



CITY OF RANCHO SANTA MARGARITA 2023-2024 COMMUNITY DEVELOPMENT BLOCK GRANT PUBLIC SERVICE GRANT APPLICATION

APPLICATION DUE DATE - 3:00 PM JANUARY 27, 2023

Submit 1 original application to:

Mike Linares
City of Rancho Santa Margarita
22112 El Paseo Rancho Santa Margarita CA 92688

**Also, submit this Application Form (MS Word format) by the due date/time to:
mlinares@cityofrsm.org**

Only complete applications will be considered. Use the checklist below to ensure your application package is complete. Ensure all required text fields and applicable boxes are completed or checked. Click on the appropriate box to insert text or checkmark; "Tab" from field to field to complete the application. Avoid hard returns within the text box. Narrative text fields are limited in space, so provide concise responses.

PLEASE DO NOT MODIFY THE APPLICATION FORM

Organization Legal Name: Age Well Senior Services, Inc.

Proposed Program Name: Care Management/In-Home services

CDBG Amount Requested: \$4,000

.... Application (including Attachment A: Proposed Budget & Attachment B: Proposed CDBG-Funded Personnel)

SUBMIT THE FOLLOWING MATERIALS AS PDF FILES COPIED TO A USB DATA STORAGE DEVICE

- Proposed Program Application or Intake Sheet
- IRS Tax-Exempt Documentation
- Current Board of Directors Roster
- Most Recent 990 Tax Filing (remove password protection)
- Most Recent Financial Statement & Audit (remove password protection)

Please do not submit testimonials, letters of support, or program literature.

APPLICANT GENERAL INFORMATION

A. Organization Legal Name: Age Well Senior Services, Inc.

B. Mailing Address: 23101 Lake Center Drive, Suite 325, Lake Forest, CA 92630

C. Proposed Program Name: Care Management/In-Home Services

D. Check the **ONE** category that best describes the proposed program

Youth Senior Disabled Adults Low/Mod General
 Homeless Fair Housing Housing

E. Is this application submitted by a faith-based organization? Yes No

F. Is this request for a New or Existing program?

G. Location of where service will be provided (i.e., specify if the program is citywide, a street address, a school site, etc.): Throughout Rancho Santa Margarita

H. Person to contact regarding this application:

Name: Jeff Hamaker Email Address: jhamaker@myagewell.org

Telephone: 949.855.8033 Fax: 949.855.8025

I. Federal Tax ID Number: 93-1163563 UEI Number: MFFWC2N

J. Organization officials that will execute the grant agreement (2 required):

Name: Steve Moyer Title: CEO

Name: Jaclyn Svensson Title: VP Communications & Operations

2. COMMUNITY NEED FOR PROGRAM

- A. Summarize the nature and need for the proposed program in RSM. Include information regarding the characteristics of persons to be served (e.g., age, disability, income situation, and other distinguishing characteristics) and data that supports the unmet need for the proposed program in RSM. The Age Well Senior Services, Inc. (Age Well) Care Management program helps seniors live independently in their own homes. Care Managers work with about 15 Rancho Santa Margarita seniors each year to help them develop and achieve short-term goals. Care Managers coordinate resources and make referrals to community-based services that support these goals. A care plan is developed that may include connecting a senior to health resources, obtaining a walker, making wellness calls, and more. Care Management participants may also be eligible for Age Well programs such as in-home supportive services, home-delivered meals, and medical transportation services that take seniors to their pharmacy or doctor's office. Care Managers meet with clients quarterly, typically in their homes, and follow up between meetings by phone. Rancho Santa Margarita residents 60 years of age and older are eligible to enroll in the Care management program. Typical participants are ages 80 and up; live on fixed incomes; suffer from chronic conditions; and do not drive. More than two-thirds are women and nearly two-thirds live alone.
- B. Discuss if other organizations provide a similar service to RSM residents and how the proposed program differs or augments these similar services. Explain why this program is cost-effective compared to similar services provided by another agency. Age Well Care Management services are specifically and exclusively tailored to seniors. Age Well Care Managers address a wide range of social, emotional, health, and material needs of importance to seniors. Age Well supports seniors as they pursue goals established in comprehensive, long-term care plans developed in collaboration with Care Managers. Other organizations may provide issue-specific assistance. We are not aware of other organizations providing comprehensive Care Management services to RSM seniors.

C. Provide the following information regarding the anticipated number of individuals to be served by the proposed program between **7/1/2023 and 6/30/2024**:

1. How many unduplicated individuals will benefit from the proposed activity **regardless of City of residence?** 230 Individuals
2. How many unduplicated RSM residents will the proposed activity assist? 15 Individuals
3. How many unduplicated lower-income RSM residents will the proposed activity assist with the requested CDBG funds? 15 Individuals

D. Provide a Performance Plan (Goals and Objectives) via a "breakdown" of the number of RSM residents to be served and the type of service(s) to be provided. Each resident serviced should be counted one time for the year and toward a single service category. See the sample below.

SAMPLE PERFORMANCE PLAN	
RSM Residents	Type of Service Provided
20	<i>Phone Referrals</i>
50	<i>Education / Outreach (community presentations, distribution of flyers, pamphlets, etc.)</i>
10	<i>Counseling Services</i>
5	<i>Direct Assistance (rental, transitional housing, legal services, emergency shelter, etc.)</i>
85	TOTAL

PROPOSED PERFORMANCE PLAN	
RSM Residents	Type of Service Provided
15	Care Management Services
15	TOTAL

E. From the list below, select one HUD-required "Objective" and one HUD-required "Outcome" that the proposed activity will address.

HUD Objectives

- Create a Suitable Living Environment: Activity designed to benefit the community, families, or individuals by addressing living environment issues.
- Provide Decent Affordable Housing: Housing activity designed to meet individual family or community housing needs.
- Create Economic Opportunities: Activity such as economic development or commercial revitalization that creates or expands job opportunities.

HUD Outcomes

- Availability/Accessibility: Services, infrastructure, housing, or shelter will be available/accessible to Low- & Moderate-Income people, including the disabled.
- Affordability: The activity will provide affordability for Low- & Moderate-Income people, including the creation/maintenance of affordable housing, basic infrastructure, or services.
- Sustainability (Promoting Livable or Viable Communities): The program/project will improve the community by making it livable or viable by providing benefits to Low/Moderate-Income people.

F. Regarding the "Outcome" selected above, describe how the success and effectiveness of proposed services will be measured. Include a definition of success/effectiveness, tools to measure program success/effectiveness, and the percentage of individuals to be served that will meet the success/effectiveness threshold. Discuss steps to implement performance measurements if outcome measurements are not in place. Program success is based on the ability of participants to live independently in their own homes. To evaluate the project, Care Managers maintain written care plans. Every three months Care Managers review the status of the client. They may make changes to a client's care plan, continue with the care plan, or discharge the client. The status is documented in the client's file and is tracked to determine if the client is able to continue to live at home. We survey clients to ensure their satisfaction with the program, and we sometimes get informal feedback from clients and their families.

3. ORGANIZATIONAL CAPACITY AND EXPERIENCE

A. Summarize your organization's experience in carrying out the proposed program. Include information regarding the length of time providing service, professional qualification of staff (include license, academic credentials, etc.), and other relevant information. Age Well Senior Services, Inc. is a 501(c)(3) Public Benefit Corporation and the largest nonprofit provider of comprehensive services for seniors in South Orange County. Age Well is one of two contractors designated by the County of Orange to provide Title III Nutrition & Social Services in Orange County. Services include home delivered and congregate meals, Care Management, in-home services, transportation, and health & wellness programs. Age Well has been providing Care Management services for South Orange County seniors since 1981. Services are provided by Age Well Care Management staff. Our Care Management program is supervised by Nadine Malasig, MSG. Care Managers are Patricia CaloPartch, Jesse Ruiz, and Tara Wright. Age Well also contracts with Judy Dahle, MS, MSG, RN for supplemental support and in cases where an RN is needed. Judy has provided Care Management services for Age Well for over 16 years.

B. Has your agency previously received CDBG funding from the City of RSM? Yes No

C. Summarize your organization's experience administering CDBG public service grant funds.

Name of City or County Providing Prior CDBG \$	Year Funds Received	CDBG Grant Amount	Program Funded
City of Lake Forest	2023	\$7,175	Care Management/In-Home Svcs
City of Mission Viejo	2023	\$6,000	Care Management/In-Home Svcs
City of San Clemente	2023	\$4,520	Care Management/In-Home Svcs

D. Are you requesting funding for this program from any other City or County?

Yes No If "Yes," from whom and how much?

City/County	Funding Source	Amount Requested
City of Lake Forest	CDBG	\$7,500
City of Mission Viejo	CDBG	\$6,000
City of San Clemente	CDBG	\$5,000

E. Will volunteers, donated goods/services, and/or fundraising activities be used to supplement the proposed program? Yes No Summarize these efforts. The Care Management program does not use volunteers because of HIPAA privacy concerns. Durable medical goods are sometimes donated and given to participants (walkers, etc.). Portions of fundraising activities support the Care Management program.

F. Compliance with OMB Circular A-133 (Single Audit):

1. In any one of the past 3 years, has your agency expended more than \$750,000 in federal funds during a fiscal year? Yes No
2. During this year(s), did your agency prepare a Single Audit compliant with OMB Circular A-133? Yes No If "Yes," provide a copy of the most recent Single Audit. If "No," explain why a Single Audit was not prepared. _____

4. PROGRAM INFORMATION AND BUDGET

A. Complete the following budget summary for the proposed program.

1. 2023-2024 CDBG Grant Funds Requested: \$4,000

2. Total 2023-2024 Program Budget: \$385,103

3. Total 2023-2024 Budget for all programs offered by your agency: \$9,116,014

B. Outline how requested CDBG funds will be utilized (e.g., staff salaries, benefits, program supplies, insurance, direct client assistance, etc.). Include information on how requested funds will directly benefit RSM residents. (Ensure that **Attachment A, "Proposed Program-Budget,"** reflects this outline.) Funding of \$4,000 from the City of Rancho Santa Margarita CDBG will be used to support a Care Manager salary for the purpose of providing direct service to RSM residents. Funds would support a Care Manager 5 to 6 hours per week to develop and implement individual care plans to meet RSM client needs. The Care Management program averages 14-16 RSM residents; CDBG funds would support enrollment of 15 eligible residents into the program. Administrative and fundraising costs will be absorbed through use of existing resources.

C. Provide the following information regarding full-time, part-time, contract, and volunteer staff that will be utilized to provide the proposed service. (If CDBG funds are requested for personnel costs, **Attachment B, "CDBG Funded Personnel,"** must be completed.)

Full-Time staff: 1

Part-Time staff: 0

Contract staff: 0

Program volunteers: 0

5. CLIENT INTAKE INFORMATION

A. HUD requires that each organization providing services to individuals with CDBG public service grant funds document the size, race/ethnicity, and income of assisted households.

Does the proposed program application/intake form collect this information?

Yes No

If "Yes," how is the information documented?

1. Self-Certification:
2. Analysis of household income documents such as tax returns/paychecks:

If "No," how will this information be collected and/or reported to the City? _____

*Note: Income documentation is not required but requested for "**presumed beneficiary**" category clients. Per HUD regulations, presumed beneficiaries include: abused children, seniors (over 62 years of age), battered spouses, severely disabled adults, homeless persons, illiterate persons, persons with HIV/AIDS, and migrant farmworkers. Documentation of "presumed beneficiary" status is required.*

B. Will the proposed program exclusively serve presumed beneficiaries?

Yes, the proposed activity No

If "Yes," list the category Seniors age 62+

6. CERTIFICATION

I hereby certify that I am authorized to submit this application for CDBG public service grant funding provided by the City of Rancho Santa Margarita ("City") by the Board of Directors of **Age Well Senior Services, Inc.** ("Applicant"). If grant funds are granted, funds will be used solely to benefit low- and moderate-income Rancho Santa Margarita residents. Applicant understands that general liability, auto liability insurance, and workers' compensation insurance are required and will be provided per a grant agreement to be executed between the City and the Applicant. Applicant understands that grant funds are provided on a reimbursement basis and will provide appropriate documentation to substantiate expenditures submitted for reimbursement. Grant funds will be administered according to this agreement and consistent with applicable federal regulations. If the Applicant fails to serve eligible Rancho Santa Margarita residents during the term of the contract or fails to substantially attain projected accomplishments (defined as at least 75% of the projected number of persons to be served), Applicant may be required to repay all or a portion of funds already disbursed to the Applicant by the City and/or forego receipt of additional grant funds. The Applicant also certifies that it complies with all local zoning/land use regulations and possesses all required licenses and permits to operate/provide the program.

Name: Steve Moyer

Title: CEO

ORIGINAL SIGNATURE/DATE ON FILE

Signature

Date

ATTACHMENT A
PROPOSED 2023-2024 PROGRAM BUDGET

BUDGET CATEGORY	CDBG FUNDS	OTHER FUNDS	TOTAL FUNDS
Agency Administration Staff Salaries & Benefits	\$	\$19,613.00	\$19,613.00
Program Staff Salaries & Benefits	\$4,000.00	\$194,313.00	\$198,313.00
Program Supplies	\$	\$6,000.00	\$6,000.00
Rent/Lease	\$	\$	\$
Communications	\$	\$	\$
Utilities	\$	\$	\$
Insurance	\$	\$	\$
Professional Services (Specify) In-home services	\$	\$138,046.00	\$138,046.00
Other (Specify) Audit, travel, payroll	\$	\$23,131.00	\$23,131.00
Other (Specify)	\$	\$	\$
Other (Specify)	\$	\$	\$
Other (Specify)	\$	\$	\$
TOTAL	\$4,000.00	\$381,103.00	\$385103

List Source of "Other" Program Funds

SOURCE OF OTHER PROGRAM FUNDS	AMOUNT OF OTHER PROGRAM FUNDS	ARE FUNDS ALREADY SECURED VIA CONTRACT?
County of Orange Title III	\$206,384.00	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
ARPA	\$82,486.00	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Cities	\$32,000.00	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Contract Services	\$3,000.00	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
TOTAL	\$323,870.00	

ATTACHMENT B
PROPOSED CDBG FUNDED PERSONNEL
(Only list staff for which CDBG funding is requested)

Not Applicable – no CDBG funding is requested for staff.

