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** PUBLIC DISCLOSURE COPY **

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.



Department of the Treasury Internal Revenue Service

AF	or the	2020 calendar year, or tax year beginning and e	ending	_	
B C a	heck if pplicable	C Name of organization		D Employer identifie	cation number
]Name]change ⊐Initial	v		23-73480	90
	return	,	Room/suite	E Telephone numbe	
	Final return/	12417 CLOCK TOWER PARKWAY		727-862-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,727,704.
	Amendo return			H(a) Is this a group re	
	Applica			for subordinates	
		12417 CLOCK TOWER PARKWAY, HUDSON, FL	34667	H(b) Are all subordinates ir	
		empt status: 🗴 501(c)(3) 🗌 501(c)()◀ (insert no.) 🗌 4947(a)(1) o	or 🛄 527	If "No," attach a	list. See instructions
		e: WWW.CARESFL.ORG		H(c) Group exemptio	
		organization: 🚺 Corporation 🔄 Trust 🦳 Association 🔄 Other 🕨	L Year	of formation: 1973	I State of legal domicile: \mathbf{FL}
Pa		Summary			
ø	1 E	Briefly describe the organization's mission or most significant activities: CARES	5 PROM	OTES QUALIT	Y OF LIFE
anc		AND INDEPENDENCE FOR ADULTS THROUGH HEALT			
Activities & Governance	2 (Check this box $ig>$ if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	
ŏ		Number of voting members of the governing body (Part VI, line 1a)		3	15
ن مە		Number of independent voting members of the governing body (Part VI, line 1b) $\ $.			15
es	5 1	Total number of individuals employed in calendar year 2020 (Part V, line 2a) \ldots .		0	
iviti		Total number of volunteers (estimate if necessary)	6	110	
Act	7a ⊺	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 1		7b	0.
				Prior Year	Current Year
ē	8 (Contributions and grants (Part VIII, line 1h)		3,069,985.	3,413,075.
Revenue		Program service revenue (Part VIII, line 2g)		486,265.	280,756.
Jev		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		964,932.	10,733.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		59,647.	21,194.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		4,580,829.	3,725,758.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\rm .}$		2,460,985.	2,491,293.
Expenses	16 a F	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		0.	0.
Å.	b 1	Total fundraising expenses (Part IX, column (D), line 25)	36.		
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,025,954.	708,064.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,486,939.	3,199,357.
	19 F	Revenue less expenses. Subtract line 18 from line 12		1,093,890.	526,401.
s or			Be	ginning of Current Year	End of Year
Net Assets or Fund Balances		Total assets (Part X, line 16)	······	3,056,263.	3,581,863.
et A nd E		Total liabilities (Part X, line 26)	······	1,169,771.	1,159,970.
_		Net assets or fund balances. Subtract line 21 from line 20		1,886,492.	2,421,893.
Ра		Signature Block		and and to the test of the	

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	Signature of officer		Date	
Here	JEMITH ROSA, PRESIDENT	F AND CEO		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN
Paid	SAM A. LAZZARA		if self-empl	oyed P01342929
Preparer	Firm's name 🕨 RIVERO, GORDIMER		Firm's EIN	59-3040705
Use Only	Firm's address 🕨 P. O. BOX 172359			
	TAMPA, FL 33672		Phone no. (813) 875-7774
May the I	RS discuss this return with the preparer shown ab	ove? See instructions		X Yes No
032001 12-2	3-20 LHA For Paperwork Reduction Act Not	ice, see the separate instructions.		Form 990 (2020)
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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

-	SENTOR CARE CENTERS: CARES SENTOR CENTERS HELPS TO ENRICH THE LIVES AN MINDS OF OLDER ADULTS BY OFFERING A WIDE VARIETY OF SOCIAL, RECREATIONAL, WELLNESS, COMPUTER LEARNING AND OTHER EDUCATIONAL PROGRAMS
:	MINDS OF OLDER ADULTS BY OFFERING A WIDE VARIETY OF SOCIAL, RECREATIONAL, WELLNESS, COMPUTER LEARNING AND OTHER EDUCATIONAL
:	MINDS OF OLDER ADULTS BY OFFERING A WIDE VARIETY OF SOCIAL, RECREATIONAL, WELLNESS, COMPUTER LEARNING AND OTHER EDUCATIONAL
:	MINDS OF OLDER ADULTS BY OFFERING A WIDE VARIETY OF SOCIAL, RECREATIONAL, WELLNESS, COMPUTER LEARNING AND OTHER EDUCATIONAL
:	MINDS OF OLDER ADULTS BY OFFERING A WIDE VARIETY OF SOCIAL, RECREATIONAL, WELLNESS, COMPUTER LEARNING AND OTHER EDUCATIONAL
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	MINDS OF OLDER ADULTS BY OFFERING A WIDE VARIETY OF SOCIAL, RECREATIONAL, WELLNESS, COMPUTER LEARNING AND OTHER EDUCATIONAL
:	MINDS OF OLDER ADULTS BY OFFERING A WIDE VARIETY OF SOCIAL,
	SENIOR CARE CENTERS: CARES SENIOR CENTERS HELPS TO ENRICH THE LIVES A
4b	(Code:)(Expenses \$ 718,085. including grants of \$))(Revenue \$ 40,51
	G
	CLIENTS.
	DURING 2020, A TOTAL OF 57,071 UNITS OF SERVICE WERE PROVIDED TO 592
1	
	EMERGENCY ALERT RESPONSE UNITS, MEDICAL TRANSPORTATION, AND FINANCIAL RISK REDUCTION.
	CARE, RESPITE CARE FOR CAREGIVERS, COMPANIONSHIP, HOME DELIVERED MEAL
	INSTITUTIONALIZATION. SUPPORT SERVICES INCLUDE HOMEMAKING, PERSONAL
	PROVIDING IN-HOME SUPPORT SERVICES TO ELDERLY CLIENTS TO PREVENT
	(Code:) (Expenses \$, 855,227. including grants of \$) (Revenue \$, 231,51 CARE MANAGED SERVICE POOL. THIS IS A GRANT AND FEE SUPPORTED PROGRAM
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 1,855,227. including grants of \$) (Revenue \$ 231,51
	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
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes Yes If "Yes," describe these changes on Schedule O.
	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	prior Form 990 or 990-EZ?
2	Did the organization undertake any significant program services during the year which were not listed on the
-	
	HEALTH, SOCIAL AND SUPPORTIVE SERVICES.
	CARES PROMOTES QUALITY OF LIFE AND INDEPENDENCE FOR ADULTS THROUGH
1	Check if Schedule O contains a response or note to any line in this Part III

