ŭ</u>	h	Total. Add lines 1a-1f	<u></u>		1,670,799.			
				Business Code		420 205		
Program Service Revenue	b c d e	All other program service			429,205.	429,205.		
	g	Total. Add lines 2a-2f			429,205.			
	3 4	Investment income (includ other similar amounts) Income from investment o	ding dividends, i	interest, and	17,422.			17,422.
	5	Royalties	. <u></u>					
			(i) Rea		_			
	6a b c	Gross rents Less: rental expenses Rental income or (loss)	6a 6b 6c		-			
		Net rental income or (loss)	· · ·					
		Gross amount from sales of assets other than inventory	(i) Securi 7a	ities (ii) Other	-			
anı	b	Less: cost or other basis and sales expenses	7ь		_			
Revenue		Gain or (loss)	7c					
Re		Net gain or (loss)						
Other	8 a	Gross income from fundraisin including \$ 28 contributions reported on Part IV, line 18	6 , 076 . of line 1c). See	8a 4,672.				
	b	Less: direct expenses		8b 4,672.				
		Net income or (loss) from	•		0.			
		Gross income from gamin Part IV, line 19	-	9a	-			
		Less: direct expenses						
		Net income or (loss) from g Gross sales of inventory, le		es ▶				
		and allowances		10a	4			
		Less: cost of goods sold						
	С	Net income or (loss) from	sales of invento					
sn	11 a			Business Code				
neo	n a b							
ella wer	c							
Miscellaneous Revenue	d	All other revenue						
Σ		Total. Add lines 11a-11d		🕨				
	12	Total revenue. See instruction	ons		2,117,426.	429,205.	0.	17,422.
13200	9 12-09-	-21						Form 990 (2021)

SENIOR COMMUNITY SERVICES

Form 990 (2021)

10

Page **9**

41-0720473

Form 990 (2021)

SENIOR COMMUNITY SERVICES Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	CAPENSES
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
-	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	251,172.	222,484.	8,256.	20,432
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,094,662.	969,636.	35,980.	89,046
3	Pension plan accruals and contributions (include			T	
	section 401(k) and 403(b) employer contributions)	37,568.	33,278.	1,234.	3,056
9	Other employee benefits	130,886.	115,936.	4,303.	10,647
D	Payroll taxes	109,995.	97,432.	3,615.	8,948
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	79,219.	70,743.	3,248.	5,228
d	, , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,		101 050		
	column (A), amount, list line 11g expenses on Sch 0.)	126,151.	121,959.	10.004	4,192
2	Advertising and promotion	14,203.	2,591.	10,204.	1,408
3	Office expenses	51,173.	45,114.	438.	5,621
4	Information technology				
5	Royalties	05 217	66 244	15 041	2 7 2 2
6		85,317.	66,344.	15,241.	3,732
7					
3	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials	47,178.	30,337.	15,343.	1,498
9	Conferences, conventions, and meetings	Ψ/,⊥/ð•	30,337.	15,545.	1,490
0	Interest				
1	Payments to affiliates	50,089.	45,020.	759.	4,310
2 3	Depreciation, depletion, and amortization	17,349.	15,593.	263.	1,493
3 1	Insurance	1,J49•	13,393.	203.	1,493
r	above. (List miscellaneous expenses noi covered line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	EQUIPMENT RENTAL	19,188.	17,230.	293.	1,665
a b	PARTNER RECOGNITION	5,562.	5.	4,252.	1,305
c	MISCELLANEOUS EXPENSES	921.	921.		_,::::
d					
	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	2,120,633.	1,854,623.	103,429.	162,581
,	Joint costs. Complete this line only if the organization	, ,	,,		
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here The infollowing SOP 98-2 (ASC 958-720)				

11

132010 12-09-21

Form 990 (2021)