AGENCY ADMINISTRATION STAFF

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED To RSM CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

PROGRAM STAFF

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED To RSM CDBG ACTIVITY
Care Manager	\$49,920.00	\$3,744.00	\$53,664.00	\$4,000.00	15.63%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

PROGRAM CONTRACT STAFF

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED To RSM CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

CDBG Public Service Intake Form – Presumed Group: Elderly Persons

This program is funded by a federal grant and we are required to collect certain information for reporting purposes. **THIS INFORMATION IS CONFIDENTIAL** and will be used to compile statistical data only. Proof of address and age is required. Please provide a photocopy of a driver's license, identification card, birth certificate and/or utility bill to verify your current address and age. In the event that copies of these document(s) cannot be provided, you will be asked to present the required documentation to a representative of the program for verification. Please fill in the following information:

Name:	Date:
Address:	Phone:
City:	Zip:
Age:	Date of Birth:

1. Head of Household: Male Female
2. Disabled: Yes No
3. Number of people residing in your household: _____
4. List all members of your household and their relationship to you:

Members	Relationship to you
1.	
2.	
3.	

5. Ethnic Background: Hispanic Non-Hispanic
6. Racial Background (Check all that apply):

White		American Indian/Alaskan Native & White
Black/African American		American Indian/Alaskan Native & Black
Asian		Asian & White
American Indian/Alaskan Native		Black & White
Native Hawaiian/Pacific Islander		Other Multi-Racial

7. Annual Income (Check One): (Based on FY 2022 Median Family Income for the OC Area of \$119,100)

(1 person):	<input type="checkbox"/> \$0 - \$ 28,500	<input type="checkbox"/> \$ 28,501 - \$ 47,450	<input type="checkbox"/> \$ 47,451 - \$ 75,900	<input type="checkbox"/> \$ 75,901+
(2 people):	<input type="checkbox"/> \$0 - \$ 32,550	<input type="checkbox"/> \$ 32,551 - \$ 54,200	<input type="checkbox"/> \$ 54,201 - \$ 86,750	<input type="checkbox"/> \$ 86,751+
(3 people):	<input type="checkbox"/> \$0 - \$ 36,600	<input type="checkbox"/> \$ 36,601 - \$ 61,000	<input type="checkbox"/> \$ 61,001 - \$ 97,600	<input type="checkbox"/> \$ 97,601+

According to Title 18, Section 1001 of the U.S. Code, it is a felony for any person to knowingly and willingly make false or fraudulent statements to any department of the United States Government. I, the undersigned, hereby certify that all statements contained herein, are true and correct to the best of my knowledge and belief. I understand the information I provide in this certification is subject to verification, and I agree to provide necessary documentation if requested.

Under the penalty of perjury, I certify that the above information is true and correct

Applicant's Signature:	Date:
Agency's Approval:	Date:

Age Verification: The proposed program (case management) exclusively serves "presumed beneficiaries" --- seniors (over 62 years of age).

Driver's License ID Card Utility Bill Other _____

I certify that the documentation presented confirms the information provided on the intake form pertaining to residency and age.

Staff Signature: Date:

CINCINNATI OH 45999-0038

In reply refer to: 0248188074
Feb. 14, 2017 LTR 4168C 0
93-1163563 000000 00

00016124
BODC: TE

AGE WELL SENIOR SERVICES INC
% DR MARILYN L DITTY EX DIR
24461 RIDGE ROUTE DR STE 220
LAGUNA HILLS CA 92653

9837

Employer ID Number: 93-1163563
Form 990 required: YES

Dear Taxpayer:

This is in response to your request dated Feb. 03, 2017, regarding your tax-exempt status.

We issued you a determination letter in October 1999, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Section 509(a)(2).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).



A NONPROFIT SERVING ORANGE COUNTY'S SENIORS

Age Well Senior Services, Inc. Board of Directors 2022-2023

Brent Lauer, President
CEO, LBC Irwin-Titan Materials

Jan Gameroz, MSN, RN
MemorialCare Saddleback Medical Center
Manager, Community Relations

Joseph McKnight, Vice President
ECC Capital Corporation

Steve Moyer
CEO, Age Well Senior Services, Inc.

Ted Sanders, Treasurer
CPA, Retired

Rob Schaeffer
Hewlett Packard Enterprise
Vice President, US Reseller,

Ray Chicoine, Secretary
President, Monarch Healthcare

Bob Stegner
Sr. VP North American Marketing
Synnex Corporation

Bob Bates
Founding Principal, Bates|Lee Advertising

Anna T. Boyce, RN
Registered Nurse

Marlene Bridges
Owner, Village Real Estate Services, Inc

Form 8879-EO

IRS e-file Signature Authorization
for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning 07/01, 2020, and ending 06/30, 20 21

► Do not send to the IRS. Keep for your records.
► Go to www.irs.gov/Form8879EO for the latest information.

2020

Department of the Treasury
Internal Revenue Service

Name of exempt organization or person subject to tax

AGE WELL SENIOR SERVICES, INC.

Taxpayer identification number

93-1163563

Name and title of officer or person subject to tax

STEVE MOYER, CEO

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ► <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12).	1b 25825465.
2a Form 990-EZ check here ► <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9).	2b _____
3a Form 1120-POL check here ► <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22).	3b _____
4a Form 990-PF check here ► <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ► <input type="checkbox"/>	b Balance due (Form 8868, line 3c).	5b _____
6a Form 990-T check here ► <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4).	6b _____
7a Form 4720 check here ► <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1).	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize WITHUMSMITH+BROWN, PC to enter my PIN 9 2 6 1 8 as my signature
ERO firm name
Enter five numbers, but
do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ►

Date ► 05/16/2022

Part III Certification and Authentication

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

2 2 0 0 6 2 2 2 0 2

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► _____

Date ► 05/16/2022

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

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2020)

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.

OMB No. 1545-0047

2020

Open to Public
Inspection

A For the 2020 calendar year, or tax year beginning

07/01/2020, and ending

06/30/2021

B Check if applicable:		C Name of organization AGE WELL SENIOR SERVICES, INC.		D Employer identification number 93-1163563	
Address change		Doing business as		E Telephone number (949) 855-8033	
Name change		Number and street (or P.O. box if mail is not delivered to street address) 23101 LAKE CENTER DRIVE SUITE 325		Room/suite	
Initial return		City or town, state or province, country, and ZIP or foreign postal code LAKE FOREST, CA 92630		G Gross receipts \$ 25,853,138.	
Final return/terminated		F Name and address of principal officer: STEVE MOYER 23101 LAKE CENTER DRIVE SUITE 325, LAKE FOREST, CA 9		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amended return				H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Application pending				If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ► MYAGEWELL.ORG		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ► L Year of formation: 1995 M State of legal domicile: CA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROMOTE, ADVOCATE & IMPROVE THE QUALITY OF LIFE, DIGNITY & INDEPENDENCE OF THE ELDERLY.
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
3 Number of voting members of the governing body (Part VI, line 1a)	3 10.
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 10.
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5 85.
6 Total number of volunteers (estimate if necessary)	6 940.
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.

Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 6,804,399.	Current Year 25,793,594.
	9 Program service revenue (Part VIII, line 2g)	133,583.	0.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,181.	30,688.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,991.	1,183.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,944,154.	25,825,465.	

Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,631,817.	2,415,137.	
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
b Total fundraising expenses (Part IX, column (D), line 25) ► 140,031.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,116,448.	14,661,354.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,748,265.	17,076,491.	
19 Revenue less expenses. Subtract line 18 from line 12	195,889.	8,748,974.	

Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 4,482,199.	End of Year 12,648,554.
	21 Total liabilities (Part X, line 26)	3,206,448.	2,482,899.
22 Net assets or fund balances. Subtract line 21 from line 20	1,275,751.	10,165,655.	

Part II Signature Block

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

Sign Here	► Signature of officer	Date 05/16/2022
	► STEVE MOYER	CEO
	► Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name RICHARD L RUVELSON	Preparer's signature RICHARD L RUVELSON	Date 05/16/2022	Check <input type="checkbox"/> if self-employed	PTIN P00234075
	Firm's name ► WITHUMSMITH+BROWN, PC			Firm's EIN ► 22-2027092	
Firm's address ► 100 SPECTRUM CENTER DRIVE, STE 1000 IRVINE, CA 92618			Phone no. 949-261-2808		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2020)

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93-1163563

Form 990 (2020)

Page 2

Part 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:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 1,268,032. including grants of \$ _____) (Revenue \$ _____)

TRANSPORTATION SERVICES: PROVIDED TRANSPORTATION TO 20,499 MEDICAL APPOINTMENTS, ADULT DAY SERVICES, AND SENIOR CENTERS TO 1,708 CLIENTS.

4b (Code: _____) (Expenses \$ 14,717,885. including grants of \$ _____) (Revenue \$ _____)

TITLE III CONGREGATE MEALS/HOME DELIVERED MEALS: SERVED 1,448,891 HOME-DELIVERED MEALS TO 4,442 SENIORS/ELDERLY THROUGHOUT SOUTH ORANGE COUNTY.

4c (Code: _____) (Expenses \$ 165,392. including grants of \$ _____) (Revenue \$ _____)

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

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

(Expenses \$ 275,810. including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► 16,427,119.

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93-1163563

Form 990 (2020)

Page 3

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	X	
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.	X	
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.	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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	X	
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
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	X	
c Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	X	
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	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
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	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	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	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	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 or more? If "Yes," complete Schedule F, Parts I and IV	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
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	X	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
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	X	
21	X	

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93-1163563

Form 990 (2020)

Page 4

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	19
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0.
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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93-1163563

Form 990 (2020)

Page 5

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	85
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		
3a 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	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).	7a	X
a 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?	7b	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d If "Yes," indicate the number of Forms 8282 filed during the year	7e	X
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
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?	9a	
9 Sponsoring organizations maintaining donor advised funds.	9b	
10 Section 501(c)(7) organizations. Enter:	10a	
a Initiation fees and capital contributions included on Part VIII, line 12	10b	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11a	
11 Section 501(c)(12) organizations. Enter:	11b	
a Gross income from members or shareholders	12a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	12b	
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	13a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	13b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	13c	
a Is the organization licensed to issue qualified health plans in more than one state?	14a	X
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	14b	
c Enter the amount of reserves on hand	15	X
14 a Did the organization receive any payments for indoor tanning services during the tax year?	16	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
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?		
If "Yes," see instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		

Form 990 (2020)

PUBLIC INSPECTION COPY

Form 990 (2020)

AGE WELL SENIOR SERVICES, INC.

93-1163563

Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year **1a** 10

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.

1b Enter the number of voting members included on line 1a, above, who are independent **1b** 10

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? **2** X

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? **3** X

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? **4** X

5 Did the organization become aware during the year of a significant diversion of the organization's assets? **5** X

6 Did the organization have members or stockholders? **6** X

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? **7a** X

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? **7b** X

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body? **8a** X

b Each committee with authority to act on behalf of the governing body? **8b** X

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. **9** X

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

10a Did the organization have local chapters, branches, or affiliates? **10a** X

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? **10b**

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **11a** X

b Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** X

12a Did the organization have a written conflict of interest policy? If "No," go to line 13 **12b** X

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? **12c** X

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done **13** X

13 Did the organization have a written whistleblower policy? **14** X

14 Did the organization have a written document retention and destruction policy? **15** X

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? **15a** X

a The organization's CEO, Executive Director, or top management official **15b** X

b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). **16a** X

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? **16b**

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?

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website Upon request Other (explain on Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
MATTHEW OZUROVICH 24461 RIDGE ROUTE DR., SUITE 220 LAGUNA HILLS, CA 92653 949-498-0400

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93-1163563

Page 7

Form 990 (2020)

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEVE MOYER	40.00									
CEO	0.		X					176,221.	0.	8,003.
(2) MARILYN DITTY	1.00			X				146,783.	0.	1,911.
FOUNDER EMERITUS	0.									
(3) JACI SVENSSON	40.00			X				90,317.	0.	8,231.
VP OF OPERATIONS	0.									
(4) MARLENE BRIDGES	1.00	X	X					0.	0.	0.
PRESIDENT	0.									
(5) BRENT LAUER	1.00		X					0.	0.	0.
VICE PRESIDENT	0.									
(6) RAY CHICOINE	1.00		X	X				0.	0.	0.
SECRETARY	0.									
(7) TED SANDERS	1.00	X	X					0.	0.	0.
TREASURER	0.									
(8) ANNA T. BOYCE	1.00		X					0.	0.	0.
BOARD MEMBER	0.									
(9) LESLIE GIBOLA THRU 8/26/2020	0.		X					0.	0.	0.
BOARD MEMBER	0.									
(10) BOB BATES	1.00		X					0.	0.	0.
BOARD MEMBER	0.									
(11) JAN GAMEROZ	1.00		X					0.	0.	0.
BOARD MEMBER	0.									
(12) JOSEPH MCKNIGHT	1.00		X					0.	0.	0.
BOARD MEMBER	0.									
(13) ROB SCHAEFFER	1.00		X					0.	0.	0.
BOARD MEMBER	0.									
(14) BOB STEGNER	1.00		X					0.	0.	0.
BOARD MEMBER	0.									