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⊢orm	990	(2020)

Part IV Checklist of Required Schedules

or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, VI, VX, or X as applicable. 10 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 11a 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 VI 11b X c) Did the organization report an amount for rinvestments - 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 VII 11d X d) Did the organization report an amount for other assets in Part X. line 25? If "Yes," complete Schedule D, Part X 11d X f) Did the organization's separate or consolidated financial statements for the tax year include a foothote that addresses the organization included in consolidated financial statements for the tax year? 11t X f) Did the organization asseres No" to line 12a, then completing Schedule D, Part X and XII is optional 12a X 12a Did the organization asseres No" to line 12a, then completing Schedule D, Part X and XII is optional 11d X 12a X 11d X <t< th=""><th></th><th></th><th></th><th>Yes</th><th>No</th></t<>				Yes	No
2 the organization required to complete Schedule 5. Schedule of Contributor9 2 X 3 Did the organization required to or miders obtained anangaing activities on behalf of or in opposition to candidates for public dirtical? If "Yes," complete Schedule C, Part I 3 X 4 Section 501(c)(k) organizations. Do the organization engage in lobbying activities, or have a section 501(ii) election in effect dirtical campaign in lobbying activities, or have a section 501(ii) election in effect dirtical section 501(c)(k) organization accounts for which dorors have the englitito provide activities and eleval Pi	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Ddt the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 X 4 Section 501(k) organization. Dd the organization engage in lobbying activities, or have a section 501(k) election in effect during the tax year // Yes," complete Schedule C, Part II 4 X 5 Ib the organization mation and on organization engage in lobbying activities, or have a section 501(k) election in effect during the tax year // Yes," complete Schedule C, Part II 4 X 6 Dd the organization mation and order order setting assemment for which donors have the right to provide advice or the distribution or investment of amounts in auch funds or accounts for which donors have the right to provide advice or the distribution or investment of amounts in auch funds or accounts for which donors have the right to provide advice on the distribution or investment or amounts on cellston store of a mounts of at . Historica It resources, or other emilian assets? If Yes," complete Schedule D, Part II 7 X 9 Dd the organization report an amount in Part X, line 21, for escore or caustodial account liability, serve as the unteodian for amounts on distribution a related organization, hold assets in donor-estricted enormetation 9 X 10 Dd the organization report an amount for which donare shares to a sole of its total assets reported in Part X, line 17/1 Wes," complete Schedule D, Part IV 10 X 11 I					
public office? If 'Yes,' complete Schedule C, Part I 3 X 4 Section 50(Kg) organization. Did the organization engage in lobbying activities, or have a section 50(K) election in effort during the tay year // If 'Yes,' complete Schedule C, Part II 4 X 5 Is the organization a section 50(Kg) 50(Kg) 60(Kg). 50(Kg) C 50(Kg) 5	2		2	Х	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(ft) election in effect during the taxy year // Yes," complete Schedule C, Part // Did the organization markina any doore advised truds or any similar funds or accounts for which donors have the right of provide advice on the distribution or investment of amounts in such funds or accounts? // Yes," complete Schedule D, Part // Did the organization markina any doore advised music massmerin, funding assements to preserve open space. The environment, historic land areas, or historic structures // Yes," complete Schedule D, Part // B Did the organization markina any doore advised rad, historical treasures, or other similar assets? // Yes," complete Schedule D, Part // B Did the organization markina any doore advised and the intrast or account isability, save as disustidant for schedule D, Part // B Did the organization approximation and the Part X, line 21, for escrow or custodial account liability, save as disustidant for anounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt meansitifue services? 9 X 10 Did the organization server on anount for investments - other servities in derov marks of a services? 9 X 11 If the organization server in anount for investments - other securities in parts X. Ine 12, that is 5% or more of its total assets reported in Part X, line 16? /f Yes," complete Schedule D, Part X/ 10 X 2 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? /f Yes," complete Schedule D, Part X, line 12? /f Yes," complete Schedule D, Part X <td< td=""><td>3</td><td></td><td></td><td></td><td></td></td<>	3				
dumg the tax year // 'Yes,' complete Schedule C, Part II 4 X is the organization a section S(I)(4), 501((6)) (501(6)) (501(6)) (501(6)) (501(6)) 5 X 6 Did the organization martain any done advised funds or any similar funds or accounts for which dones have the right to provide advised on martain any done advised funds or any similar funds or accounts for which dones have the right to provide advised on the distribution or investment of anounts in such thands or accounts for which dones have the right to provide advised on the distribution or investment of anounts in such thands or accounts for which dones have the right. 6 X 7 Did the organization martain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II 7 X 8 Did the organization right of provide credit counseling, debt management, credit repair, or debt monolation services? 9 X 9 Did the organization right of through a related organization, hold assets in donor-restricted endowments? 10 X 11 If the organization report an amount for lend, buildings, and equipment in Part X line 10? If 'Yes,' complete Schedule D, Part V 10 X 9 Did the organization report an amount for hivestments - program (Part V). 11 X 10 Did the organization report an amount for hivesthemets. program (Part V). 11			3		<u> </u>
5 Is the organization a section 501(c)(6), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 88-1971 /* tes, "complete Schedule C, Part II S X 6 Did the organization markin any doore advised thinds or any similar funds or accounts? If 'Yes," complete Schedule D, Part II 6 X 7 X 8 Did the organization revenue hold a conservation. Funding assamments to preserve ceps a pace, the environment, historic land areas, or historic structures II 'Yes," complete Schedule D, Part II 7 X 9 Did the organization markin and amount in Part X, line 21, for secrow or outstodial account liability, serve as fountation services? If 'Yes," complete Schedule D, Part II 8 X 9 Did the organization, responder schedule D, Part IV 10 X 10 X 11 The systemation's answer to any of the following questions is 'Yes,' then complete Schedule D, Part V 10 X 10 X 11 The organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 101 'Yes,' complete Schedule D, Part W 11a X 11 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 101 'Yes,' complete	4				v
similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part II 5 X 0 Did the organization maintain any domer advised funds or ary semilar funds or accounts? If "Yes," complete Schedule D, Part I 6 X 7 Did the organization receive or hold a conservation easement, including assements to preserve open space, the environment, histocical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization report an amount in Part X, line 21, for sercive or custodial account liability, serve as a dirustodian for amounts in sites in Part X, rop orvide credit consensities, held the any consenses of the organization, directly or through a reliated organization, hold assets in chore-restricts of complete Schedule D, Part IV 10 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10, IV, VII, VII, VII, VII, VII, VII, VII	-		4		
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 for Which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Which donors have the right to provide advice on the distribution and mass of works of art, historic attreasures, or other similar assets? If 'Yes,' complete Schedule D, Part II 6 X 7 X 2 Did the organization maints collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part IV 7 X 9 Did the organization right and collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part IV 9 X 9 Did the organization frequents? If 'Yes,' complete Schedule D, Part V 10 X 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X line 12, that is 5% or more of its total assets reported in Part X, line 17 Wes,' complete Schedule D, Part W 11a X 12 Did the organization report an amount for investments - organ frequel nPart X, line 15, that is 5% or more of its total assets reported in Part X, line 17 Wes,' complete Schedule D, Part W 11a X 13 Did the organization separate, independ	5		F		x