Form 990 (2021) Part X Balance Sheet SENIOR COMMUNITY SERVICES

41-0720473 Page 11

		Check if Schedule O contains a response or not	te to any	<u>r line in this Part X</u>			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			844,996.	1	795,063.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			364,092.	4	179,741.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ins		5	
	6	Loans and other receivables from other disquali	fied pers	sons (as defined			
		under section 4958(f)(1)), and persons described	d in sect	ion 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	_			27,780.	9	15,706.
	10a	Land, buildings, and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D	10a	347,323.			
	b	Less: accumulated depreciation		192,848.	100,381.	10c	154,475.
	11	Investments - publicly traded securities			1,209,656.	11	1,263,272.
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			206,047.	15	0.
	16	Total assets. Add lines 1 through 15 (must equ			2,752,952.	16	2,408,257.
	17	Accounts payable and accrued expenses			89,850.	17	96,793.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	—				20	
	21	Escrow or custodial account liability. Complete	Part IV c	of Schedule D		21	
ŝ	22	Loans and other payables to any current or forn	ner office	er, director,			
litie		trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	se perso	ins		22	
	23	Secured mortgages and notes payable to unrela	ated thire	d parties		23	
	24	Unsecured notes and loans payable to unrelate	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa	ayables t	o related third			
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X			
		of Schedule D		L	251,200.	25	0.
	26				341,050.	26	96,793.
		Organizations that follow FASB ASC 958, che	eck here				
čě		and complete lines 27, 28, 32, and 33.					0 1 1 0 0 5 1
llan	27			······ -	2,193,507.	27	2,143,951. 167,513.
Ba	28	Net assets with donor restrictions			218,395.	28	167,513.
pun		Organizations that do not follow FASB ASC 9	58, che	ck here 🕨 📃			
Ē		and complete lines 29 through 33.					
ts o	29	Capital stock or trust principal, or current funds				29	
Se	30	Paid-in or capital surplus, or land, building, or ea				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			0 414 000	31	0.011.161
Ne	32	Total net assets or fund balances			2,411,902.	32	2,311,464.
	33	Total liabilities and net assets/fund balances .			2,752,952.	33	2,408,257.

Form **990** (2021)

Form	990 (2021) SENIOR COMMUNITY SERVICES	41-07	20473	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,117	,42	26.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,120		
3	Revenue less expenses. Subtract line 2 from line 1	3			07.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,411	.,90	02.
5	Net unrealized gains (losses) on investments	5	36	5,34	48.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-133	3,5	79.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,311	.,40	54.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				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," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		. <u>3a</u>		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

Total

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.

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

OMB No. 1545-0047
2021

Open to Public Inspection

-

Name	ort	ne organization							
_				TY SERVICES					1-0720473
Par	וז	Reason for Public (charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The o	rgan	zation is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck only o	one box.)			
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	l)(A)(i).		
2		A school described in section	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	ernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 [Х	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	e general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Part	: II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
		university:							
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support fi	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	ifter June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functior	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section &	509(a)(2).	See section §	509(a)(3). (Check the box on
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	nization operated, si	upervised, or controlled I	by its supp	orted orga	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	ipporting
		organization. You must o	omplete Part IV, Se	ections A and B.					
b		Type II. A supporting org			ion with its	s supporte	d organizatio	n(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.	-				
с		Type III functionally inte	grated. A supporting	g organization operated i	in connect	ion with, a	and functional	ly integrate	d with,
		its supported organization						, 0	
d		Type III non-functionally	integrated. A supp	orting organization operation	ated in cor	nnection w	/ith its suppor	ted organiz	zation(s)
		that is not functionally int							
		requirement (see instructi			-		-		
е		Check this box if the orga						I, Type III	
		functionally integrated, or					JI / JI	, ,	
f	Ente	r the number of supported c	organizations	, , , , , , , , , , , , , , , , , , ,					
g	Pro	ide the following information							-
	() Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of	-	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)