Form 990 (2020)

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93-1163563

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

reportable compensation from the organization ► 2

	Yes	No
3		X
4	X	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

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Form 990 (2020)

AGE WELL SENIOR SERVICES, INC.

93-1163563

Page 9

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 256.				
	1b Membership dues	1b				
	1c Fundraising events	1c				
	1d Related organizations	1d				
	1e Government grants (contributions)	1e 24,130,864.				
	1f All other contributions, gifts, grants, and similar amounts not included above	1f 1,662,474.				
	1g Noncash contributions included in lines 1a-1f	1g \$				
	h Total. Add lines 1a-1f ►		25,793,594.			
Program Service Revenue	Business Code					
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f ►		0.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ►		31,787.		31,787.	
	4 Income from investment of tax-exempt bond proceeds . ►		0.			
	5 Royalties ►		0.			
	6a Gross rents	(i) Real 6a				
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss) ►		0.			
	7a Gross amount from sales of assets other than inventory	(i) Securities 7a 26,574.				
	b Less: cost or other basis and sales expenses . . .	7b 27,673.				
	c Gain or (loss)	7c -1,099.				
	d Net gain or (loss) ►		-1,099.			-1,099.
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a 0.				
	b Less: direct expenses	8b 0.				
	c Net income or (loss) from fundraising events ►		0.			
9a Gross income from gaming activities. See Part IV, line 19	9a 0.					
b Less: direct expenses	9b 0.					
c Net income or (loss) from gaming activities ►		0.				
10a Gross sales of inventory, less returns and allowances	10a 0.					
b Less: cost of goods sold	10b 0.					
c Net income or (loss) from sales of inventory ►		0.				
Miscellaneous Revenue	Business Code					
	11a OTHER INCOME	900099	1,183.		1,183.	
	b					
	c					
	d All other revenue					
e Total. Add lines 11a-11d ►		1,183.				
12 Total revenue. See instructions ►		25,825,465.			31,871.	

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Form 990 (2020)

AGE WELL SENIOR SERVICES, INC.

93-1163563 Page **10**

Part IX Statement of Functional Expenses

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

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

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

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AGE WELL SENIOR SERVICES, INC.

93-1163563

Form 990 (2020)

Page 11

Part X Balance Sheet

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

		(A) Beginning of year	(B) End of year
	1 Cash - non-interest-bearing	1,547,094.	1 948,386.
	2 Savings and temporary cash investments.	0.	2 0.
	3 Pledges and grants receivable, net	226,137.	3 115,000.
	4 Accounts receivable, net.	603,339.	4 537,769.
Assets	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5 0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6 0.
	7 Notes and loans receivable, net	0.	7 0.
	8 Inventories for sale or use	0.	8 0.
	9 Prepaid expenses and deferred charges	2,981.	9 270.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,234,134.	
	b Less: accumulated depreciation.	10b 1,066,475.	10c 1,167,659.
	11 Investments - publicly traded securities.	0.	11 0.
	12 Investments - other securities. See Part IV, line 11.	851,761.	12 9,870,962.
	13 Investments - program-related. See Part IV, line 11.	0.	13 0.
	14 Intangible assets	0.	14 0.
	15 Other assets. See Part IV, line 11	24,872.	15 8,508.
	16 Total assets. Add lines 1 through 15 (must equal line 33)	4,482,199.	16 12,648,554.
Liabilities	17 Accounts payable and accrued expenses.	827,611.	17 515,832.
	18 Grants payable	0.	18 0.
	19 Deferred revenue.	389,944.	19 2,500.
	20 Tax-exempt bond liabilities.	0.	20 0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21 0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22 0.
	23 Secured mortgages and notes payable to unrelated third parties	1,489,093.	23 1,919,146.
	24 Unsecured notes and loans payable to unrelated third parties.	499,800.	24 45,421.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25 0.
	26 Total liabilities. Add lines 17 through 25.	3,206,448.	26 2,482,899.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ► <input checked="" type="checkbox"/>		
	and complete lines 27, 28, 32, and 33.		
	27 Net assets without donor restrictions	29,300.	27 8,534,162.
	28 Net assets with donor restrictions.	1,246,451.	28 1,631,493.
	Organizations that do not follow FASB ASC 958, check here ► <input type="checkbox"/>		
	and complete lines 29 through 33.		
	29 Capital stock or trust principal, or current funds	29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.	30	
	31 Retained earnings, endowment, accumulated income, or other funds.	31	
	32 Total net assets or fund balances	1,275,751.	32 10,165,655.
	33 Total liabilities and net assets/fund balances	4,482,199.	33 12,648,554.

Form **990** (2020)

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AGE WELL SENIOR SERVICES, INC.

93-1163563

Form 990 (2020)

Page **12**

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	25,825,465.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,076,491.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,748,974.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,275,751.
5	Net unrealized gains (losses) on investments	5	142,478.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	-1,548.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	10,165,655.

Part XII Financial Statements and Reporting

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

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis

2b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis

2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

Form **990** (2020)

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**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.

OMB No. 1545-0047

2020Open to Public
Inspection

► Attach to Form 990 or Form 990-EZ.

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

Name of the organization

AGE WELL SENIOR SERVICES, INC.

Employer identification number

93-1163563

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
 10 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 f Enter the number of supported organizations
 g Provide the following information about the supported organization(s).

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

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AGE WELL SENIOR SERVICES, INC.

93-1163563

Schedule A (Form 990 or 990-EZ) 2020

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,361,478.	7,340,259.	5,184,692.	6,804,399.	25,793,594.	50,484,422.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	5,361,478.	7,340,259.	5,184,692.	6,804,399.	25,793,594.	50,484,422.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 Public support. Subtract line 5 from line 4						50,484,422.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	5,361,478.	7,340,259.	5,184,692.	6,804,399.	25,793,594.	50,484,422.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	15,880.	8,854.	17,418.	19,326.	31,787.	93,265.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	6,735.		1,866.		1,183.	9,784.
11 Total support. Add lines 7 through 10						50,587,471.
12 Gross receipts from related activities, etc. (see instructions)					12	1,733,675.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	99.80 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	95.70 %
16a 33 1/3 % support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here . The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>
b 33 1/3 % support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here . The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
b 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		► <input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2020

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AGE WELL SENIOR SERVICES, INC.

93-1163563

Schedule A (Form 990 or 990-EZ) 2020

Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
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						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6.						
10a 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						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization . ► <input type="checkbox"/>		
b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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AGE WELL SENIOR SERVICES, INC.

93-1163563

Schedule A (Form 990 or 990-EZ) 2020

Page 4

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

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AGE WELL SENIOR SERVICES, INC.

93-1163563

Schedule A (Form 990 or 990-EZ) 2020

Page 5

Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

- A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?
- A family member of a person described in line 11a above?
- A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **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.
- 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.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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 the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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?
- 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 the organization maintained a close and continuous working relationship with the supported organization(s).
- By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - The organization satisfied the Activities Test. Complete **line 2** below.
 - The organization is the parent of each of its supported organizations. Complete **line 3** below.
 - The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

	Yes	No
2a		
2b		

- Activities Test. **Answer lines 2a and 2b below.**
 - 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.
 - Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **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.
- Parent of Supported Organizations. **Answer lines 3a and 3b below.**
 - 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**.
 - 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.

	Yes	No
2a		
2b		
3a		
3b		

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AGE WELL SENIOR SERVICES, INC.

93-1163563

Schedule A (Form 990 or 990-EZ) 2020

Page **6**

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
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		
Section 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		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):	1e		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section 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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2020

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93-1163563

Schedule A (Form 990 or 990-EZ) 2020

Page 7

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

Schedule A (Form 990 or 990-EZ) 2020

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AGE WELL SENIOR SERVICES, INC.

93-1163563

Schedule A (Form 990 or 990-EZ) 2020

Page **8**

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

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service

Name of the organization

AGE WELL SENIOR SERVICES, INC.

OMB No. 1545-0047

2020**Open to Public
Inspection****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.

Employer identification number

93-1163563

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/>	Yes <input type="checkbox"/> No

Part II Conservation Easements.

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

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

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

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

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

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Schedule D (Form 990) 2020

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PAGE 26

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AGE WELL SENIOR SERVICES, INC.

93-1163563

Schedule D (Form 990) 2020

Page **2**

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a Public exhibition
b Scholarly research
c Preservation for future generations

d Loan or exchange program
e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	631,297.	513,884.	696,257.	661,874.	696,800.
b Contributions	100,000.	494,625.		125,000.	
c Net investment earnings, gains, and losses	85,376.	7,413.	4,847.	7,299.	65,074.
d Grants or scholarships					
e Other expenditures for facilities and programs		384,625.	187,220.	97,916.	100,000.
f Administrative expenses					
g End of year balance	816,673.	631,297.	513,884.	696,257.	661,874.

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

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► 100.0000 %

c Term endowment ► _____ %

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

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

(i) Unrelated organizations
(ii) Related organizations

Yes	No
3a(i)	X
3a(ii)	X
3b	

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		245,395.		245,395.
b Buildings		1,790,320.	878,450.	911,870.
c Leasehold improvements				
d Equipment		198,419.	188,025.	10,394.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ► 1,167,659.

Schedule D (Form 990) 2020

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AGE WELL SENIOR SERVICES, INC.

93-1163563

Schedule D (Form 990) 2020

Page 3

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) INVESTMENTS - FIDELITY	932.	FMV
(B) PACIFIC CAPITAL INVESTMENTS	8,787,523.	FMV
(C) CHARITABLE REMAINDER TRUSTS	265,834.	FMV
(D) ENDOWMENT FUNDS	816,673.	FMV
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	9,870,962.	

Part VIII Investments - Program Related.

Complete if the organization answered "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. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►		

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

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Schedule D (Form 990) 2020

PAGE 28

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AGE WELL SENIOR SERVICES, INC.

93-1163563

Schedule D (Form 990) 2020

Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	25,966,395.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	142,478.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	142,478.
3	Subtract line 2e from line 1	3	25,823,917.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,548.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	1,548.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	25,825,465.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	17,076,491.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses.	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	17,076,491.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	17,076,491.

Part 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.

SEE PAGE 5

Part XIII Supplemental Information (continued)

PART V, LINE 4:

THE PURPOSE OF THIS ENDOWMENT FUND IS TO OPERATE AND MAINTAIN THE FLORENCE SYLVESTER MEMORIAL SENIOR CENTER. CURRENTLY THE FLORENCE SYLVESTER MEMORIAL SENIOR CENTER IS FULLY OPERATIONAL AND REQUIRES FUNDING ONLY FOR DAY-TO-DAY UPKEEP AND STAFFING. TAKING ALL OF THE AFOREMENTIONED FACTORS INTO ACCOUNT, THE ORGANIZATION BELIEVES THAT THE \$631,297 BALANCE IN THE ENDOWMENT FUND AT JUNE 30, 2021 IS SUFFICIENT FUNDING TO SUBSIDIZE THE FLORENCE SYLVESTER MEMORIAL SENIOR CENTER FOR THE FORESEEABLE FUTURE.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND CORRESPONDING PROVISIONS OF THE CALIFORNIA REVENUE AND TAXATION STATUTE. HOWEVER, THE ORGANIZATION IS SUBJECT TO INCOME TAXES ON ANY NET INCOME THAT IS DERIVED FROM A TRADE OR BUSINESS, REGULARLY CARRIED ON, AND NOT IN FURTHERANCE OF THE PURPOSES FOR WHICH IT WAS GRANTED EXEMPTION. AS A MATTER OF COURSE, VARIOUS TAXING AUTHORITIES, INCLUDING THE IRS, HAVE THE AUTHORITY TO REGULARLY AUDIT THE ORGANIZATION. THERE WERE NO TAX YEARS OPEN TO EXAMINATION BY MAJOR TAX JURISDICTIONS AS OF JUNE 30, 2021. MANAGEMENT BELIEVES THAT THE ORGANIZATION'S TAX POSITIONS COMPLY WITH APPLICABLE TAX LAW AND HAS ADEQUATELY PROVIDED FOR THESE MATTERS. THE ORGANIZATION HAS ADOPTED THE PROVISIONS OF ACCOUNTING STANDARDS CODIFICATION ("ASC") 740-10-05 RELATING TO ACCOUNTING AND REPORTING FOR UNCERTAINTY IN INCOME TAXES. FOR THE ORGANIZATION, THESE PROVISIONS COULD BE APPLICABLE TO THE INCURRENCE OF ANY UNRELATED BUSINESS INCOME ATTRIBUTABLE TO THE ORGANIZATION. BECAUSE OF THE ORGANIZATION'S GENERAL

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Schedule D (Form 990) 2020

AGE WELL SENIOR SERVICES, INC.

93-1163563

Page 5

Part XIII Supplemental Information (continued)

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

SCHEDULE J
(Form 990)Department of the Treasury
Internal Revenue Service

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

AGE WELL SENIOR SERVICES, INC.