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, instoric land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a gustodian for amounts no listed in Part X, or provide credit courseling, debt management, credit repair, or debt negatiation for amounts no listed in Part X, or provide credit courseling, debt management, credit repair, or debt negatiation, directly or through a related organization, hold assets in donor-restricting encomments or in quasia forwards. The "s", complete Schedule D, Part IV 10 X 10 Did the organization (alcetly or through a related organization, hold assets in donor-restricting encomments or in attain advorments? If "res," complete Schedule D, Part V 10 X 11 If the organization report an amount for lead, buildings, and equipment in Part X line 12, that is 5% or more of its total assets reported in Part X, line 167 If "res," complete Schedule D, Part X 11a X 12 Did the organization report an amount for investments - program fracts in ParX, line 13, that is 5% or more of its total assets reported in Part X, line 167 If "res," complete Schedule D, Part X 11a X 13 Did the organization report an amount for investments - p	6		5		<u></u>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical areas, or historic structures? If 'Ves,' complete Schedule D, Part II. 7 X 8 Did the organization maintain collections of vorks of art, historical treasures, or other similar assets? If 'Ves,' complete Schedule D, Part II. 8 X 9 Did the organization negative for an amount in Part X, line 21, for secrow or custodial account liability, serve as algustodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negative on services? 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X line 10, Part V. 10 X 11 If the organization report an amount for investments - order 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 VI. 11a X 11 Did the organization report an amount for investments - order securities 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 VI. 11a X 11 Did the organization report an amount for investments - program flexid on 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 XI. 11d X 11 Z Did the organization schane specifies (Schedule D, Part X).	0		6		x
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization maintain collections of works of art, historical reasures, or other similar assets? If "Yes," complete Schedule D, Part III. 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide cradit counseling, debt management, cradit repair, or debt negatization services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donorrestricted encomments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 10 Did the organization report an amount for land, buildings, and equipment in Part X line 12? If "Yes," complete Schedule D, Part VI 10 X 11 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 XI 11a X 11 Did the organization report an amount for tor investments - other securities 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 XIII 11a X 11 Did the organization report an amount for other isabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X 11 Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part	7				
B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III IIII B 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 ID Part V. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	•		7		х
Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as acustodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt near latent services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donorrestrictic endowments? 9 X 10 Did the organization answer to any of the following questions is "Yes," then complete Schedule D, Part V 10 X 11 If 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 167 // "Yes," complete Schedule D, Part V 11a X 12 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 // "Yes," complete Schedule D, Part V 11a X 13 Did the organization report an amount for investments - program regist 10, hat is 5% or more of its total assets reported in Part X, line 17/ "Yes," complete Schedule D, Part X 114 X 14 Did the organization separate or consolidated financial statements for the tax year include a tootnot that advesses the organization report an amount for investment and the financial statements for the tax year? 114 X 15 Did the organization orbotal segarate or consolidat	8				
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as questodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt neosition services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments? 9 X 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V. 10 X 12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V. 11 X 13 Did the organization report an amount for investments - other securities 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 V. 116 X 14 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 V. 116 X 14 Did the organization report an amount for other isabilities in Part X, line 15? If the relation is a partice or consolidated financial statements for the tax year? 114 X 14 Did the organization separate or consolidated financial statements for the tax year? 114 X 15 <td< td=""><td>-</td><td></td><td>8</td><td></td><td>х</td></td<>	-		8		х
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt needed on services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endownets? 10 X 11 If the organization report an answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VI, VI, VII, VI, VI, VII, VI, V	9				
10 Did the organization, directly or through a related organization, hold assets in donor-restricted elaborments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V 10 X a Did the organization report an amount for land, buildings, and equipment in Part X line 10? If 'Yes," complete Schedule D, Part V 11a 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 V 11a 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 V 11d X c Did the organization report an amount for other assets In Part X, line 23? If 'Yes," complete Schedule D, Part X 11d X e Did the organization report an amount for other assets In Part X, line 23? If 'Yes," complete Schedule D, Part X 11d X 12a Did the organization report an amount for other assets In Part X, line 23? If 'Yes," complete Schedule D, Part X 11d X 12a Did the organization report an amount for other labules in Part X, line 23? If 'Yes," complete Schedule D, Part X 11t X 12a Did the organization nebure		amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable. 11 X 2 Did the organization report an amount for investments - other securities in Part X line 107 If "Yes," complete Schedule D, Part VI 11a X 2 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VI 11a X 2 Did the organization report an amount for investments - program registed in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D Part VI 11d X 4 Did the organization report an amount for other lasyletis in Part X, line 257 If "Yes," complete Schedule D, Part X 11d X 5 Did the organization is parate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11f X 11 X 11d X 11d X 11d X 12 Did the organization base parate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X			9		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule 0, Parts VI, VII, VII, VX, or X as applicable. 11<	10				
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or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	16		-		<u> </u>
 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>			16		Х
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 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 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 20b 21 X	17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization operate on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X			17		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization operate on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	18				
complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X			18	Х	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	19				77
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 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 21 X					<u> </u>
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X			20b		
	21		21		x
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			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		Х
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
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C		040		
	any tax-exempt bonds?	24c		
	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			v
	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	1		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	1		
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part I	26		Х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f	200		
C	"Yes," complete Schedule L, Part IV	28c		x
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200		X
29		29		- 23
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
• •	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		<u> </u>
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	1		
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		1 00		I
	Check if Schedule O contains a response or note to any line in this Part V			X
				No
4 -	Enter the number reported in Day 2 of Form 1000. Fater 0, if not applicable		Yes	INO
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	ť		
		4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	L
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	5			