SENIOR COMMUNITY SERVICES

41-0720473 Page 2

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.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1358214.	1213640.	1467452.	1793771.	1670799.	7503876.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge	1050014		4465450	1 - 0 0 1	1.650500		
	Total. Add lines 1 through 3	1358214.	1213640.	1467452.	1793771.	1670799.	7503876.	
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,						-1 0-0	
	column (f)						51,978.	
	Public support. Subtract line 5 from line 4.						7451898.	
	ction B. Total Support				(
	ndar year (or fiscal year beginning in) 🕨	(a) 2017 1358214.	(b)2018 1213640.	(c) 2019 1467452.	(d) 2020 1793771.	(e) 2021 1670799.	(f) Total 7503876 •	
	Amounts from line 4	1330214.	1213040.	140/452.	1/95//1.	10/0/99.	/5030/0.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	2 1 2 1	21 407	25 474	20 515	17 400	120 020	
	and income from similar sources	3,131.	31,487.	35,474.	32,515.	17,422.	120,029.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)						7602005	
	Total support. Add lines 7 through 10		<u> </u>			1	7623905.	
	Gross receipts from related activities,						,944,045.	
13	First 5 years. If the Form 990 is for the	-		-				
Sol	organization, check this box and stop ction C. Computation of Publi							
						44	97.74 %	
	Public support percentage for 2021 (I Public support percentage from 2020		•			14	<u>97.74</u> % 98.59 %	
	33 1/3% support test - 2021. If the o							
108	stop here. The organization qualifies							
F	33 1/3% support test - 2020. If the o		-			or more check thi	······································	
L.	and stop here. The organization gual							
17-	10% -facts-and-circumstances test	, ,				and line 1/ is 10% (
178	and if the organization meets the fact							
	meets the facts-and-circumstances te		-		•	•		
۲	10% -facts-and-circumstances test	-			-	7a, and line 15 is ⁻		
	more, and if the organization meets the	-						
	organization meets the facts-and-circl							
18	Private foundation. If the organization		•					
	Schedule A (Form 990) 2021							

132022 01-04-22

20	Private f	oundation
13202	3 01-04-22	

11070830	144198	65359
110/0000	T T	05555

Schedule A (Form 990) 2021 SENIOR COMMUNITY SERVICES 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	Stion A. Fublic Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that								
	are not an unrelated trade or bus- iness under section 513								
4	Tax revenues levied for the organ- ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Amounts from line 6	(,		(0/ 2010	(4) = = = = =	† `	-,	(1) 1010	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30, 1975								
c	Add lines 10a and 10b								
	Net income from unrelated business activities not included on 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	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,	
	check this box and stop here	-			-			►	
Sec	ction C. Computation of Publi	c Support Per	rcentage						
15	Public support percentage for 2021 (I	ine 8, column (f), c	livided by line 13,	column (f))		15			%
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16			%
	ction D. Computation of Inves					1 1			, -
	Investment income percentage for 20			ne 13. column (f))		17			%
18	Investment income percentage from					18			%
	33 1/3% support tests - 2021. If the						%. and line 17	7 is not	, 0
	more than 33 1/3%, check this box ar						.,	►	
h	33 1/3% support tests - 2020. If the	-	-				n 33 1/3% a	► ∟ nd	
	line 18 is not more than 33 1/3%, che	-							
20	Private foundation. If the organization			-			-		=
	23 01-04-22	an dia not check a	50× 011 inte 14, 13	a, or roo, oneok t				(Form 990) 2	021
10204									

SENIOR COMMUNITY SERVICES

Yes No

Part IV Supporting Organizations

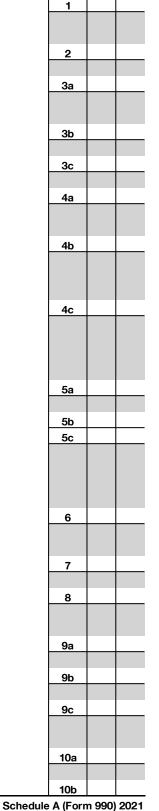
(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

17

132024 01-04-21



Schedule A (Form 990) 2021 SENIOR COMMUNITY SERVICES

1

2

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
с	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	<i>in</i> Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1		ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or 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 Part VI how the supported organization(s)
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove 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.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated.

supervised, or controlled the supporting organization.

Section C. Type in Supporting 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 Part VI how control						
	or management of the supporting organization was vested in the same persons that controlled or managed						

Se	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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 Part VI how			
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on 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 Part VI the role the organization's	2		
	supported organizations played in this regard	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a the year (see instructions).
-				

- a 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.*

c [The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instruction <u>s).</u>
------------	--	---	--

2 Activities Test. Answer lines 2a and 2b below.

the supported organization(s

- **a** 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 **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 132025 01-04-22

3b | | Schedule A (Form 990) 2021

2a

2b

3a

Yes No

11070830 144198 65359

18

Sche	dule A (Form 990) 2021 SENIOR COMMUNITY SERVI			41-0720473 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on l	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	1
Sect	ion 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		
Sect	ion 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		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Sect	ion 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	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting org	anization (see

Schedule A (Form 990) 2021

132026 01-04-22

instructions).