Employer identification number

93-1163563

Part I Questions Regarding Compensation

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

First-class or charter travel
 Travel for companions
 Tax indemnification and gross-up payments
 Discretionary spending account

Housing allowance or residence for personal use
 Payments for business use of personal residence
 Health or social club dues or initiation fees
 Personal services (such as maid, chauffeur, chef)

Yes	No

1b

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

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

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

Compensation committee Written employment contract
 Independent compensation consultant Compensation survey or study
 Form 990 of other organizations Approval by the board or compensation committee

2

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

a Receive a severance payment or change-of-control payment?
b Participate in or receive payment from a supplemental nonqualified retirement plan?
c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

4a X
4b X
4c X

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

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

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

5a X
5b X

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

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

6a X
6b X

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

7 X

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

8 X

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

9

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
STEVE MOYER 1 CEO	(i) 172,021.	(ii) 0.	(iii) 4,200.	(C) 0.	(D) 8,003.	(E) 184,224.	(F)
2	(i)						
3	(i)						
4	(i)						
5	(i)						
6	(i)						
7	(i)						
8	(i)						
9	(i)						
10	(i)						
11	(i)						
12	(i)						
13	(i)						
14	(i)						
15	(i)						
16	(i)						

Part III Supplemental Information

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

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

AGE WELL SENIOR SERVICES, INC.

Employer identification number

93-1163563

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

PROVIDED 2,362 HOURS OF CASE MANAGEMENT AND 1,938 HOURS OF IN-HOME
SUPPORTIVE SERVICES TO 359 ELDERLY THROUGH THE CASE MANAGEMENT PROGRAM
EXPENSES \$ 275,810. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

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

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

BOARD MEMBERS AND KEY EMPLOYEES ARE REQUIRED TO SUBMIT THE
ACKNOWLEDGEMENT OF UNDERSTANDING AND ACCEPTANCE OF THE POLICY BY SIGNING
A REPORT OF MATERIAL FACTS AND PERSONAL INTERESTS. THESE REPORTS ARE
REVIEWED BY THE BOARD TO RESOLVE ANY ACTUAL OR POTENTIAL CONFLICT.

JOSEPH MCKNIGHT, A BOARD MEMBER OF AGE WELL SENIOR SERVICES, INC PRESENTS
A CONFLICT OF INTEREST AS HE ALSO SITS IN THE BOARD OF VINCE FERRAGAMO
FAMILY SOLUTIONS.

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

THE CEO'S SALARY IS DETERMINED BY THE EXECUTIVE COMMITTEE. THE SALARIES
OF OTHER KEY EMPLOYEES ARE DETERMINED BY THE CEO.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) 2020

Page 2

Name of the organization

AGE WELL SENIOR SERVICES, INC.

Employer identification number

93-1163563

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

CONSULTANTS:

PROGRAM SERVICE EXPENSES	258,199.
MANAGEMENT AND GENERAL EXPENSES	49,181.
FUNDRAISING EXPENSES	29,019.
TOTAL EXPENSES	336,399.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	336,399.

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

BREAK OUT OF PROGRAM CONSULTANT EXPENSES ARE AS FOLLOWS:

TRANSPORTATION	45,998
NUTRITION	129,399
CASE MANAGEMENT	72,353
SENIOR CENTERS	10,449
TOTAL	258,199

FORM 990, PART XII, LINE 2C:

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

ATTACHMENT 1

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

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

PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) 2020

Page **2**

Name of the organization	Employer identification number
AGE WELL SENIOR SERVICES, INC.	93-1163563
ATTACHMENT 2	

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
MATTHEW OZUROVICH 30211 AVENIDA DE LAS BANDERAS SUITE 200 RANCHO SANTA MARGARITA, CA 92688	CFO SERVICES	115,750.

TAXABLE YEAR

2020

California Exempt Organization
Annual Information Return

FORM

199

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy)

07/01/2020

, and ending (mm/dd/yyyy)

06/30/2021

Corporation/Organization name

AGE WELL SENIOR SERVICES, INC.

California corporation number

1756287

Additional information. See instructions.

FEIN

93-1163563

Street address (suite or room)

23101 LAKE CENTER DRIVE SUITE 325

PMB no.

City

LAKE FOREST

Zip code

92630

Foreign country name

Foreign province/state/county

Foreign postal code

A First return Yes No
 B Amended return Yes No
 C IRC Section 4947(a)(1) trust Yes No
 D Final information return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy) _____
 E Check accounting method:
 (1) Cash (2) Accrual (3) Other
 F Federal return filed?
 (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series
 G Is this a group filing? See instructions Yes No
 H Is this organization in a group exemption Yes No
 If "Yes," what is the parent's name?

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. Yes No
 J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No
 K Is the organization exempt under R&TC Section 23701g? Yes No
 If "Yes," enter the gross receipts from nonmember sources \$ _____
 L Is the organization a limited liability company? Yes No
 M Did the organization file Form 100 or Form 109 to report taxable income? Yes No
 N Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
 O Is federal Form 1023/1024 pending? Yes No
 Date filed with IRS _____

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

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	<input checked="" type="checkbox"/> 1	59,544	00	
	2 Gross dues and assessments from members and affiliates	<input checked="" type="checkbox"/> 2		00	
	3 Gross contributions, gifts, grants, and similar amounts received.	ATCH 1	<input checked="" type="checkbox"/> 3	25,793,594	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3.		<input checked="" type="checkbox"/> 4	25,853,138	00
	This line must be completed. If the result is less than \$50,000, see General Information B				
	5 Cost of goods sold	<input checked="" type="checkbox"/> 5	00		
	6 Cost or other basis, and sales expenses of assets sold	<input checked="" type="checkbox"/> 6	27,673	00	
7 Total costs. Add line 5 and line 6	<input checked="" type="checkbox"/> 7	27,673	00		
8 Total gross income. Subtract line 7 from line 4	<input checked="" type="checkbox"/> 8	25,825,465	00		
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	<input checked="" type="checkbox"/> 9	17,076,491	00	
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	<input checked="" type="checkbox"/> 10	8,748,974	00	
	11 Total payments	<input checked="" type="checkbox"/> 11		00	
	12 Use tax. See General Information K	<input checked="" type="checkbox"/> 12		00	
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	<input checked="" type="checkbox"/> 13		00	
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	<input checked="" type="checkbox"/> 14		00	
	15 Penalties and Interest. See General Information J	<input checked="" type="checkbox"/> 15		00	
16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result	<input checked="" type="checkbox"/> 16		00		
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer ► STEVE MOYER	Title CEO	Date	• Telephone 949-498-0400	
Paid Preparer's Use Only	Preparer's signature ► RICHARD L RUVELSON	Date 05/16/2022	Check if self-employed ► <input type="checkbox"/>	• PTIN P00234075	
	Firm's name (or yours, if self-employed) and address ► WITHUMSMITH+BROWN, PC 100 SPECTRUM CENTER DRIVE, STE 1000 IRVINE, CA 92618			• Firm's FEIN 22-2027092	
				• Telephone 949-261-2808	
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

PUBLIC INSPECTION COPY

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

Receipts from Other Sources	1 Gross sales or receipts from all business activities. See instructions	● 1 00
	2 Interest	● 2 00
	3 Dividends	● 3 00
	4 Gross rents	● 4 00
	5 Gross royalties	● 5 00
	6 Gross amount received from sale of assets (See Instructions)	● 6 26,574 00
	7 Other income. Attach schedule	● 7 32,970 00
	8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	● 8 59,544 00
	9 Contributions, gifts, grants, and similar amounts paid. Attach schedule	● 9 00
	10 Disbursements to or for members	● 10 00
	11 Compensation of officers, directors, and trustees. Attach schedule	● 11 431,466 00
	12 Other salaries and wages	● 12 1,542,149 00
	13 Interest	● 13 52,821 00
	14 Taxes	● 14 251,110 00
	15 Rents	● 15 79,107 00
	16 Depreciation and depletion (See instructions)	● 16 69,726 00
	17 Other expenses and disbursements. Attach schedule	● 17 14,650,112 00
	18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	● 18 17,076,491 00

Schedule L Balance Sheet

		Beginning of taxable year		End of taxable year
	(a)	(b)	(c)	(d)
Assets				
1 Cash		1,547,094 .		● 948,386 .
2 Net accounts receivable		603,339 .		● 537,769 .
3 Net notes receivable		226,137 .		● 115,000 .
4 Inventories				●
5 Federal and state government obligations				●
6 Investments in other bonds				●
7 Investments in stock	ATCH 5	851,761 .		● 9,870,962 .
8 Mortgage loans				●
9 Other investments. Attach schedule				●
10 a Depreciable assets	2,234,134 .		2,234,134 .	
b Less accumulated depreciation	1,008,119 .	1,226,015 .	1,066,475 .	1,167,659 .
11 Land				●
12 Other assets. Attach schedule	ATCH 6	27,853 .		● 8,778 .
13 Total assets		4,482,199 .		12,648,554 .
Liabilities and net worth				
14 Accounts payable		827,611 .		● 515,832 .
15 Contributions, gifts, or grants payable				●
16 Bonds and notes payable		889,744 .		● 47,921 .
17 Mortgages payable		1,489,093 .		● 1,919,146 .
18 Other liabilities. Attach schedule				●
19 Capital stock or principal fund				●
20 Paid-in or capital surplus. Attach reconciliation				●
21 Retained earnings or income fund		1,275,751 .		● 10,165,655 .
22 Total liabilities and net worth		4,482,199 .		12,648,554 .

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000

1 Net income per books	● 8,608,044 .	7 Income recorded on books this year not included in this return. Attach schedule	ATCH 7
2 Federal income tax	●		● -140,930 .
3 Excess of capital losses over capital gains	●		
4 Income not recorded on books this year. Attach schedule	●		
5 Expenses recorded on books this year not deducted in this return. Attach schedule	●		
6 Total. Add line 1 through line 5	8,608,044 .	9 Total. Add line 7 and line 8	● -140,930 .
		10 Net income per return. Subtract line 9 from line 6	8,748,974 .

TAXABLE YEAR
2020**California e-file Return Authorization for
Exempt Organizations**

FORM

8453-EO

Exempt Organization name

AGE WELL SENIOR SERVICES, INC.

Identifying number

93-1163563

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	25,853,138.
2 Total gross income (Form 199, line 8)	2	25,825,465.
3 Total expenses and disbursements (Form 199, line 9)	3	17,076,491.

Part II Settle Your Account Electronically for Taxable Year 2020

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount _____	4b Withdrawal date (mm/dd/yyyy) _____
--	-----------------	---------------------------------------

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

5 Routing number _____	6 Account number _____	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
------------------------	------------------------	---

Part IV Declaration of Officer

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

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2020 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

**Sign
Here**

Signature of officer

05/16/2022

CEO

Title

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

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2020 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**ERO
Must
Sign**

ERO's signature	Date _____	<input type="checkbox"/> Check if also paid preparer	<input type="checkbox"/> Check if self-employed	ERO's PTIN _____
Firm's name (or yours if self-employed) and address				Firm's FEIN _____
				ZIP code _____

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

**Paid
Preparer
Must
Sign**

Paid preparer's signature	Date 05/16/2022	<input type="checkbox"/> Check if self-employed	Paid preparer's PTIN P00234075
Firm's name (or yours if self-employed) and address	Firm's FEIN 22-2027092		
WITHUMSMITH+BROWN, PC 100 SPECTRUM CENTER DRIVE, STE 10 IRVINE	ZIP code	CA	92618

PUBLIC INSPECTION COPY

AGE WELL SENIOR SERVICES, INC.

93-1163563

ATTACHMENT 2

PART II - OTHER INCOME

OTHER INCOME	1,183.
INVESTMENT INCOME	31,787.
TOTAL OTHER INCOME	<u>32,970.</u>

ATTACHMENT 3COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

<u>NAME</u>	<u>TITLE</u>	<u>COMPENSATION</u>
MARLENE BRIDGES	PRESIDENT	0.
BRENT LAUER	VICE PRESIDENT	0.
RAY CHICOINE	SECRETARY	0.
TED SANDERS	TREASURER	0.
ANNA T. BOYCE	BOARD MEMBER	0.
LESLIE GIBOLA THRU 8/26/2020	BOARD MEMBER	0.
BOB BATES	BOARD MEMBER	0.
JAN GAMEROZ	BOARD MEMBER	0.
STEVE MOYER	CEO	184,224.
JACI SVENSSON	VP OF OPERATIONS	98,548.
MARILYN DITTY	FOUNDER EMERITUS	148,694.
JOSEPH MCKNIGHT	BOARD MEMBER	0.
ROB SCHAEFFER	BOARD MEMBER	0.
BOB STEGNER	BOARD MEMBER	0.
TOTAL COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES		<u>431,466.</u>

PUBLIC INSPECTION COPY

AGE WELL SENIOR SERVICES, INC.

93-1163563

ATTACHMENT 4

PART II - OTHER EXPENSES

EMPLOYEE BENEFITS	190,412.
LEGAL EXPENSES	176,008.
ACCOUNTING EXPENSE	32,633.
OTHER FEES FOR SVCS	336,399.
ADVERTISING	19,293.
OFFICE EXPENSES	14,583.
TRAVEL EXPENSES	1,492.
CONFERENCES	1,706.
INSURANCE	137,523.
FOOD	13,180,476.
PROGRAM SUPPLIES	137,145.
VEHICLE OPERATION	166,821.
REPAIRS & MAINTENANCE	136,509.
TELEPHONE	41,064.
MISCELLANEOUS	11,659.
UTILITIES	16,174.
PAYROLL SERVICES	13,015.
DUES AND SUBSCRIPTIONS	17,030.
FUNDRAISING	20,170.
 TOTAL OTHER EXPENSES	 <u>14,650,112.</u>

PUBLIC INSPECTION COPY

AGE WELL SENIOR SERVICES, INC.