Form 990 (2020)	COMMUNITY	AGING &	RETIREMENT	SVCS, INC.	23-7348090	Page 5
Part V Statements	Regarding Other	' IRS Filings	s and Tax Complia	ance (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	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	•	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
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	еО		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	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 A	Accour	nts (FBAR).	-		х
5a				5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b 5c		
-	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			50		
6a				6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions?			Ua		
	were not tax deductible?		, giite	6b		
7	Organizations that may receive deductible contributions under section 170(c).	\bigcirc)	0.0		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices (provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	luired			
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contra	ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f	/	X
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		NT / 7	•		
0			N/A	8		
9 a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?		N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:			0.5		
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				
b		10b				
11	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders N/A	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	? I	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		N/A	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?		IN/A	13a		
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the					
5	organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	130 13c				
		-	I	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun					
	excess parachute payment(s) during the year?			15		х
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt inco	me?	16		X
	If "Yes," complete Form 4720, Schedule O.					
				Form		(2020)

Form **990** (2020)

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Form 990 (2	2020)
Part VI	Gov

COMMUNITY AGING & RETIREMENT SVCS, INC. 23-

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15			
	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 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 15			
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		Х
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
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37	
а	The governing body?	8a	X	<u> </u>
	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			v
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
10-		10a	Yes X	No
	Did the organization have local chapters, branches, or affiliates?	10a	- 23	
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	x	
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	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1.14		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	104		
Sec	exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright FL$			
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	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.	, - Crity	,	
	X Own website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finaı	ncial	
	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			
	JEMITH ROSA - 727-862-9291			
	12417 CLOCK TOWER PKWY, HUDSON, FL 34667			
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Part VII	Co	mpensation of	of Officers,	Directors,	Trustees,	Key Employees,	Highest Compensate	d
	Em	ployees, and	I Independe	ent Contra	ctors			

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)	(B)			(0)			(D)	(E)	(F)
Name and title	Average	(da		Posi	ition			Reportable	Reportable	Estimated
	hours per	box	not c , unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week		cer an	d a d	irecto	or/trus	itee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di	e			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e.	pens		(W-2/1099-MISC)		organization
	organizations below	ual tri	ional		ploye	t com				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JEMITH ROSA	45.00	<u> </u>	-	0	¥	Ξ	E.	^o		
PRESIDENT AND CEO		1		x				96,426.	0.	8,980.
(2) MICHAEL NEUMANN	40.00									
CFO		1		x				69,976.	0.	6,274.
(3) STEVEN SPINA, PH.D.	1.00				\square					
CHAIRPERSON		X						0.	0.	0.
(4) ANNETTE DAMEY	1.00			D						
IMMEDIATE PAST CHAIR		X	0					0.	0.	0.
(5) SEROMONEY SINGH	1.00									
VICE CHAIR		X						0.	0.	0.
(6) ALVIN HAGERICH, CPA	1.00									
TREASURER		X						0.	0.	0.
(7) BARBARA SHARP	1.00									
SECRETARY	0	Х						0.	0.	0.
(8) REBECCA BELL, ESQ.	1.00									
DIRECTOR		Х						0.	0.	0.
(9) GREGORY GAY, ESQ.	1.00									
DIRECTOR		Х						0.	0.	0.
(10) LEIGH MASSENGILL	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(11) GLORIA LAROCHE	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(12) PAULA O'NEIL	1.00									-
DIRECTOR		Х						0.	0.	0.
(13) MICHAEL CLARK	1.00									-
DIRECTOR		Х						0.	0.	0.
(14) PAULINE SNYDER	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(15) JOHN WESSEL	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(16) BOBBI TAFARA	1.00									-
DIRECTOR/EX-OFFICIO		X						0.	0.	0.
(17) LISA PARISI	1.00							_	_	_
DIRECTOR/EX-OFFICIO		Х						0.	0.	0.
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		Y AGING	&	RI	ETJ	[R]	EMI	ΞŊ	T SVCS, INC.	23-7	348	090	Pa	ige 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st (Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unle	ss pe	ition ^{more} rson	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	on	am	(F) timate ount c other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatior (W-2/1099-MI		fro orga and	pensat om the anization I relate nization	e on ed
										1				
									<u> </u>					
							C							
1b	Subtotal					C	5		166,402.		0.	1!	5,25	54.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A			<u></u>				0. 166,402.		0.		5,25	0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	iose	liste	ed al	bove	e) wł	no r	received more than \$100	0,000 of reportat	le			0
)	~									Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> \$	T							ghest compensated emp			3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150			-						-		4		х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue compe	nsat	ion f	from	any	/ unr	elat	ted organization or indiv	idual for services	s	5		X
<u>Sec</u>	tion B. Independent Contractors Complete this table for your five highest co	monoctod in	done	nda	nt o	ont	raoto		that reacived more than	¢100.000 of oor		ation fi	om	
_	the organization. Report compensation for	-										ation ii	UIII	
	(A) Name and business								(B) Description of s	services	с	(C omper		1
	HESIVE NETWORKS 2 INC, ONTAGE ROAD, SUITE 350				33	360	07		EMPLOYEE LEASING/HEAL	TH INS	2	,168	3,81	72.
	Table and the second									th				
2	Total number of independent contractors (i \$100,000 of compensation from the organized strength or the organized strength of the organized strength	•	iot lii	mite	d to		se lis 1	steo	a above) who received n	nore than				
	· · · · · · · · · · · · · · · · · · ·	-										Form S	990 (2	2020)

			2020) COMMUNITY AGI	NG & RET	IREMENT S	SVCS, INC.	23-7348	090 Page 9
Pa	rt V	/111	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lin			(2)	
					(A) Total revenue		(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts its	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
S, G			Fundraising events 1c					
Gift lar			Related organizations					
ns, Simi		е	Government grants (contributions) 1e 2,	661,311.				
itioi er S		f	All other contributions, gifts, grants, and					
Gth				751,764.				
ont		-	Noncash contributions included in lines 1a-1f		2 412 071	-		
a C		h	Total. Add lines 1a-1f	Business Code	3,413,07	.		
•	2	_	PROGRAM SERVICE FEES	621610	231,51	3. 231,513		
vice	_		SENIOR CENTER ACTIVITI	624110	40,514			
Ser			ADULT DAY CARE	624110	5,990	5,990	,	
am		d	OTHER	621610	2,73			
Program Service Revenue		e)	
Pr		f	All other program service revenue					
			Total. Add lines 2a-2f	►	280,750	5.		
	3		Investment income (including dividends, intere	est, and				
			other similar amounts)		8,48	•		8,485.
	4		Income from investment of tax-exempt bond p			0		
	5		Royalties					
	_		(i) Real	(ii) Personal	6			
			Gross rents 6a		0			
			Less: rental expenses 6b Rental income or (loss) 6c					
			Not rental income or (loco)					
			Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a	2,248.				
		b	Less: cost or other basis	\sim				
anı			and sales expenses	0.				
evenue			Gain or (loss)	2,248.		_		
R, R		d	Net gain or (loss)	►	2,248	8.		2,248.
Other R	8	а	Gross income from fundraising events (not					
0			including \$ of					
			contributions reported on line 1c). See	23,140.				
		h	Part IV, line 18 8a Less: direct expenses 8b					
			Net income or (loss) from fundraising events		21,194	4		21,194.
			Gross income from gaming activities. See		/			,
	-	~	Part IV, line 19					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities	>				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
			Less: cost of goods sold 10b					
		С	Net income or (loss) from sales of inventory					
sn		~		Business Code				
neo	11							
ella »ver		b c						
Miscellaneous Revenue			All other revenue					
Σ			Total. Add lines 11a-11d					
	12		Total revenue. See instructions	>	3,725,758	3. 280,756.	0.	31,927.
03200	9 12-	-23-	20					Form 990 (2020