 Schedule A (Form 990) 2021
 SENIOR COMMUNITY SERVICES
 41-0720473
 Page 7

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

Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	s	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovido dotails in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
0	(provide details in Part VI). See instructions.	le organization is responsive		8	
9	Distributable amount for 2021 from Section C, line 6			9	
	<i>.</i>				
10	Line 8 amount divided by line 9 amount	(;)	(::)	10	(:::)
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
	From 2018				
	From 2019				
	From 2020				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
i					
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
7	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount Remainder. Subtract lines 4a and 4b from line 4.				
_					
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
е	Excess from 2021				

20

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021		COMMUNITY		41-0720473 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, 4b, lines 2 and 3; F	4c, 5a, 6, 9a, 9b, 9c Part IV, Section E, lir	, 11a, 11b, and 11c; Part les 1c, 2a, 2b, 3a, and 3b	10; Part II, line 17a or 17b; Part III, line 12; IV, Section B, lines 1 and 2; Part IV, Section C, ; Part V, line 1; Part V, Section B, line 1e; Part V, s part for any additional information.
	()				
132028 01-04-2	2			0.1	Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

41-0720473

ame of the organizatio	// 1		
	SENIOR	COMMUNITY	SERVICES

Organization type (check one):

0 11 (
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

41-0720473

SENIOR COMMUNITY SERVICES

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>222,690.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$42,950.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$195,527.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>4</u>		\$ <u>80,960.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>71,385.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>58,979.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Page **2**

24 2021.04021 SENIOR COMMUNITY SERVICES 65359_1

11070830 144198 65359

Name of organization

Page 2 Employer identification number

41-0720473

SENIOR COMMUNITY SERVICES

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$77,724.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>52,076.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$99,456.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d) Turne of contribution
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$122,610.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$ <u>251,200.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

11070830 144198 65359

Schedule B	(Form	990)	(202	1)
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Name of organization

Page 3

Employer identification number

41 - 0720473

SENIOR COMMUNITY SERVICES

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

26

Name of o	rganization			Employer identification number	
SENIO	R COMMUNITY SERVICES			41-0720473	
Part III	Exclusively religious, charitable, etc., contributor	a) through (e) and the following line	entry For organiza	, (8), or (10) that total more than \$1,000 for the year	
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additiona	charitable, etc., contributions of \$1,000	or less for the year.	(Enter this info. once.) *	
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
-					
		(e) Transfer of	gift		
	Transferee's name, address, a	and ZIP + 4	Relation	nship of transferor to transferee	
(-) N					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
Parti					
		(e) Transfer of	gift		
	-		Datation		
-	Transferee's name, address, a	and ZIP + 4	Relation	nship of transferor to transferee	
(a) No. from				(d) Description of how sift is hold	
Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
-		(e) Transfer of			
		(e) transfer of	gint		
	Transferee's name, address, and ZIP + 4		Relation	nship of transferor to transferee	
		[
(a) No					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	(e) Transfer of gift				
	Transferee's name, address, a		Relation	nship of transferor to transferee	

Schedule B (Form 990) (2021)

Department of the Treasury

Internal Revenue Service

(Form	990)
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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 Ĺ Open to Public Inspection