93-1163563

ATTACHMENT 5

SCHEDULE L - INVESTMENTS IN STOCK

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
INVESTMENTS - FIDELITY	570.	932.
PACIFIC CAPITAL INVESTMENTS		8,787,523.
CHARITABLE REMAINDER TRUSTS	219,894.	265,834.
ENDOWMENT FUNDS	631,297.	816,673.
TOTAL INVESTMENTS IN STOCK	<u>851,761.</u>	<u>9,870,962.</u>

PUBLIC INSPECTION COPY

AGE WELL SENIOR SERVICES, INC.

93-1163563

ATTACHMENT 6

SCHEDULE L - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
SECURITY DEPOSITS	24,872.	8,508.
PREPAID EXPENSES	2,981.	270.
TOTAL OTHER ASSETS	<u>27,853.</u>	<u>8,778.</u>

PUBLIC INSPECTION COPY

AGE WELL SENIOR SERVICES, INC.

93-1163563

ATTACHMENT 7

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

UNREALIZED GAIN ON INVESTMENTS	-142,478.
INVESTMENT FEES	1,548.
TOTAL INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED	<u>-140,930.</u>

STATE OF CALIFORNIA
RRF-1
(Rev. 02/2021)

DEPARTMENT OF JUSTICE
PAGE 1 of 5

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

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400

WEBSITE ADDRESS:
www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

(For Registry Use Only)

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

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

AGE WELL SENIOR SERVICES, INC.

Name of Organization

List all DBAs and names the organization uses or has used

23101 LAKE CENTER DRIVE SUITE 325

Address (Number and Street)

LAKE FOREST CA 92630

City or Town, State and ZIP Code

(949) 855-8033

Telephone Number

E-mail Address

Check if:

Change of address

Amended report

State Charity Registration Number 097183

Corporate or Organization No. 1756287

Federal Employer ID No. 93-1163563

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312) Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2020 ending 06/30/2021) list:

Total Revenue \$ (including noncash contributions) 25,825,465. Noncash Contributions \$ Total Assets \$ 12,648,554.

Program Expenses \$ 16,427,119. Total Expenses \$ 17,056,321.

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

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

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

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

STEVE MOYER

CEO

05/16/2022

Signature of Authorized Agent

Printed Name

Title

Date

GOVERNMENT AGENCY NAME	STREET ADDRESS	CITY, STATE AND ZIP CODE	CONTACT NAME	TELEPHONE
COUNTY OF ORANGE, OFFIC	1300 S. GRAND AVE. B	SANTA ANA, CA 92705-4407	ERICKA DANCZAK	714-480-645
CITY OF DANA POINT	34052 DEL OBISPO ROA	DANA POINT, CA 92629	SUE STEINRIEDE	949-248-350
CITY OF NEWPORT BEACH	P.O. BOX 1768	NEWPORT BEACH, CA 92658-1	JAMES CAMPBELL	949-644-314
CITY OF MISSION VIEJO	200 CIVIC CENTER MIS	VIEJO CA 92691	KELLY DOYLE	949-470-300
CITY OF LAKE FOREST	25550 COMMERCE CENTE	LAKE FOREST, CA 92630	ROBERT GAYLORD	949-461-3400
CITY OF LAGUNA NIGUEL	30111 CROWN VALLEY P	LAGUNA NIGUEL, CA 92677	STEPHEN ERLANDSON	949-362-4300
CITY OF SAN CLEMENTE	100 AVENUE PRESIDIO	SAN CLEMENTE, CA 92672	LESLIE DAVIS	949-361-8200
CITY OF SAN JUAN CAPIST	25925 CAMINO DEL AVI	SAN JUAN CAPISTRANO, CA 9	HEIDI IVANOFF	949-493-1171
CITY OF RANCHO SANTA MA	22112 EL PASEO	RANCHO SANTA MARGARITA, C	FINANCE DEPARTMENT	949-635-1800
CITY OF LAGUNA BEACH	505 FOREST AVE	LAGUNA BEACH, CA 92651	DONNA ROBERTS	949-497-3311
CITY OF LAGUNA HILLS	24035 EL TORO ROAD	LAGUNA HILLS, CA 92653	FINANCE DEPARTMENT	949-707-2623
U.S. SMALL BUSINESS ADM	409 3RD ST SW	WASHINGTON, DC 20024	LOAN DEPARTMENT	202-205-6734

AGE WELL SENIOR SERVICES, INC.
Financial Statements
June 30, 2021
With Summarized Comparative Information
For the Year Ended June 30, 2020
With Independent Auditor's Report

Age Well Senior Services, Inc.

Table of Contents

June 30, 2021

With Summarized Comparative Information for the Year Ended June 30, 2020

Independent Auditor's Report	1-2
Financial Statements	
Statements of Financial Position	3-4
Statements of Activities	5
Statements of Functional Expenses	6-7
Statements of Cash Flows	8
Notes to Financial Statements	9-22
Supplementary Information - Federally Assisted Programs with Selected State and County Awards	
Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with <i>Government Auditing Standards</i>	23-24
Report on Compliance for Each Major Federal Program and Report on Internal Control Over Compliance in Accordance with the <i>Uniform Guidance</i>	25-26
Schedule of Expenditures of Federal Awards and Selected State and County Awards	27
Notes to Schedule of Expenditures of Federal Awards and Selected State and County Awards	28
Summary of Findings and Questioned Costs	29

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors,
Age Well Senior Services, Inc.:

Report on the Financial Statements

We have audited the accompanying financial statements of Age Well Senior Services, Inc. (the "Organization"), which comprise the statement of financial position as of June 30, 2021, and the related statements of activities, functional expenses and cash flows for the year then ended and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Organization as of June 30, 2021, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Summarized Comparative Information

We have previously audited the Organization's June 30, 2020 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated October 28, 2020. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2020 is consistent, in all material respects, with the audited financial statements from which it has been derived.

Other Matters

Other Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by the audit requirements of Title 2 U.S. Code of Federal Regulations ("CFR") Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* ("Uniform Guidance"), and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards is fairly stated in all material respects in relation to the financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated October 27, 2021 on our consideration of the Organization's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control over financial reporting and compliance.



October 27, 2021

Age Well Senior Services, Inc.
Statements of Financial Position
June 30, 2021
With Summarized Comparative Information as of June 30, 2020

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>2021 Total</u>	<u>2020 Total</u>
Assets				
Current assets				
Cash and cash equivalents	\$ 514,399	\$ 433,986	\$ 948,385	\$ 1,547,094
Investments	8,788,455	-	8,788,455	570
Accounts receivable	537,769	-	537,769	603,339
Contributions receivable, net	-	115,000	115,000	115,000
Prepaid expenses	270	-	270	2,981
Total current assets	<u>9,840,893</u>	<u>548,986</u>	<u>10,389,879</u>	<u>2,268,984</u>
Property and equipment, net	<u>1,167,660</u>	<u>-</u>	<u>1,167,660</u>	<u>1,226,015</u>
Other long-term assets				
Deposits	8,508	-	8,508	24,872
Contributions receivable	-	-	-	111,137
Charitable remainder trusts	-	265,834	265,834	219,894
Endowment	-	816,673	816,673	631,297
Total other assets	<u>8,508</u>	<u>1,082,507</u>	<u>1,091,015</u>	<u>987,200</u>
Total assets	<u>\$ 11,017,061</u>	<u>\$ 1,631,493</u>	<u>\$ 12,648,554</u>	<u>\$ 4,482,199</u>

The Notes to Financial Statements are an integral part of these statements.

Age Well Senior Services, Inc.
Statements of Financial Position
June 30, 2021
With Summarized Comparative Information as of June 30, 2020

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>2021 Total</u>	<u>2020 Total</u>
Liabilities				
Current liabilities				
Accounts payable	\$ 265,165	\$ -	\$ 265,165	\$ 467,295
Accrued expenses	250,667	-	250,667	306,316
Current portion of debt	45,421	-	45,421	1,754,801
Deferred revenue	2,500	-	2,500	389,944
Total current liabilities	<u>563,753</u>	<u>-</u>	<u>563,753</u>	<u>2,918,356</u>
Long-term liabilities				
Long-term accrued expenses	-	-	-	54,000
Long-term debt, net of current portion and unamortized loan costs	1,919,146	-	1,919,146	234,092
Total liabilities	<u>2,482,899</u>	<u>-</u>	<u>2,482,899</u>	<u>3,206,448</u>
Net assets				
Without and with donor restrictions	<u>8,534,162</u>	<u>1,631,493</u>	<u>10,165,655</u>	<u>1,275,751</u>
Total liabilities and net assets	<u>\$ 11,017,061</u>	<u>\$ 1,631,493</u>	<u>\$ 12,648,554</u>	<u>\$ 4,482,199</u>

The Notes to Financial Statements are an integral part of these statements.

Age Well Senior Services, Inc.

Statements of Activities

June 30, 2021

With Summarized Comparative Information as of June 30, 2020

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>2021 Total</u>	<u>2020 Total</u>
Revenue				
Public support and revenue	\$ 1,242,008	\$ 452,509	\$ 1,694,517	\$ 1,901,638
Government support and revenue	23,631,064	-	23,631,064	5,118,168
PPP loan forgiveness	499,800	-	499,800	-
Change in value of charitable remainder trust and endowment fund	-	131,316	131,316	(10,105)
Total revenue	<u>25,372,872</u>	<u>583,825</u>	<u>25,956,697</u>	<u>7,009,701</u>
Net assets released from restrictions				
Satisfaction of program restrictions	183,783	(183,783)	-	-
Expiration of time restrictions	115,000	(115,000)	-	-
Repayment to donor endowment fund and subsequent satisfaction of any related donor restrictions	(100,000)	100,000	-	-
Total net assets released from restrictions	<u>198,783</u>	<u>(198,783)</u>	<u>-</u>	<u>-</u>
Total support and revenues	<u>25,571,655</u>	<u>385,042</u>	<u>25,956,697</u>	<u>7,009,701</u>
Operating expenses				
Nutrition	14,717,883	-	14,717,883	3,767,199
Transportation	1,268,032	-	1,268,032	1,687,565
Case management	284,150	-	284,150	163,556
Senior centers	157,054	-	157,054	336,921
Corporate	509,341	-	509,341	616,341
Fundraising	140,031	-	140,031	256,504
Total operating expenses	<u>17,076,491</u>	<u>-</u>	<u>17,076,491</u>	<u>6,828,086</u>
Other income (loss)				
Miscellaneous income	1,183	-	1,183	-
Investment gain (loss)	8,515	-	8,515	(1,650)
Total other income (loss)	<u>9,698</u>	<u>-</u>	<u>9,698</u>	<u>(1,650)</u>
Change in net assets	8,504,862	385,042	8,889,904	179,965
Net assets				
Beginning of year	<u>29,300</u>	<u>1,246,451</u>	<u>1,275,751</u>	<u>1,095,786</u>
End of year	<u>\$ 8,534,162</u>	<u>\$ 1,631,493</u>	<u>\$ 10,165,655</u>	<u>\$ 1,275,751</u>

The Notes to Financial Statements are an integral part of these statements.

Age Well Senior Services, Inc.
Statement of Functional Expenses
Year Ended June 30, 2021

	Program Services				Supporting Services			2021 Totals
	Nutrition	Transportation	Case Management	Senior Centers	Corporate	Fund Raising		
Salaries	\$ 1,014,317	\$ 646,585	\$ 166,441	\$ 47,754	\$ 15,300	\$ 60,873	\$ 1,951,270	
Payroll taxes and employee benefits	205,651	185,277	24,405	25,477	39,605	9,063		489,478
Total salaries and related expenses	<u>1,219,968</u>	<u>831,862</u>	<u>190,846</u>	<u>73,231</u>	<u>54,905</u>	<u>69,836</u>		<u>2,440,748</u>
Accounting and auditing	10,744	5,372	10,744	-	5,773	-		32,633
Consultants	129,398	45,998	72,353	10,449	49,181	29,019		336,398
Advertising	5,752	-	-	1,841	2,000	9,700		19,293
Rent	18,212	10,905	-	40	49,950	-		79,107
Repairs and maintenance	43,793	79,062	-	8,941	4,713	-		136,509
Insurance	-	70,537	8,340	-	33,034	-		111,911
Office supplies	8,575	-	-	-	5,089	919		14,583
Food	13,166,492	-	-	-	13,984	-		13,180,476
Program supplies	50,448	42,615	450	10,068	23,685	9,900		137,146
Vehicle operation	-	166,821	-	-	-	-		166,821
Fund raising	-	-	-	-	-	20,170		20,170
Payroll services	6,531	4,166	1,110	301	520	387		13,015
Telephone	19,962	10,556	-	1,492	9,054	-		41,064
Utilities	16,174	-	-	-	-	-		16,174
Dues and subscriptions	895	-	-	585	15,550	-		17,030
Legal	19,803	-	-	-	156,205	-		176,008
Conferences and conventions	-	-	-	-	1,706	-		1,706
Interest	-	-	-	-	52,821	-		52,821
Local travel	1,047	138	307	-	-	-		1,492
Miscellaneous	89	-	-	1,694	9,877	-		11,660
Depreciation and amortization	-	-	-	48,412	21,314	-		69,726
	<u>13,497,915</u>	<u>436,170</u>	<u>93,304</u>	<u>83,823</u>	<u>454,436</u>	<u>70,095</u>		<u>14,635,743</u>
Total expenses	<u>\$ 14,717,883</u>	<u>\$ 1,268,032</u>	<u>\$ 284,150</u>	<u>\$ 157,054</u>	<u>\$ 509,341</u>	<u>\$ 140,031</u>		<u>\$ 17,076,491</u>

The Notes to Financial Statements are an integral part of this statement.