Pa	t IX Statement of Functional Expense	es			
Sect	ion 501(c)(3) and 501(c)(4) organizations must com	nplete all columns. All oth	her organizations must co	omplete column (A).	
	Check if Schedule O contains a respo	nse or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	166 402	152 261	12 002	138.
~	trustees, and key employees	166,402.	152,361.	13,903.	130.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)	1,925,764.	1,763,264.	160,904.	1,596.
7 8	Other salaries and wages Pension plan accruals and contributions (include	±,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	100,3040	т, 590•
ø	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	208,718.	191,106.	17,439.	173.
9 10	Payroll taxes	190,409.	174,342.	15,909.	158.
11	Fees for services (nonemployees):		,.		
	Management				
	Legal	6,400.	6,400.		
	Accounting	31,200.	28,700.	2,500.	
	Lobbying		5		
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	89,473.	86,597.	2,876.	
12	Advertising and promotion	29,448.	23,698.	5,370.	380.
13	Office expenses	73,075.	66,835.	6,240.	
14	Information technology	21,326.	16,600.	4,726.	
15	Royalties	<u> </u>			
16	Occupancy	50,988.	50,988.		
17	Travel	25,789.	23,119.	2,670.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials \dots				
19	Conferences, conventions, and meetings	39,940.	20 040		
20	Interest	59,940.	39,940.		
21	Payments to affiliates Depreciation, depletion, and amortization	107,301.	107,125.	176.	
22		47,792.	47,792.	1700	
23 24	Insurance Other expenses. Itemize expenses not covered	1,154.			
24	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 0.)				
а	OTHER COSTS	89,983.	74,319.	14,955.	709.
b	PROGRAM SUPPLIES	45,666.	45,322.	62.	282.
с	MAINTENANCE AND REPAIRS	37,748.	37,391.	357.	
d	SPECIAL EVENTS	11,935.	10,258.	1,677.	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,199,357.	2,946,157.	249,764.	3,436.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
03201	0 12-23-20				Form 990 (2020)

10510527 795320 284300

11 2020.03050 COMMUNITY AGING & RETIREMEN 284300_1

²³⁻⁷³⁴⁸⁰⁹⁰ Page 10 Form 990 (2020) COMMUNITY AGING & RETIREMENT SVCS, INC.

10510527 795320 284300

Cash - non-interest-bearing 1 2 Savings and temporary cash investments 3 Pledges and grants receivable, net

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

	3	Pledges and grants receivable, net			336,448.	3	518,782.
	4	Accounts receivable, net			43,277.	4	76,604.
	5	Loans and other receivables from any current or			- ,	-	.,
	Ū	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of these				5	
	6	Loans and other receivables from other disquali					
	Ŭ	under section 4958(f)(1)), and persons described				6	
S	7	Notes and loans receivable, net			450,000.	7	200,000.
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			8,061.	9	8,927.
		Land, buildings, and equipment: cost or other			• , • • = •		
	100	basis. Complete Part VI of Schedule D	10a	3.754.450.			
	h	Less: accumulated depreciation		3,754,450. 1,779,314.	2,040,612.	10c	1,975,136.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1			98,245.	12	103,728.
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			\mathbf{U}	14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			3,056,263.	16	3,581,863.
	17	Accounts payable and accrued expenses			221,982.	17	243,274.
	18	Grants payable				18	
	19	Deferred revenue			3,863.	19	2,659.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
s	22	Loans and other payables to any current or form					
itie		trustee, key employee, creator or founder, subst	- -				
Liabilities		controlled entity or family member of any of thes				22	
Ë	23	Secured mortgages and notes payable to unrela			943,926.	23	914,037.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
						25	
	26	Total liabilities. Add lines 17 through 25			1,169,771.	26	1,159,970.
		Organizations that follow FASB ASC 958, che	ck here				
ces		and complete lines 27, 28, 32, and 33.					
au	27	Net assets without donor restrictions			1,886,492.	27	2,421,893.
d Balances	28	Net assets with donor restrictions				28	
		Organizations that do not follow FASB ASC 9					
Ľ.		and complete lines 29 through 33.					
Net Assets or Fun	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq				30	
t As	31	Retained earnings, endowment, accumulated in				31	
Nei	32	Total net assets or fund balances			1,886,492.	32	2,421,893.
	33	Total liabilities and net assets/fund balances			3,056,263.	33	3,581,863.

23-7348090 Page 11 COMMUNITY AGING & RETIREMENT SVCS, INC.

(A)

Beginning of year

79,620.

1

2

(B) End of year

339,397.

359,289.