Name	of the organization SENIOR COMMUNITY SI	ERVICES			Employer identification number $41 - 0720473$
Par			er Similar Funds	s or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line				•
		(a) Donor ac	lvised 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 v	writing that the asset	s held in donor advi	ised fund	ls
	are the organization's property, subject to the organization's	•			
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor or	-	-		•
	impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·			
Par					
1	Purpose(s) of conservation easements held by the organization				
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of	of a histo	rically important land area
	Protection of natural habitat		Preservation of	of a certif	fied historic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation cor	tribution in the form	n of a cor	nservation 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				2b
с	Number of conservation easements on a certified historic stru	ucture included in (a)			2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and no	t on a historic struct	ture	
	listed in the National Register				2d
3	Number of conservation easements modified, transferred, rele				zation during the tax
	year 🕨				
4	Number of states where property subject to conservation eas	sement is located		_	
5	Does the organization have a written policy regarding the per	iodic monitoring, ins	pection, handling of	F	
	violations, and enforcement of the conservation easements it				
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violation	s, and enforcing cor	nservatio	n easements during the year
	•				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	d enforcing conserv	ation eas	sements during the year
	►\$				
8	Does each conservation easement reported on line 2(d) above				
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its r	evenue and expens	e stateme	ent and
	balance sheet, and include, if applicable, the text of the footn	ote to the organizati	on's financial staten	nents tha	at describes the
Der	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Listariaal'		ther C	milar Acceta
Par			reasures, or O	iner Si	imilar Assets.
	Complete if the organization answered "Yes" on Form				
1 a	If the organization elected, as permitted under FASB ASC 95	•			
	of art, historical treasures, or other similar assets held for pub	,	,		ice of public
	service, provide in Part XIII the text of the footnote to its finan				
b	If the organization elected, as permitted under FASB ASC 95				
	art, historical treasures, or other similar assets held for public	exhibition, educatio	n, or research in fur	therance	of public service,
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				x .
~					
2	If the organization received or held works of art, historical treation for the following the followi			al gain, p	provide
	the following amounts required to be reported under FASB A	-			
	Revenue included on Form 990, Part VIII, line 1				
	Assets included in Form 990, Part X				\$
	For Paperwork Reduction Act Notice, see the Instructions	5 IOF FORM 990.			Schedule D (Form 990) 2021
132051	10-28-21				

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1	01021	CENTOD	COM

Sche		COMMUNITY S					<u>41-07</u>			_{age} 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical	Treasures, or	Other	Similar	⁻ Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of	the following that	make sig	gnificant u	ise of its			
	collection items (check all that apply):									
а	Public exhibition	d	I 🗌 Loan oi	· exchange progra	m					
b	Scholarly research	e	Other_							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they furth	er the organization	n's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, historical	treasures, or other	r similar a	assets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organi	zation answered "`	Yes" on l	Form 990	, Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custodi	ian or other intermed	iary for contribu	itions or other asse	ets not ir	ncluded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									
			0					Amount		
с	Beginning balance					1c				
d	Additions during the year									
	Distributions during the year									
f	Ending balance					1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow	or custodial accou	int liabilit	ty?	🗆	Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete									
		(a) Current year	(b) Prior yea	ar (c) Two years	s back ((d) Three y	ears back	(e) Four	years	back
1 a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr			nn (a)) held as:						
a	Board designated or quasi-endowment		_%							
b	Permanent endowment	% %								
с	Term endowment The percentages on lines 2a, 2b, and 2c sho	- · -								
20	Are there endowment funds not in the posse	•	tion that are he	ld and administore	d for the	organiza	tion			
Ja	by:	ssion of the organiza	luon that are ne			e organiza		Г	Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 1 [.]	1a. See Form 990,	Part X, I	ine 10.				
	Description of property	(a) Cost or o basis (investn	. ,	Cost or other asis (other)	• •	cumulate preciation	d	(d) Bool	value	e
1a	Land									
b	Buildings									
с	Leasehold improvements			5,542.		5,24	45.		2	97.
d	Equipment			87,551.		44,92	23.	42	2,62	28.
<u>e</u>	Other			254,230.	1	.42,68	30.		.,5!	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part .	X. column (B), li	ne 10c.)				154	1,4'	75.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 SENIOR COMMUNITY	SERVICES
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Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	

(9)
Total (Column (b) must equal form 000 Port X, col (R) line 25)

Totai. (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

Schedule D (Form 990) 2021

X

132053 10-28-21

(6) (7)

Sche	dule D (Form 990) 2021 SENIOR COMMUNITY SERVICES			41-	0720473	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With	Revenue per Re			9
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	2,436	,798.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	36,348.			
b	Donated services and use of facilities	2b	411,931.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)		-128,907.			
е	Add lines 2a through 2d			2e	319	,372.
3	Subtract line 2e from line 1			3	2,117	,426.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,117	,426.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme		n Expenses per F	Returi	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	2,537	,236.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	411,931.			
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	4,672.			
е	Add lines 2a through 2d			2e		,603.
3	Subtract line 2e from line 1			3	2,120	<u>,633.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,120	,633.
Pa	t XIII Supplemental Information.					