Age Well Senior Services, Inc.
Statement of Functional Expenses
Year Ended June 30, 2020

	Program Services				Supporting Services		2020 Totals
	Nutrition	Transportation	Case Management	Senior Centers	Corporate	Fund Raising	
Salaries	\$ 1,030,203	\$ 782,439	\$ 86,476	\$ 146,008	\$ 99,242	\$ 73,589	\$ 2,217,957
Payroll taxes and employee benefits	199,470	169,332	12,138	29,199	25,728	12,281	448,148
Total salaries and related expenses	<u>1,229,673</u>	<u>951,771</u>	<u>98,614</u>	<u>175,207</u>	<u>124,970</u>	<u>85,870</u>	<u>2,666,105</u>
Accounting and auditing	13,523	4,508	4,508	-	10,087	-	32,626
Consultants	100,565	343,246	59,074	14,349	50,543	53,749	621,526
Advertising	-	-	-	-	4,800	10,318	15,118
Rent	2,005	36,494	-	40	135,963	-	174,502
Repairs and maintenance	31,730	75,838	-	35,559	2,004	-	145,131
Insurance	-	67,822	-	8,019	36,477	-	112,318
Office supplies	7,995	-	-	1,901	4,736	-	14,632
Food	2,264,486	-	-	-	5,779	-	2,270,265
Program supplies	70,383	41,509	420	48,814	29,241	25,541	215,908
Vehicle operation	-	144,740	-	-	-	-	144,740
Fund raising	-	-	-	-	-	80,221	80,221
Payroll services	7,243	7,227	596	1,253	1,174	604	18,097
Telephone	19,010	10,393	-	1,413	6,692	-	37,508
Utilities	18,300	-	-	-	-	-	18,300
Dues and subscriptions	763	-	-	1,133	700	69	2,665
Legal	-	-	-	-	49,187	-	49,187
Conferences and conventions	-	43	-	-	1,264	52	1,359
Interest	-	-	-	-	120,000	-	120,000
Local travel	1,523	9	344	-	-	135	2,011
Miscellaneous	-	-	-	2,861	9,147	(55)	11,953
Depreciation and amortization	-	3,965	-	46,372	23,577	-	73,914
	<u>2,537,526</u>	<u>735,794</u>	<u>64,942</u>	<u>161,714</u>	<u>491,371</u>	<u>170,634</u>	<u>4,161,981</u>
Total expenses	<u>\$ 3,767,199</u>	<u>\$ 1,687,565</u>	<u>\$ 163,556</u>	<u>\$ 336,921</u>	<u>\$ 616,341</u>	<u>\$ 256,504</u>	<u>\$ 6,826,086</u>

The Notes to Financial Statements are an integral part of this statement.

Age Well Senior Services, Inc.
Statements of Cash Flows
Years Ended June 30, 2021 and 2020

	2021	2020
Operating activities		
Change in net assets	\$ 8,889,904	\$ 179,965
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation and amortization	69,726	74,213
Change in present value of contributions receivable	(3,863)	(4,317)
Change in value of charitable remainder trusts and endowments	(131,315)	10,105
(Gain) loss on investments	(37,885)	1,650
PPP loan forgiveness	(499,800)	-
Changes in operating assets and liabilities		
(Increase) decrease in assets		
Accounts receivable	65,570	(5,855)
Contributions receivable, net	115,000	70,000
Prepaid expenses	2,711	7,911
Deposits	16,364	3,364
Increase (decrease) in liabilities		
Accounts payable	(202,130)	207,696
Accrued expenses	(109,649)	(10,816)
Deferred revenue	<u>(387,444)</u>	<u>389,944</u>
Net cash provided by operating activities	<u>7,787,189</u>	<u>923,860</u>
Investing activities		
Purchases of property and equipment	-	(69,925)
Purchases of investments	(8,750,000)	-
Proceeds from endowment fund	-	384,625
Net cash (used in) provided by investing activities	<u>(8,750,000)</u>	<u>314,700</u>
Financing activities		
Proceeds from long-term debt	2,000,000	499,800
Payment of long-term debt	(1,508,087)	-
Contribution to restricted endowment fund	(100,002)	(494,625)
Deferred loan fees	<u>(27,809)</u>	-
Net cash provided by financing activities	<u>364,102</u>	<u>5,175</u>
Net change in cash and cash equivalents	(598,709)	1,243,735
Cash and cash equivalents		
Beginning of year	<u>1,547,094</u>	<u>303,359</u>
End of year	<u>\$ 948,385</u>	<u>\$ 1,547,094</u>
Supplemental disclosure of cash flow information		
Cash paid during the year for interest	\$ 52,821	\$ 120,000

The Notes to Financial Statements are an integral part of these statements.

Age Well Senior Services, Inc.
Notes to Financial Statements
June 30, 2021 and 2020

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization

Age Well Senior Services, Inc. (the "Organization") was originally part of San Clemente Seniors, Inc., which was incorporated in 1975 as a private, nonprofit organization, exempt under the Internal Revenue Code Section 501(c)(3) and the California Revenue and Taxation Code. On July 1, 1995, South County Senior Services, Inc. was formed to assume most of the operations and some of the assets and liabilities of San Clemente Seniors, Inc. San Clemente Seniors, Inc. retained the operation of only the San Clemente Adult Day Health Care Center and all other existing programs were retained and operated by the new Organization. San Clemente Seniors, Inc. no longer operates as a separate entity.

In January 2010, the Organization changed its name from South County Senior Services, Inc. to Age Well Senior Services, Inc.; however, it continues to operate under the dba of South County Senior Services, Inc.

Age Well Senior Services, Inc. provides for the social, nutritional, cultural, health, transportation and educational needs of the elderly population of South Orange County. Special emphasis has been placed on outreach services and adult day health care. The Organization has provided support services on a local level that allow home-bound senior citizens to remain in their chosen environment as long as possible. The Organization's senior centers operate to keep seniors well and to enable them to socialize and receive health benefits.

The Board of Directors functions as the policy-making body and is governed by the Organization's by-laws. The Organization's Executive Director serves as the Chief Executive Officer.

Activities

The Organization's activities, which are in accordance with its primary purpose as described above, have been classified as follows:

- *Nutrition* – Provide nutritional meals in senior centers and nutrition sites. Deliver nutritional meals to home-bound elderly daily.
- *Transportation* – Provide non-emergency medical transportation for the elderly and services for senior centers, medical appointments, and all the cities located in South Orange County.
- *Case Management* – Contract for case management nurses and social workers to perform home visits and assessments of frail seniors needing more care.
- *Senior Centers* – Operate two senior centers and contracts with other senior sites for nutritional and social services, educational classes through emeritus and adult education, preventative health screening, elder care, case manager nurse, legal and tax assistance, insurance counseling, senior support groups, Medicare counselors and monthly surplus commodity distributions. Emphasis is on wellness and maintaining independence for the elderly.
- *Corporate* – Management and general activities that support the achievement of program objectives. This includes expenses not directly attributable to a program.
- *Fundraising* – Subcommittees of the general Board of Directors responsible for fund raising to generate revenues and to subsidize annual operations are the fund development committee and planned giving committee. These subcommittees are comprised of the Organization's Board Members, professionals in the community and key staff.

Age Well Senior Services, Inc.
Notes to Financial Statements
June 30, 2021 and 2020

Basis of Presentation

The financial statements of the Organization have been prepared in accordance with generally accepted accounting principles in the United States of America ("US GAAP"), which require the Organization to report information regarding its financial position and activities according to the following net asset classifications:

Net assets without donor restrictions: Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the organization. These net assets may be used at the discretion of the Organization's management and the Board of Directors.

Net assets with donor restrictions: Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Organization or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

The Organization records gifts of cash and other assets as net assets with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, donor restricted net assets are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from donor restrictions. Contributions with donor-imposed restrictions that are received and spent in the same year have been recorded as net assets without donor restrictions in the accompanying statement of activities.

Cash and Cash Equivalents

For purposes of the statement of cash flows, the Organization considers highly liquid investments and investments with original maturities of three months or less to be cash and cash equivalents. The Organization places its temporary cash investments with high credit quality financial institutions. At times such investments may be in excess of the Federal Deposit Insurance Corporation ("FDIC") insurance limit.

Property and Equipment

Property and equipment are stated at cost, if purchased or estimated at fair value at the date of donation, if donated. The building improvements, equipment and furniture, and vehicles are depreciated using the straight-line method over estimated useful lives of 8 to 40 years.

Maintenance and repairs are charged to expense as incurred. Renewals and improvements of a significant nature are capitalized. At the time of retirement or other disposition of property and equipment, the cost and accumulated depreciation are removed from the accounts and any resulting gains or losses are reflected in income.

Impairment of Long-Lived Assets and Long-Lived Assets to be Disposed of

Long-lived assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability of assets to be held and used is measured by a comparison of the carrying amount of an asset to future net cash flows (undiscounted and without interest) expected to be generated by the asset. If such assets are considered to be impaired, the impairment to be recognized is measured by the amount by which the carrying amount of the assets exceeds the fair value of the assets. Assets to be disposed of are reported at the lower of the carrying amount or fair value less costs to sell.

Age Well Senior Services, Inc.
Notes to Financial Statements
June 30, 2021 and 2020

Charitable Remainder Trusts

Contributions, including unconditional promises to give, are recognized as revenue in the period received. The Organization is also a beneficiary in certain trusts. The Organization recognizes as revenue the present value of the estimated future benefits to be received upon distribution of irrevocable trusts for which the Organization is beneficiary but is not the trustee. When these gifts are revocable in nature, they are not reflected in the financial statements.

Contributions

In June 2018, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2018-08, *Not-for-Profit Entities* (Topic 958): *Clarifying the Scope and the Accounting Guidance for Contributions Received and Made*. This update requires a recipient of funds from a resource provider to determine if those funds should be classified as a reciprocal exchange transaction or as a contribution based on the value that the resource provider is receiving from the transaction. Additionally, the update requires recipient organizations to determine whether a contribution is conditional based on if the agreement includes barriers that must be overcome, and either a right of return of assets transferred, or a right of release of a resource provider's obligation to transfer assets. If the agreement includes both characteristics, the recipient is not entitled to the transferred assets, and therefore does not recognize the associated revenues, until the barrier is overcome.

Contributions, including unconditional promises to give, are recognized when received or pledged by the donor. Contributions received are recorded as net assets without donor restrictions or net assets with donor restrictions, depending on the existence and/or nature of any donor-imposed restrictions. Contributions that are restricted by the donor are reported as an increase in net assets without donor restrictions if the restriction expires in the reporting period in which the contribution is recognized. All other donor restricted contributions are reported as an increase in net assets with donor restrictions, depending on the nature of restriction.

Contributed property and equipment are recorded at fair value at the date of donation. Contributions with donor-imposed stipulations regarding how long the contributed assets must be used are recorded as net assets with donor restrictions; otherwise, the contributions are recorded as net assets without donor restrictions.

Unconditional promises to give are reported at their net realizable value. Unconditional promises to give that are expected to be collected in future years are recorded at the present value of the amounts expected to be collected. The discount rate adopted at the time of the gift is the incremental borrowing rate of the Organization or the US Treasury bill rate for the term of the agreement. The discount rate remains consistent annually.

Contributed Services and Gifts In-Kind

Contributed services are recognized if the services (a) create or enhance long-lived assets or (b) require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation. For the years ended June 30, 2021 and 2020, such nonspecialized volunteer hours totaled 43,811 and 53,075, and the value of such hours is estimated by the Organization to be \$591,917 and \$659,129, respectively, which has not been recorded in the accompanying financial statements. Only those amounts that meet the criteria above are recorded in the accompanying financial statements.

Age Well Senior Services, Inc.
Notes to Financial Statements
June 30, 2021 and 2020

Program Expenses

Program expenses on the statements of activities for the years ended June 30, 2021 and 2020 include congregate and home delivered meals, transportation, social services and other support and grants totaling \$16,427,119 and \$5,955,241, respectively.

Compensated Absences

The Organization accrues for employees' earned but unused time off.

Functional Allocation of Expenses

The costs of providing the various programs and other activities have been summarized on a functional basis in the statement of activities and the statement of functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

The expenses that are allocated include the following:

Expense	Method of Allocation
Salaries	Time and effort
Payroll taxes and employee benefits	Time and effort
Consultants	Time and effort
Advertising	Time and effort
Contract services	Time and effort
Rent	Square footage
Repairs and maintenance	Direct usage
Insurance	Time and effort
Program supplies	Direct usage
Office supplies	Direct usage
Depreciation and amortization	Direct usage

Advertising Expense

Advertising costs are charged to operations when incurred. At June 30, 2021 and 2020, advertising costs totaled \$19,293 and \$15,118, respectively.

Income Taxes

The Organization is exempt from federal and state income taxes under the provisions of Section 501(c)(3) of the Internal Revenue Code and corresponding provisions of the California Revenue and Taxation Statute. However, the Organization is subject to income taxes on any net income that is derived from a trade or business, regularly carried on, and not in furtherance of the purposes for which it was granted exemption. As a matter of course, various taxing authorities, including the Internal Revenue Service, have the authority to regularly audit the Organization. There were no tax years open to examination by major tax jurisdictions as of June 30, 2021. Management believes that the Organization's tax positions comply with applicable tax law and has adequately provided for these matters. Further, there are no income tax related penalties and interest included in these financial statements.