Form **990** (2020)

Form 990 (2020)

Part X Balance Sheet

Form	n 990 (2020) COMMUNITY AGING & RETIREMENT SVCS, INC.	23-73	48090	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,725		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,199		
3	Revenue less expenses. Subtract line 2 from line 1	3			01.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,886		
5	Net unrealized gains (losses) on investments	5	2	9,0	00.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		2 4 2 1	ı o	0.2
Da	column (B)) rt XII Financial Statements and Reporting	10	2,421	ι,ο	93.
га					X
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			100	
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	<u> </u>	·		
29	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
24	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	 d on a			
	separate basis, consolidated basis, or both:	aona			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa				
	consolidated basis, or both:				
	Separate basis IConsolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audit			
	Act and OMB Circular A-133?		3 a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	uired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b		L
			Form	990	(2020)
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
	X				

032012 12-23-20

SCHEDULE A	
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Department of the Treasury Internal Revenue Service

1	Form	990	or	990-EZ
1		550	0	

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

2020
Open to Public Inspection

OMB No. 1545-0047

L

Nam	e of t	the organization							r identification number
				G & RETIREME					3-7348090
Pa	τI	Reason for Public	Charity Status.	(All organizations must o	omplete t	his part.) S	ee instructio	ns.	
The o	organ	ization is not a private found	dation because it is: (For lines 1 through 12, o	check only	one box.)			
1		A church, convention of ch	urches, or association	on of churches describe	d in sectic	on 170(b)(*	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 9	90-EZ).)			
3		A hospital or a cooperative	hospital service org	anization described in s e	ection 170)(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospita	l describe	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental	unit descril	oed in
		section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6		A federal, state, or local go	vernment or governr	nental unit described in	section 1	70(b)(1)(A)	(v).		
7		An organization that norma	ally receives a substa	intial part of its support f	from a gov	vernmental	unit or from	the genera	public described in
		section 170(b)(1)(A)(vi). (C							
8		A community trust describe							
9		An agricultural research org							
		or university or a non-land-	grant college of agric	ulture (see instructions).	. Enter the	name, cit	, and state c	of the colleg	je or
10	v	university:							
10	Δ	An organization that norma							
		activities related to its exer							
		income and unrelated busin See section 509(a)(2). (Co		(less section 511 tax) fr	om busine	sses acqu	lired by the o	rganization	after June 30, 1975.
11		An organization organized	,	ively to test for public e	foty Soo	section 5()Q(a)(4)		
12		An organization organized						arry out th	a nurnoses of one or
		more publicly supported or							
		lines 12a through 12d that							
а		Type I. A supporting orga							/ aivina
		the supported organization							
		organization. You must o			, ,				
b		Type II. A supporting org	· · · · · · · · · · · · · · · · · · ·		tion with i	ts support	ed organizati	on(s), by ha	aving
		control or management of	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or man	age the su	oported
		organization(s). You mus	st complete Part IV,	Sections A and C.					
с		Type III functionally inte	egrated. A supportin	g organization operated	in connec	tion with, a	and functiona	ally integrat	ed with,
		_ its supported organizatio	on(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	orted organ	ization(s)
		that is not functionally int						d an atten	tiveness
		requirement (see instruct	tions). You must cor	nplete Part IV, Sections	s A and D	, and Part	V.		
е		Check this box if the orga					а Туре I, Туре	e II, Type III	
		functionally integrated, o		nally integrated support	ing organi	zation.			
f		er the number of supported	•						
g		vide the following information i) Name of supported	n about the supporte (ii) EIN	ed organization(s).	(iv) Is the orga	anization listed	(v) Amount o	fmonetary	(vi) Amount of other
	(organization		(described on lines 1-10	in your govern Yes	ing document?	support (see i	,	support (see instructions)
		•		above (see instructions))	165				
Tota									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 14

Schedule A (Form 990 or 990-EZ) 2020 COMMUNITY AGING & RETIREMENT SVCS, INC. 23-7348090 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.)