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

PART X, LINE 2:

ACCOUNTING STANDARDS REQUIRE THE ORGANIZATION TO EVALUATE POSITIONS TAKEN
BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE
ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT
WOULD NOT BE SUSTAINED UPON EXAMINATION BY APPLICABLE TAX AUTHORITIES.
MANAGEMENT HAS ANALYZED TAX POSITIONS TAKEN BY THE ORGANIZATION, AND HAS
CONCLUDED THAT AS OF DECEMBER 31, 2021 AND 2020, THERE ARE NO UNCERTAIN
POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF
A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE
ORGANIZATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY
FEDERAL AND STATE AUTHORITIES. THE ORGANIZATION IS NOT CURRENTLY UNDER
EXAMINATION BY ANY TAXING JURISDICTION.
132054 10-28-21 Schedule D (Form 990) 2021

Schedule D				COMMUNITY	SERVICES
Part XIII	Supple	mental Inforr	nation (cont	inued)	

OTAL TO SCHEDULE D, PART XI, LINE 2D ART XII, LINE 2D - OTHER ADJUSTMENTS:	-133,579 -128,907
HANGE IN PENSION OBLIGATION OTAL TO SCHEDULE D, PART XI, LINE 2D ART XII, LINE 2D - OTHER ADJUSTMENTS:	-133,579 -128,907
OTAL TO SCHEDULE D, PART XI, LINE 2D	-128,907
ART XII, LINE 2D - OTHER ADJUSTMENTS:	
IRECT FUNDRAISING EVENT EXPENSES	4,672

132055 10-28-21

SCHEDULE G	CHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities					ities	OMB No. 1545-0047	
(Form 990)	Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.						or if the	2021
Department of the Treasury	Attach to Form 900 or Form 900 EZ							Open to Public
Internal Revenue Service	e Service Go to www.irs.gov/Form990 for instructions and the latest information.							Inspection
						Employer ide	entification number	
		Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	Z filers are not
	complete this part	t. sed funds through any of the followin	a activ	rities (Check all that apply			
a Mail solicitat					overnment grants			
b Internet and	email solicitations	s f Solicitat	tion of	gover	nment grants			
c Phone solici		g Special	fundra	lising	events			
d In-person so 2 a Did the organizatio		or oral agreement with any individual	(includ	lina of	ficers, directors, trus	tees.	or	
		art VII) or entity in connection with p				,	Yes	s 🗌 No
	•	viduals or entities (fundraisers) pursu	ant to	agreer	ments under which th	ne fur	ndraiser is to b	e
compensated at le	east \$5,000 by the	organization.			1			1
(i) Name and addres	s of individual	(ii) Activity		(iii) Did fundraiser (iv) Gross receipts		(v) Amount paid to (or retained by)		(vi) Amount paid
or entity (fund	draiser)			ustody trol of utions?	from activity	fundraiser listed in col. (i)	to (or retained by) organization	
			Yes	No				
		n is registered or licensed to solicit c	ontrib		or has been notified	itic	evernet from re	
or licensing.						11.13		
LHA For Paperwork Re	eduction Act Noti	ice, see the Instructions for Form 9	90 or	990-E	Ζ.		Schedul	e G (Form 990) 2021