Age Well Senior Services, Inc.
Notes to Financial Statements
June 30, 2021 and 2020

Grantor Concentration

The Organization economically depends on the government sector. A grantor is considered to be a major grantor if grant income from that grantor exceeds 10% of total grant income of the Organization. At June 30, 2021, one grantor accounted for 89% of the Organization's gross grants receivable and 98% of the Organization's grant income. At June 30, 2020, one grantor accounted for 95% of the Organization's gross grant receivable and 90% of the Organization's grant income.

The Organization has adopted the provisions of Accounting Standards Codification ("ASC") 740-10-05 relating to accounting and reporting for uncertainty in income taxes. For the Organization, these provisions could be applicable to the incurrence of any unrelated business income attributable to the Organization.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Comparative Data

The financial statements include prior year summarized comparative information in total, but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the Organization's financial statements for the year ended June 30, 2020 from which the summarized information was derived.

Recent Accounting Pronouncements

In February 2016, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2016-02, *Leases* (Topic 842). Under ASU 2016-02, lessees will be required to recognize the following for all leases (with the exception of short-term leases) at the commencement date:

- A lease liability, which is a lessee's obligation to make lease payments arising from a lease, measured on a discounted basis; and
- A right-of-use asset, which is an asset that represents the lessee's right to use, or control the use of, a specified asset for the lease term.

ASU 2016-02 is effective for fiscal year ending after June 30, 2023. The Organization is in the process of assessing the potential impact of the ASU on its financial statements.

In September 2020, the FASB issued ASU 2020-07, *Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets* (Topic 958) which is effective for the Organization's fiscal year ending after June 30, 2022, with early adoption permitted, and is intended to improve transparency in the reporting of contributed nonfinancial assets, also known as gifts in-kind, for not-for-profit organizations. The ASU requires a not-for-profit organization to present contributed nonfinancial assets as a separate line item in the statement of activities, apart from contributions of cash or other financial assets, along with expanded disclosure requirements. The Organization does not expect this ASU to have a significant impact on the financial statements.

In August 2018, the FASB issued ASU 2018-13, *Changes to the Disclosure Requirements for Fair Value Measurement* (Topic 820) which improved the effectiveness of disclosure requirements for recurring and nonrecurring fair value measurements. The standard removes, modifies and adds certain disclosure requirements. The adoption of this ASU did not have a significant impact on the financial statements.

Age Well Senior Services, Inc.
Notes to Financial Statements
June 30, 2021 and 2020

Risk of Uncertainties

Management is currently evaluating the impact of the COVID-19 pandemic on the industry and has concluded that while it is reasonably possible that the virus could have a negative effect on the Organization's financial position and results of its operations, the specific impact is not readily determinable as of the date of these financial statements. The financial statements do not include any adjustments that might result from the outcome of this uncertainty.

Reclassification

The financial statements for the year ended June 30, 2020, contain certain reclassifications, which have no effect on changes in net assets, to conform to current period presentation for the year ended June 30, 2021.

Subsequent Events

The Organization evaluated subsequent events through October 27, 2021, the date these financial statements were issued. There were no material subsequent events that required recognition or additional disclosure in these financial statements.

2. AVAILABILITY AND LIQUIDITY

The following represents the Organization's financial assets at June 30:

	2021	2020
Financial assets at year end		
Cash and cash equivalents	\$ 948,385	\$ 1,547,094
Accounts receivable	537,769	603,339
Investments	8,788,455	570
Charitable remainder trusts	265,834	219,894
Endowment	816,673	631,297
Contributions receivable	115,000	226,137
Total financial assets	<u>11,472,116</u>	<u>3,228,331</u>
Less: Amounts not available to be used within one year		
Contractual or donor-imposed restrictions		
Restricted by donor with time or purpose restrictions	(814,820)	(615,154)
Subject to appropriation and satisfaction of donor restrictions	<u>(816,673)</u>	<u>(631,297)</u>
	<u>(1,631,493)</u>	<u>(1,246,451)</u>
Financial assets available to meet general expenditures over the next twelve months	<u>\$ 9,840,623</u>	<u>\$ 1,981,880</u>

The Organization receives contributions and promises to give which are restricted by donors for program use. Management of liquidity and reserves is conducted under three guiding principles: operating within a prudent range of financial soundness and stability, maintaining adequate liquid assets to fund near-term operating needs, and maintaining sufficient reserves to provide reasonable assurance that long-term obligations will be discharged. As part of the liquidity plan, excess cash is currently invested in short-term investments, such as money market accounts, when possible. The Organization forecasts its future cash flows, and monitors liquidity bi-monthly and monitors reserves annually during the budget review.

Age Well Senior Services, Inc.
Notes to Financial Statements
June 30, 2021 and 2020

3. FAIR VALUE MEASUREMENTS

The carrying value of financial instruments in the financial statements approximates fair value.

For fair value measurements of financial assets and financial liabilities, and for fair value measurements of non-financial items that are recognized and disclosed at fair value in the financial statements on a recurring basis, the Organization has adopted GAAP standards that define fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

GAAP establishes a three-level fair value hierarchy that describes the inputs that are used to measure the fair values of respective assets and liabilities:

Level 1 - Fair values are based on quoted prices in active markets for identical assets and liabilities. The Organization's level 1 assets include institutional mutual funds, endowment, both equity and fixed income and charitable remainder trust.

Level 2 - Fair values are based on observable inputs that include: quoted market prices for similar assets or liabilities; quoted market prices that are not in an active market; or other inputs that are observable in the market and can be corroborated by observable market data for substantially the full term of the asset. The Organization has no level 2 assets.

Level 3 - Fair values are calculated using pricing models and/or discounted cash flow methodologies and may require significant management judgment or estimation. These methodologies may result in a significant portion of the fair value being derived from unobservable data. The Organization has no level 3 assets.

Fair value estimates are made at a specific point in time, based on available market information and judgments about the financial asset, including estimates of timing, amount of expected future cash flows, and the credit standing of the issuer. In some cases, the fair value estimates cannot be substantiated by comparison to independent markets. In addition, the disclosed fair values may not be realized in the immediate settlement of the financial asset. In addition, the disclosed fair values do not reflect any premium or discount that could result from offering for sale at one time an entire holding of a particular financial asset. Potential taxes and other expenses that would be incurred in an actual sale or settlement are not reflected in amounts disclosed.

Money Market and Mutual Funds: Valued at the daily closing price as reported by the fund. These funds held by the Organization are open-ended that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. These funds held by the Organization are deemed to be actively traded.

The Charitable Remainder Trusts consist of equities and fixed income securities.

Age Well Senior Services, Inc.
Notes to Financial Statements
June 30, 2021 and 2020

The following tables set forth by level, within the fair value hierarchy, the Organization's assets at fair value as of June 30:

	2021			
	Level 1	Level 2	Level 3	Total
Investments				
Money market funds	\$ 95,812	\$ -	\$ -	\$ 95,812
Mutual funds	<u>8,692,643</u>	<u>-</u>	<u>-</u>	<u>8,692,643</u>
	<u>8,788,455</u>	<u>-</u>	<u>-</u>	<u>8,788,455</u>
Endowment				
Cash and cash equivalents	526,185			526,185
Equities and mutual funds	<u>290,488</u>	<u>-</u>	<u>-</u>	<u>290,488</u>
	<u>816,673</u>	<u>-</u>	<u>-</u>	<u>816,673</u>
Charitable remainder trusts	<u>265,834</u>	<u>-</u>	<u>-</u>	<u>265,834</u>
	<u>\$ 9,870,962</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 9,870,962</u>
2020				
	Level 1	Level 2	Level 3	Total
Investments				
Mutual funds	\$ 570	\$ -	\$ -	\$ 570
	<u>570</u>	<u>-</u>	<u>-</u>	<u>570</u>
Endowment				
Money market funds	426,133			426,133
Equities and mutual funds	<u>205,164</u>	<u>-</u>	<u>-</u>	<u>205,164</u>
	<u>631,297</u>	<u>-</u>	<u>-</u>	<u>631,297</u>
Charitable remainder trusts	<u>219,894</u>	<u>-</u>	<u>-</u>	<u>219,894</u>
	<u>\$ 851,761</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 851,761</u>

Age Well Senior Services, Inc.
Notes to Financial Statements
June 30, 2021 and 2020

4. CONTRIBUTIONS RECEIVABLE

Unconditional promises to give that are expected to be collected within one year are recorded at their estimated net realizable value. Unconditional promises to give that are expected to be collected in future years are recorded at the present value of the estimated future cash flows. The discounts on those amounts are computed using the three-year U.S. Treasury note rate applicable in the year in which the promise was made. Management believes that all contributions receivable are fully collectible.

Contributions receivable are the following unconditional promises to give at June 30:

	2021	2020
Amounts due in		
Less than one year	\$ 115,000	\$ 115,000
One to five years	-	115,000
Total promises to give	115,000	230,000
Unamortized discount	-	(3,863)
Net contributions receivable	<u>\$ 115,000</u>	<u>\$ 226,137</u>

5. PROPERTY AND EQUIPMENT

Property and equipment consist of the following at June 30:

	2021	2020
Land	\$ 245,396	\$ 245,396
Buildings and improvements	1,790,320	1,790,320
Equipment and furniture	134,990	134,990
Vehicles	<u>63,429</u>	<u>63,428</u>
	2,234,135	2,234,134
Less: Accumulated depreciation	<u>(1,066,475)</u>	<u>(1,008,119)</u>
	<u>\$ 1,167,660</u>	<u>\$ 1,226,015</u>

Depreciation expense totaled \$58,355 and \$63,307 for fiscal years ended June 30, 2021 and 2020, respectively.

6. ENDOWMENT

In 2008, the Organization adopted Accounting Standards Codification ("ASC") 958-205 (formerly FASB Staff Position No. FAS 117-1), *Endowments of Not-for-Profit Organizations: Net Asset Classification of Funds Subject to an Enacted Version of the Uniform Prudent Management of Institutional Funds Act [UPMIFA] and Enhanced Disclosures for All Endowment Funds* (the "FSP"). A key component of the FSP is a requirement to classify the portion of a donor-restricted endowment fund that is not classified as permanently restricted net assets as temporarily restricted net assets until appropriated for expenditure.

Age Well Senior Services, Inc.
Notes to Financial Statements
June 30, 2021 and 2020

The FSP provides guidance with respect to the accounting for donor-restricted endowment funds subject to UPMIFA, which the State of California has enacted. In addition, the FSP requires expanded disclosures for all endowment funds. The Board of Directors of the Organization has interpreted the FSP as requiring the preservation of the purchasing power of the donor-restricted endowment funds, absent explicit donor stipulations to the contrary. As a result of this interpretation, the Organization classifies as permanently restricted net assets (1) the original value of the gifts donated to the endowment, (2) the original value of subsequent gifts to the endowment, and (3) the net income (loss) on endowment investments. In accordance with the FSP, the Organization considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

- The duration and preservation of the fund
- The purposes of the Organization and the donor-restricted endowment fund
- General economic conditions
- The possible effect of inflation and deflation
- The expected total return from income and the appreciation of investments
- Other resources of the Organization
- The investment policies of the Organization

Changes in endowment net assets for the year ended June 30, 2021:

	Without Donor Restrictions	With Donor Restrictions	Total
Endowment net assets,			
July 1, 2020	\$ -	\$ 631,297	\$ 631,297
Investment income	-	85,376	85,376
Contributions	-	100,000	100,000
Endowment net assets,			
June 30, 2021	\$ -	\$ 816,673	\$ 816,673

Changes in endowment net assets for the year ended June 30, 2020:

	Without Donor Restrictions	With Donor Restrictions	Total
Endowment net assets,			
July 1, 2019	\$ -	\$ 513,884	\$ 513,884
Investment income	-	7,413	7,413
Contributions	-	494,625	494,625
Appropriation of endowment for operations	384,625	(384,625)	-
Expenditure of appropriated funds	(384,625)	-	(384,625)
Endowment net assets,			
June 30, 2020	\$ -	\$ 631,297	\$ 631,297

Age Well Senior Services, Inc.
Notes to Financial Statements
June 30, 2021 and 2020

Return Objectives and Risk Parameters

The Organization has adopted investment and spending policies for endowment assets that provide a stream of funding for the operation and maintenance of the Florence Sylvester Memorial Senior Center, while maintaining the purchasing power of the endowment assets. Under these policies, the portfolio is to be invested with 1/3 in short-term, very liquid assets and 2/3 in low risk, conservative stocks and bonds. The Organization expects its endowment funds, over time, to provide an average rate of return of approximately 4% to 5% annually.

Spending Policy and How the Investment Objectives Relate to Spending Policy

The Organization's investment policy includes an endowment spending rate of 5% of the endowment funds' market value over a rolling two calendar year average. This spending rate constitutes the Board's annual appropriation for spending endowment earnings. This is consistent with the Organization's objective to maintain the purchasing power of the endowment assets held in perpetuity, as well as to provide additional real growth through investment returns.

Underwater Endowment

From time to time, certain donor-restricted endowment funds may have fair values less than the amount required to be maintained by donors. At June 30, 2021 and 2020, no funds with deficiencies were reported in net assets with donor restrictions.