132081 10-21-21

SENIOR COMMUNITY SERVICES

41-0720473 Page 2

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

		(a) Event #1 REIMAGINING AGING CONFER	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
1	Gross receipts	32,748.			32,748
2	Less: Contributions	28,076.			28,076
3	Gross income (line 1 minus line 2)	4,672.			4,672
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs	2,150.			2,150
7	Food and beverages	1,412.			1,412
8					1 1 1 0
9	Other direct expenses				1,110
10					4,672
<u> 11</u> art	III Gaming. Complete if the organization				
	\$15,000 on Form 990-EZ, line 6a.	answered res on onit	350, 1 art IV, inte 15, 011	eponed more than	
	••••••••••••••••••••••••••••••••••••••	()	(b) Pull tabs/instant		(d) Total gaming (ad
		(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (
			-		+ - ``
1	Gross revenue				
1	Gross revenue				
1					
1					
1 2 3	Cash prizes				
	Cash prizes				
	Cash prizes				
	Cash prizes Noncash prizes Rent/facility costs				
	Cash prizes	Yes %	Yes %	%	
	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	%	Yes% □%	Yes % □ No	
3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses				
3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	No		No	
3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	No	No	No	
3 4 5 6	Cash prizes	h 5 in column (d)	No	□ No ►	
. 3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	h 5 in column (d)	No	□ No ►	
3 4 5 6 7 8 Er	Cash prizes	h 5 in column (d)	□ No	□ No ►	
. 3 4 5 6 7 8 Er	Cash prizes	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these s	No No	□ No ►	Yes N
. 3 4 5 6 7 8 Er	Cash prizes	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these s	No No	□ No ►	Yes N
. 3 4 5 6 7 8 Er	Cash prizes	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these s	No No	□ No ►	Yes N
3 4 5 6 7 8 Er 1s 1s	Cash prizes	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these s	No No	No	
3 4 5 6 7 8 8 8 15	Cash prizes	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these s	states?	No	
3 4 5 6 7 8 Er Is	Cash prizes	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these s	states?	No	

132082 10-21-21

Schedule G (Form 990) 2021

Schedule G (Form 990) 2021	SENIOR CO	MMUNITY	SERVICES	41-0)720473 Page 3
11 Does the organization conduct g					
12 Is the organization a grantor, ber					
to administer charitable gaming?					Yes No
13 Indicate the percentage of gamir					
a The organization's facility					13 a %
b An outside facility					13b %
14 Enter the name and address of the					
Name 🕨					
Address 🕨					
15a Does the organization have a co	ntract with a third par	ty from whom	the organization receives gam	ing revenue?	Yes No
b If "Yes," enter the amount of gar	ning revenue received	d by the organi	zation 🕨 \$	and the amount	
of gaming revenue retained by th	ne third party 🕨 \$ _				
c If "Yes," enter name and address	s of the third party:				
Name					
Address 🕨					
16 Gaming manager information:					
Name >					
Gaming manager compensation	▶ \$				
Description of services provided	▶				
Director/officer	Employee		ndependent contractor		
			ndependent contractor		
17 Mandatory distributions:					
a Is the organization required under	er state law to make c	haritable distril	outions from the gaming proc	eeds to	
retain the state gaming license?					Yes No
b Enter the amount of distributions					
organization's own exempt activ					
			s required by Part I, line 2b, co		rt III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, a	as applicable. Also pro	ovide any addit	ional information. See instruct	ions.	
132083 10-21-21				Sched	ule G (Form 990) 2021
			35	Scheu	

11070830 144198 65359

Part IV	Supplemental Information	on (continued)		
				Schedule G (Form 990)
132084 11-18-2	21			

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

Name of the organization

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 Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



41-0720473

SENIOR COMMUNITY SERVICES

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ENGAGE THE COMMUNITY TO REIMAGINE AGING BY EMPOWERING OLDER ADULTS AND

THEIR CAREGIVERS TO LIVE LIFE TO THE FULLEST POTENTIAL.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AND USING HELPFUL FEATURES, AND MANAGING ONLINE SECURITY AND SAFETY.

SERVICE AREA: HENNEPIN, WRIGHT AND SHERBURNE COUNTIES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

GROUPS, RESOURCE ASSISTANCE AND EDUCATIONAL PRESENTATIONS. SERVICE

AREA: OLDER ADULTS IN SUBURBAN HENNEPIN COUNTY AND CAREGIVERS IN

HENNEPIN, CARVER, SCOTT AND WRIGHT COUNTIES.

CARENEXTION IS A FREE, SECURE ONLINE TOOL AND APP THAT PROVIDES CARE TEAMS OF FAMILIES AND FRIENDS WITH CENTRALIZED COMMUNICATION, INCLUDING TASK SCHEDULING & ASSIGNMENT, JOURNALING, AND LOCAL RESOURCES. SERVICE AREA: WORLDWIDE.

MEDICARE PARTNERS IS A STATEWIDE PROGRAM THAT HELPS LOW-INCOME MEDICARE RECIPIENTS BRIDGE THE GAP BETWEEN THEIR BURDENSOME MEDICAL BILLS AND MEDICARE COVERAGE. THANKS TO PARTNERSHIPS WITH MORE THAN 400 COMMUNITY MEDICAL PROVIDERS AND HEALTH SYSTEMS, A MEDICARE RECIPIENT'S CO-PAYS AND OUT OF POCKET EXPENSES ARE WAIVED. THESE PROVIDERS HAVE AGREED TO ACCEPT MEDICARE AS FULL PAYMENT. SERVICE AREA: MINNESOTA.

FORM 990, PART VI, SECTION A, LINE 1A:

Schedule O (Form 990) 2021	Page 2			
Name of the organization SENIOR COMMUNITY SERVICES	Employer identification number $41 - 0720473$			
THE EXECUTIVE COMMITTEE IS MADE UP OF EIGHT MEMBERS OF THE	BOARD OF			
DIRECTORS PLUS THE CEO. SECTION VII (COMMITTEES) OF THE BY	LAWS PROVIDES FOR			
THE EXECUTIVE COMMITTEE. THE BY-LAWS GIVE THE EXECUTIVE CO	MMITTEE FULL			
AUTHORITY TO ACT ON BEHALF OF THE BOARD OF DIRECTORS DURING THE INTERVALS				
BETWEEN BOARD MEETINGS.				

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

THE FORM 990 IS REVIEWED BY THE CFO AND CEO. IT IS ALSO PROVIDED TO AND REVIEWED BY THE FINANCE COMMITTEE AND THEN THE FULL BOARD OF DIRECTORS BEFORE IT IS FILED. THE FORM 990 IS ALSO DISCUSSED DURING MEETINGS OF THE BOARD OR THE RESPECTIVE COMMITTEES.

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

EACH BOARD MEMBER AND KEY MEMBERS OF MANAGEMENT SIGNS THE ORGANIZATION'S CONFLICT OF INTEREST POLICY ONCE A YEAR. IN ADDITION, A STANDARD AGENDA ITEM FOR ALL BOARD AND COMMITTEE MEETINGS IS TO ASK IF ANYONE HAS ANY CONFLICTS OF INTEREST WITH THE AGENDA. AN INTERESTED PERSON MAY MAKE A FACTUAL PRESENTATION AT THE BOARD OR COMMITTEE MEETING, BUT AFTER SUCH PRESENTATION, HE OR SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT THAT RESULTS IN THE CONFLICT OF INTEREST. AN INTERESTED PERSON SHALL NOT ACTIVELY PARTICIPATE IN THE DISCUSSION OF, OR VOTE ON, THE TRANSACTION OR ARRANGEMENT THAT RESULTS IN THE CONFLICT OF INTEREST, EITHER FORMALLY AT A BOARD OR COMMITTEE MEETING OR INFORMALLY THROUGH CONTACT WITH INDIVIDUAL BOARD OR COMMITTEE MEETING OR INFORMALLY THROUGH CONTACT WITH INDIVIDUAL BOARD OR COMMITTEE MEETING WHETHER A QUORUM IS PRESENT FOR THE BOARD OR COMMITTEE MEETING AT WHICH THE TRANSACTION OR ARRANGEMENT THAT RESULTS IN THE CONFLICT OF INTEREST IS TO BE VOTED UPON.

38

132212 11-11-21

41-0720473

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

THE COMPENSATION FOR THE CEO IS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE CONDUCTS A PERFORMANCE REVIEW, THEN USING A SALARY SURVEY OF THE TWIN CITIES FOR SIMILAR SIZED NON-PROFITS AND/OR OTHER FACTORS DECIDES UPON THE COMPENSATION LEVEL FOR THE NEXT BUDGET YEAR. ALL OTHER EMPLOYEES ARE COMPENSATED USING SIMILAR INFORMATION TO ESTABLISH RANGES FOR EACH POSITION, THEN, THE EXECUTIVE COMMITTEE APPROVES A COST OF LIVING INCREASE FOR ALL EMPLOYEES (EXCEPT FOR THE CEO) AND APPROVES IT WITH FINAL BUDGET APPROVAL.

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

SENIOR COMMUNITY SERVICES MAKES ITS ARTICLES OF INCORPORATION, BYLAWS,

CONFLICT OF INTEREST POLICIES AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN PENSION OBLIGATION

-133,579.

132212 11-11-21