The Organization did not withdraw from the endowment during the fiscal year ended June 30, 2021. The Organization received an infusion of funding as a result of COVID-19 which allowed it to restore the principal balance of the fund from the original gift amount. The amount contributed to the endowment totaled \$100,000 during the fiscal year ended June 30, 2021.

7. ACCRUED EXPENSES

Accrued expenses are summarized as follows June 30:

	2021	2020
Salaries and benefits	\$ 103,529	\$ 161,197
Compensated absences	115,456	104,683
Deferred rent	31,682	40,436
Long-term accrued expenses	-	54,000
	<hr/> <u>\$ 250,667</u>	<hr/> <u>\$ 360,316</u>

Age Well Senior Services, Inc.
Notes to Financial Statements
June 30, 2021 and 2020

8. LONG-TERM DEBT

Long-term debt is summarized as follows at June 30:

	2021	2020
3.85% secured note payable, payable in monthly installments of \$10,454, with payments starting in May 2021 through April 2031.	\$ 1,991,913	\$ -
8% secured note payable, payable in monthly interest only installments of \$10,000, with payments starting in August 2019 through June 2021. The principal is due in July 2021.	-	1,500,000
Paycheck Protection Program loan (see Note 14)	<u>-</u>	<u>499,800</u>
	1,991,913	1,999,800
Less: Current portion	(45,421)	(1,754,801)
Less: Unamortized deferred loan costs	<u>(27,346)</u>	<u>(10,907)</u>
	<u>\$ 1,919,146</u>	<u>\$ 234,092</u>

The maturities of long-term debt are as follows at June 30:

2022	\$ 45,421
2023	51,410
2024	53,425
2025	55,518
2026	57,964
Thereafter	<u>1,728,175</u>
	<u>\$ 1,991,913</u>

9. RETIREMENT PLANS

The Organization has a retirement plan formed under section 401(k) of the Internal Revenue Code. Under the provisions of the Plan, employees may make voluntary contributions from their salary up to the maximum amount allowed by the Internal Revenue Code. The Organization matches 50% of these contributions that do not exceed 6.0% of salary. Effective May 1, 2019, the Organization suspended matching contributions. For the years ended June 30, 2021 and 2020, the Organization had not made any matching contributions.

Age Well Senior Services, Inc.
Notes to Financial Statements
June 30, 2021 and 2020

10. LEASE COMMITMENTS

Operating Lease

The Organization leases its corporate office facilities, set to expire on November 30, 2023. The monthly lease payments increase on an annual basis and range from \$6,872 to \$7,735. The Organization leases equipment, set to expire September 30, 2023. The monthly lease payments are \$1,000 for the term of the lease. Future minimum lease payments under noncancelable operating leases as of June 30, 2021 are as follows:

	<u>Building</u>
2022	\$ 86,852
2023	<u>89,458</u>
2024	<u>37,998</u>
	<u><u>\$ 214,308</u></u>
	<u>Equipment</u>
2022	\$ 12,000
2023	<u>12,000</u>
2024	<u>3,000</u>
	<u><u>\$ 27,000</u></u>

Rent expense totaled \$79,107 and \$174,502 for the years ended June 30, 2021 and 2020, respectively.

11. NET ASSETS

Net assets with donor restrictions were released from restriction for the following purposes or periods at June 30:

	<u>2021</u>	<u>2020</u>
Expenditure for a specified purpose		
Home delivered meals	\$ 183,783	\$ 96,196
	<u>183,783</u>	<u>96,196</u>
Expiration of time restrictions		
Payments received from contributions receivable	<u>115,000</u>	<u>115,000</u>
Repayment from donor endowment and subsequent satisfaction of any related donor restrictions	<u>(100,000)</u>	<u>(110,000)</u>
	<u><u>\$ 198,783</u></u>	<u><u>\$ 101,196</u></u>

Age Well Senior Services, Inc.
Notes to Financial Statements
June 30, 2021 and 2020

Net assets with donor restrictions are restricted for the following purposes or periods at June 30:

	2021	2020
Subject to expenditure for a specified purpose		
Senior centers	\$ 102,949	\$ -
Nutrition program	298,773	169,123
Case management	<u>32,264</u>	<u>-</u>
	<u>433,986</u>	<u>169,123</u>
Time restrictions		
Charitable remainder trusts	265,834	219,894
Contributions receivable	<u>115,000</u>	<u>226,137</u>
	<u>380,834</u>	<u>446,031</u>
Subject to Organization's spending policy and appropriation		
Investment in perpetuity, which, once appropriated, is expendable to support		
Florence Sylvester Senior Center	<u>816,673</u>	<u>631,297</u>
	<u>\$ 1,631,493</u>	<u>\$ 1,246,451</u>

12. LITIGATION

The Organization may be subject to certain outside claims and litigation arising in the ordinary course of business. In the opinion of the Organization's management and its counsel, there are no matters which could have a material effect on the accompanying financial statements.

13. LINE OF CREDIT

The Organization had available a revolving line of credit with a bank for \$500,000. The line of credit expires in August 2021, unless extended. Borrowings under the line of credit bear interest at the greater of a floating rate equal to the Index plus 0.500% (the "Index Rate"), or the Floor Rate of 4.250%. All borrowings were collateralized by substantially all assets of the Organization. The Organization closed the line of credit during the fiscal year ended June 30, 2021.

The Organization has available a revolving line of credit with a bank for \$750,000. The line of credit expires in March 2031, unless extended. Borrowings under the line of credit bear interest at 4.00%. All borrowings are collateralized by substantially all assets of the Organization. There was no outstanding balance on the line of credit at June 30, 2021. Borrowings under the line of credit are subject to maintaining a minimum cash balance. As of June 30, 2021, the Organization is in compliance with all covenants.

14. PAYCHECK PROTECTION PROGRAM

On April 2020, the Organization issued an unsecured promissory note (the "PPP Loan") for \$499,800 through programs established under the CARES Act and administered by the U.S. Small Business Administration (the "SBA"). The PPP Loan was guaranteed by the SBA. The PPP Loan may be forgiven, in whole or in part, if the Organization was eligible for the PPP Loan at the time of application, used the loan proceeds for eligible expenses within a defined period, and otherwise satisfied PPP requirements. On March 2021, the Organization was informed that its application for forgiveness of \$499,800 of the PPP Loan was approved. Accordingly, the Organization recorded it as forgiveness of debt in the accompanying statement of activities.

SUPPLEMENTARY INFORMATION
FEDERALLY ASSISTED PROGRAMS

**REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON
COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL
STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING
STANDARDS**

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors,
Age Well Senior Services, Inc.:

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of Age Well Senior Services, Inc. (the "Organization"), which comprise the statement of financial position as of June 30, 2021, the related statements of activities, cash flows, and functional expenses for the year then ended and the related notes to the financial statements and have issued our report thereon dated October 27, 2021.

Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Organization's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a *material weakness*, yet important enough to merit attention by those charged with governance.

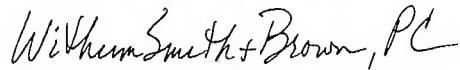
Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit, we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Organization's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.



October 27, 2021

REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM AND REPORT ON INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH THE *UNIFORM GUIDANCE*

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors,
Age Well Senior Services, Inc.:

Report on Compliance for Each Major Federal Program

We have audited Age Well Senior Services, Inc.'s (the "Organization") compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of the Organization's major federal programs for the year ended June 30, 2021. The Organization's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of the Organization's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* ("CFR") Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* ("Uniform Guidance"). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the Organization's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of the Organization's compliance.

Opinion on Each Major Federal Program

In our opinion, the Organization complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2021.

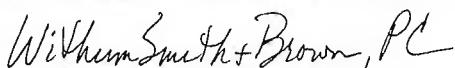
Report on Internal Control over Compliance

Management of the Organization is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the Organization's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control over compliance.

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

WithumSmith+Brown, PC

October 27, 2021

Age Well Senior Services, Inc.
Schedule of Expenditures of Federal Awards and
Selected State and County Awards
Year Ended June 30, 2021

Federal Grant / Pass-Through Grantor / Program	CFDA #	Expenditures	
		Federal	State*
<u>U.S. Department of Health and Human Services</u>			
Elderly Nutrition Program Services			
Passed through County of Orange Area Agency on Aging:			
C-1 (Congregate Meals)	NSIP	93.053	\$ 62,446
C-2 (Home-Delivered Meals)	NSIP	93.053	172,474
			234,920
Passed through County of Orange Area Agency on Aging:			
B - (Case Management)	Title III, Part B	93.044	84,153
B - (In-Home Services)	Title III, Part B	93.044	72,933
B - (Transportation)	Title III, Part B	93.044	89,391
			246,477
Passed through County of Orange Area Agency on Aging:			
C-1 (Congregate Meals)	Title III, Part C	93.045	636,059
C-2 (Home-Delivered Meals)	Title III, Part C	93.045	373,816
			1,009,875
			378,850
Special Programs for the Aging			
Passed through County of Orange Area Agency on Aging:			
B - CARES (Case Management)	Title III, Part B	93.044	15,484
B - CARES (In-Home Services)	Title III, Part B	93.044	39,016
			54,500
Passed through County of Orange Area Agency on Aging:			
C-1 FFCRA (Congregate Meals)	Title III, Part C	93.045	89,643
C-2 CARES (Home-Delivered Meals)	Title III, Part C	93.045	391,699
C-2 FFCRA (Home-Delivered Meals)	Title III, Part C	93.045	250,100
			731,442
			2,277,214
			378,850
<u>U.S. Department of Homeland Security</u>			
Great Plates Delivered Program Services			
Passed through County of Orange Area Agency on Aging:			
Total U.S. Department of Homeland Security	97.036	15,604,970	3,901,243
		15,604,970	3,901,243
<u>U.S. Department of Treasury</u>			
Coronavirus Aid, Relief and Economic Security Act			
Passed through County of Orange Area Agency on Aging:			
Nutrition Gap Program	21.019	64,300	-
Passed through County of Orange Healthcare Agency:			
COVID-19 Meals Delivery Service	21.019	91,146	-
		155,446	-
Total U.S. Department of Treasury			
<u>U.S. Department of Housing and Urban Development</u>			
Community Development Block Grant			
Passed through:			
City of Rancho Santa Margarita	14.218	47,024	-
City of Mission Viejo	14.218	35,040	-
City of San Clemente	14.218	40,000	-
City of Laguna Niguel	14.218	10,000	-
City of Lake Forest	14.218	7,500	-
City of Newport Beach	14.218	30,000	-
Total U.S. Department of Housing and Urban Development		169,564	-
GRAND TOTALS		\$ 18,207,194	\$ 4,280,093

* State matching funds are shown for memo purposes only

See accompanying Notes to Schedule of Expenditures of Federal Awards and Selected Stated and County Awards.

Age Well Senior Services, Inc.
Notes to Schedule of Expenditures of Federal Awards and
Selected State and County Awards
Year Ended June 30, 2021

1. GENERAL INFORMATION

The accompanying schedule of expenditures of federal awards and selected state and county awards presents the activity of federal, selected state and county award programs of Age Well Senior Services, Inc. (the "Organization"), and therefore, does not present the financial position of results of operations of the Organization.

2. BASIS OF PRESENTATION

The information in this schedule is presented under the accrual basis of accounting. Under the accrual basis of accounting, expenditures reported include any property or equipment acquisitions incurred under the award programs in the fiscal year.

3. CONTINGENCIES

Under the terms of federal, state and county grants, additional audits may be requested by the grantor agencies, and certain costs may be questioned as not being appropriate expenditures under the terms of the grants. Such audits could lead to a request for reimbursement to the grantor agencies.

4. RELATIONSHIP TO BASIC FINANCIAL STATEMENTS

Federal, state, and county award expenditures are reported on the statement of functional expenses as program services and management and general. In certain programs, the expenditures reported in the basic financial statements may differ from the expenditures reported in the schedule of expenditures of federal, state, and county awards due to program expenditures exceeding grant or contract budget limitations which are not included as federal, state, and county awards and differences between generally accepted accounting principles and applicable government regulations regarding eligible program expenditures.

5. INDIRECT COST RATE

Age Well Senior Services, Inc. does not receive any federal indirect costs.

6. SUBRECIPIENT MONITORING

Age Well Senior Services, Inc. did not pass through any federal awards to subrecipients during the year ended June 30, 2021.

Age Well Senior Services, Inc.
Summary of Findings and Questioned Costs
Year Ended June 30, 2021

Section 1 – Summary of Auditor's Results

Financial Statements

Type of auditor's report issued:	Unmodified
Internal control over financial reporting:	
<i>Material weaknesses identified?</i>	No
Control deficiencies identified that are not considered to be <i>material weaknesses?</i>	None reported
Noncompliance material to financial statements noted?	No

Federal, State and City Awards

Internal control over major programs:	
<i>Material weaknesses identified?</i>	No
Control deficiencies identified that are not considered to be <i>material weaknesses?</i>	None reported
Type of auditor's report issued on compliance for major programs:	Unmodified
Any audit findings disclosed that are required to be reported in accordance with section 200.516(a) of Uniform Guidance?	No

The following federal program was designated as a major program:

CFDA Number(s)	Name of Federal Program or Cluster
97.036	Great Plates Delivered Program Services (Disaster Grants)

Dollar threshold used to distinguish between Type A and Type B programs: \$750,000

Auditee qualified as low-risk auditee? Yes

Section 2 – Financial Statement Findings

None reported.

Section 3 – Federal, State and City Award Findings and Questioned Costs

None reported.

Section 4 – Follow Up Prior Year Audit Findings

None reported.