Calendar year (of ficeal year beginning in) (g) 2016 (g) 2017 (g) 2018 (g) 2019 (g) 2020 (f) Total (g) 2019 (g) 2020 (g) Total (g) 2019 (g) 2019 (g) 2019 (g) 2019 (g) 2020 (g) Total (g) 2019 (g) 2019 (g) 2019 (g) 2019 (g) 2020 (g) Total (g) 2019 (g) 2019 (g) 2019 (g) 2019 (g) 2020 (g) Total (g) 2019 (g) 2019 (g) 2019 (g) 2019 (g) 2019 (g) 2020 (g) Total (g) 2019 (g) 2019 (g) 2019 (g) 2019 (g) 2019 (g) 2019 (g) 2020 (g) Total (g) 2019 (g) 2019 (g) 2019 (g) 2019 (g) 2019 (g) 2020 (g) Total (g) 2019 (g) 2019 (g) 2019 (g) 2019 (g) 2019 (g) 2020 (g) Total (g) 2019 (g) 2019 (g) 2019 (g) 2019 (g) 2019 (g) 2019 (g) 2020 (g) Total (g) 2019 (g) 2019 (g) 2019 (g) 2019 (g) 2019 (g) 2020 (g) Total (g) 2019 (g) 2019 (g) 2019 (g) 2019 (g) 2019 (g) 2020 (g) Total (g) 2019 (g) 2019 (g) 2019 (g) 2019 (g) 2019 (g) 2019 (g) 2020 (g) Total (g) 2019 (g) 2019 (g) 2019 (g) 2019 (g) 2019 (g) 2019 (g) 2020 (g) Total (g) 2019 (g) 2019 (g) 2019 (g) 2019 (g) 2019 (g) 2019 (g) 2020 (g) Total (g) 2019 (g) 2019 (g) 2019 (g) 2019 (g) 2019 (g) 2019 (g) 2020 (g) Total (g) 2019 (Sec	ction A. Public Support					-	
membership fees received. (0: not include any 'unusual grants.') 2 2 Tax revenues levied for the organ- ization's benefit and ether pad to or expended in its behalt	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
include any 'unusual grants.", 2 2 Tax revenues levied for the organization is benefit and either paid to or expended on its behalf	1	Gifts, grants, contributions, and						
2 Tarvereuse levid for the organization is behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge is thready a governmental unit or publicly supported organization is behalf		membership fees received. (Do not						
ize ation's benefit and either pair to or expanded on its behalf		include any "unusual grants.")						
or expended on its behalf 3 The value of services or facilities turnished by a governmental unit to the organization without charge 4 Total. Add lines it through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 25 of the amount shown on line 11, column (f) 6 Public support. Autenative's from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royallies, and income from similar sources 9 Net income from interest, dividends, payments received on securities loans, rents, royallies, and income the sale of capital assets (Explain in Part VI) 11 Total support. Add line 7 through 10 C Gross receipts from related activities, etc. (see instructions) 12 13 First Syears. If the Form 990 is first be organization first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and sale on free Section C. Computation of Public Support 2000 (f) idvided by line 11, column (f)) 14	2	Tax revenues levied for the organ-						
3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3. 1 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) 1 6 Public support.elawate line's term line 4. 1 7 Amounts from line 4. (a) 2016 8 Gross income from line 4. (b) 2017 7 Amounts from line 4. (c) 2019 8 Gross income from line 4. (c) 2019 9 Net income from inice4. (c) 2019 9 Net income from include gain or loss from the sale of capital assets (Explain in Part VI). (c) 2016 11 Total support. (c) 2016 12 Torse scepts from related activities, etc. (ge) instructors). 12 13 First 5 years. If the Form 900 is the the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and sdop fire 8 Holds support percentage from 2019 Schedule A, Part II, line 14. 14 19 Abile support percentage from 2019 Schedule A, Part II, line 14. 15 19 Abile support percentage from 2019 Schedule A, Part II, line 14. 15 19 Abile support percentage from 2019 Schedule A, Part II, line 14. 15 19 Abile support percentage fro		ization's benefit and either paid to						
furnished by a governmental unit to the organization without charge Image: constraint of the contributions by each parson (other than a governmental unit or publicly supported organization) included on line 1 that seceeds 2% of the amount shown on line 11, column (i) Image: constraint of the contributions by each parson (other than a governmental unit or publicly support. brings) we constraint on the seceed 2% of the amount shown on line 11, column (i) Image: constraint of the constraint		or expended on its behalf						
the organization without charge 4 table. Add lines 1 through 3 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, columm (i) 6 Public support. Skewack line 5 tom line 4 6 Section B. Total Support (a) 2016 (b) 2017 (c) 2019 (e) 2020 (f) Total Section B. Total Support (a) 2016 (b) 2017 (c) 2019 (e) 2020 (f) Total Section B. Total Support (a) 2016 (b) 2017 (c) 2019 (e) 2020 (f) Total Section B. Total Support (a) 2016 (b) 2017 (c) 2019 (e) 2020 (f) Total Section B. Total Support (a) 2016 (b) 2017 (c) 2019 (e) 2020 (f) Total Other income from line 4 (a) 2016 (b) 2017 (c) 2019 (e) 2020 (f) Total Total support. Add lines 7 through 10 (a) 2016 (b) 2017 (c) 2019 (e) 2020 (f) Total Total support. Add lines 7 through 10 12 12 12 12 12 Total support table of capital asaset (Eppia in Part V) 12 <td>3</td> <td>The value of services or facilities</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	3	The value of services or facilities						
4 Total. Add lines 1 through 3 5 The portion of total contributions by each press of (dire than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subsective 5 through 10 6 Public support. Subsective 5 through 10 7 Amounts from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from similar sources activities, whether or not the business is regularly camiler on the subsection P. Total support. Add lines 7 through 10. 10 Other income. Do not include gan or loss from the sale of capital assets (Explain in Par VI). 12 11 Total support. Add lines 7 through 10. 12 12 Gross necepts from related duvines, activities, whether or not the business is regularly camiles, acto keel instructions) 12 12 Gross recepts from related busines, activities, whether or not the Quanization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Total support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 59 15 Public support percentage for 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 qualif		furnished by a governmental unit to						
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) Image: the support subtract line 5 from line 4 6 Public support, subtract line 5 from line 4 Image: the support subtract line 5 from line 4 Image: the support subtract line 5 from line 4 7 Amounts from line 4 Image: the support subtract line 5 from line 4 Image: the support subtract line 5 from line 4 8 Gross in come from line 4 Image: the support subtract line 5 from line 4 Image: the support subtract line 5 from line 4 9 And tick support subtract line 5 from line 4 Image: the support subtract line 5 from line 4 Image: the support subtract line 5 from line 4 9 Called rows income from similar sources in a coll support subtract line 5 from unrelated business activities, whether or not the business is regularly carried on support to support 1 for the support 1 for t		the organization without charge						
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)	4	Total. Add lines 1 through 3						
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organization, check this box and stop here Image: Section C. Computation of Public Support Percentage 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)). 14 % 15 Public support percentage from 2019 Schedule A, Part II, line 14 15 % 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 Image: Column (f) Image: Column (f) 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 Image: Column (f) Image: Column (f) 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, check this box and stop here. Explain in Part VI how the organization 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, check this box and stop here. Explain in Part VI how 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 b 10% -facts-and-circumsta				,				
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		-						. —
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 🕨								>
Schodulo & /Earm 990 at 990 E7) 2020	18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t			

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990 EZ) 2020 COMMUNITY AGING & RETIREMENT SVCS, INC. 23-7348090 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.")	4651395.	5031660.	3770262.	3069985.	3413075.	19936377.
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1414934.	983,048.	758,707.	486,265.	280,756.	3923710.
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5	6066329.	6014708.	4528969.	3556250.	3693831.	23860087.
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons			0			0.
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			<u> </u>			0.
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						23860087.
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a)2016 6066329.	(b) 2017 6014708.	(c) 2018 4528969.	(d) 2019 3556250.	(e) 2020	(f) Total 23860087 •
9 Amounts from line 6 10a Gross income from interest,	0000329.	0014700.	4526909.	3556250.	2022021.	23000007.
dividends, payments received on securities loans, rents, royalties, and income from similar sources	20,417.	16,850.	-5,256.	14,932.	8,489.	55,432.
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975	.0					
c Add lines 10a and 10b	20,417.	16,850.	-5,256.	14,932.	8,489.	55,432.
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.)			226.			226.
13 Total support. (Add lines 9, 10c, 11, and 12.)	6086746.	6031558.	4523939.	3571182.	3702320.	23915745.
14 First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizat	ion,
check this box and stop here	-	· · · ·	······		····· •	
Section C. Computation of Publ	ic Support Per	rcentage				
15 Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	99.77 %
16 Public support percentage from 2019	Schedule A, Part	III, line 15			16	99.84 %
Section D. Computation of Inves						
17 Investment income percentage for 20	20 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	.23 %
18 Investment income percentage from 2					18	.16 %
19a 33 1/3% support tests - 2020. If the					3 1/3%, and line 1	
more than 33 1/3%, check this box a						► X
b 33 1/3% support tests - 2019. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%,	and
line 18 is not more than 33 1/3% , che	ck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	orted organization	
20 Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	>
032023 01-25-21				Sche	edule A (Form 990	0 or 990-EZ) 2020
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Schedule A (Form 990 or 990-EZ) 2020 COMMUNITY AGING & RETIREMENT SVCS, INC. 23-7348090 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

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

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Schedule A (Form 990 or 990-EZ) 2020

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

17

Sche	edule A (Form 990 or 990-EZ) 2020 COMMUNITY AGING & RETIREMENT SVCS, INC. 23-73	4809	0 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
Ŭ	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			L
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	
•	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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>	supervised, or controlled the supporting organization.	2		L
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
-	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions	<u>,</u>		
' a	The organization satisfied the Activities Test. Complete line 2 below.	<i>.</i>		
	The organization is the parent of each of its supported organizations. Complete line 3 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	notructi-	201	
c		Istruction	r –	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	1	I

- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2b

3a

Зb

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Sche	dule A (Form 990 or 990-EZ) 2020 COMMUNITY AGING & RETIRE			3-7348090 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov. 20, 1970 (explain in F	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	comple	te Sections A through E.	
Sect	ion A - Adjusted Net Income	-	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	-	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors	0		
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 COMMUNITY AGING & RETIREMENT SVCS, INC. 23-7348090 Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish exe							
2	Amounts paid to perform activity that directly furthers exempt							
	organizations, in excess of income from activity	2						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	is 3					
4	Amounts paid to acquire exempt-use assets		4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5					
6	Other distributions (describe in Part VI). See instructions.		6					
7	Total annual distributions. Add lines 1 through 6.		7					
8	Distributions to attentive supported organizations to which the	he organization is responsive	e					
	(provide details in Part VI). See instructions.		8					
9	Distributable amount for 2020 from Section C, line 6		9					
10	Line 8 amount divided by line 9 amount		10					
Secti	on 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 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2020							
а	From 2015							
b	From 2016							
c	From 2017	0						
d	From 2018	<u> </u>						
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,	2						
	line 7: \$							
a	Applied to underdistributions of prior years							
	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, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2020. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2021. Add lines 3j							
	and 4c.							
	Breakdown of line 7:							
	Excess from 2016							
	Excess from 2017							
	Excess from 2018							
-	Excess from 2019							
e	Excess from 2020							

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A	(Form 990 or 990-										
Part VI	Part IV, Section A line 1; Part IV, Se	A, lines 1, ction D, li	2, 3b, 3c, 4b, nes 2 and 3; I	4c, 5a Part IV	a, 6, 9a, 9b, 9 , Section E,	9c, 11 lines ⁻	quired by Part II, lin a, 11b, and 11c; Pa 1c, 2a, 2b, 3a, and d 6. Also complete	art IV, Sectio 3b; Part V, lii	n B, lines [·] ne 1; Part [·]	1 and 2; Part V, Section B,	IV, Section C, line 1e; Part V
	(See instructions	, 6, and 8 .)	s; and Part V, s	Sectio	n E, lines 2,	5, and	d 6. Also complete	inis part for a	any additio	onal informatio	on.
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32028 01-25-2	1								Schedu	le A (Form 99	0 or 990-EZ)
							21				

Schedule B (Form 990, 990-EZ,

or 990-PF) Department of the Treasury Internal Revenue Service

Form 990 or 990-EZ

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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



2020

Employer identification number

	COMMUNITY	AGING	&	RETIREMENT	SVCS,	INC.	23-7348090
Organization type (che	ck one):						
Filers of:	Section:						

4947(a)(1) nonexempt charitable trust not treated as a private foundation

	527 politic	cal organization	
Form 990-PF	501(c)(3) e	exempt private foundation	•
	4947(a)(1)	nonexempt charitable trust treated as a p	private foundation
	501(c)(3) ta	taxable private foundation	C OX

X 501(c)(3) (enter number) organization

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

General Rule

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

Special Rules

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

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

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

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

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Employer identification number

23-7348090

COMMUNITY AGING & RETIREMENT SVCS, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$6,916.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$2,029,034.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	<u>Public</u>	\$16,432.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$45,444.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>81,564</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
023452 11-25		Schedule B (Form	990, 990-EZ, or 990-PF) (2020)

Employer identification number

23-7348090

COMMUNITY AGING & RETIREMENT SVCS, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$417,904.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>180,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	<u>Public</u>	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$9,916.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$498,830.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
023452 11-25		Schedule B (Form	990, 990-EZ, or 990-PF) (2020)

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Name of o	rganization		Employer identification number
COMMU	NITY AGING & RETIREMENT SVCS, INC.		23-7348090
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is neede	d.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$ COR	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
023453 11-25	5-20 25	Schedule	B (Form 990, 990-EZ, or 990-PF) (2020

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Schedule I	B (Form 990, 990-EZ, or 990-PF) (2020)		Page 4							
Name of o	rganization		Employer identification number							
COMMU	NITY AGING & RETIREMENT	SVCS. INC.	23-7348090							
Part III		tions to organizations described in a) through (e) and the following line er charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year							
(a) No.										
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
		(e) Transfer of git	[
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee							
(a) No.										
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
		(e) Transfer of git	t.							
-	Transferee's name, address, a	ind ZIP + 4	Relationship of transferor to transferee							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
-	(e) Transfer of gift									
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee							
(a) No										
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
	T	(e) Transfer of gif								
	Transferee's name, address, a	IND ZIP + 4	Relationship of transferor to transferee							
023454 11-25	5-20	26	Schedule B (Form 990, 990-EZ, or 990-PF) (2020)							

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SCHEDULE D

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.



Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

COMMUNITY AGING & RETIREMENT SVCS, INC. 23-7348090 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? No Yes 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 No impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part W, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure 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 Held at the End of the Tax Year day 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 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure d listed in the National Register 2d <u>)</u>_____ Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 year 🕨 Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? ____Yes No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 ► Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 Yes No and section 170(h)(4)(B)(ii)? · In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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 \$ Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice. see the Instructions for Form 990. Schedule D (Form 990) 2020 032051 12-01-20 27

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Sche		TY AGING				-		23-73			age 2
Par	t III Organizations Maintaining (Collections of	Art, Hi	storical Tr	easures,	or Oth	er Simi	lar Asse	ts (contii	nued)	
3	Using the organization's acquisition, access	ion, and other rec	ords, che	eck any of the	following th	nat make	significan	t use of its			
	collection items (check all that apply):			_							
а	Public exhibition		d	Loan or exc	hange prog	ram					
b	Scholarly research		e 🗌	Other							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and exp	lain how	they further t	he organiza	tion's exe	empt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donatior	ns of art,	historical trea	sures, or ot	her simila	ar assets		_		_
	to be sold to raise funds rather than to be m							L	Yes		No
Par	t IV Escrow and Custodial Arrar		plete if th	he organizatio	on answered	d "Yes" or	n Form 99	0, Part IV,	line 9, o	r	
	reported an amount on Form 990, Pa	art X, line 21.									
1a	Is the organization an agent, trustee, custoo							۱ <u> </u>	-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the	following	g table:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
e	Distributions during the year										
f	Ending balance						<u>1f</u>	I	1		1
	Did the organization include an amount on F							L	Yes		∐ No
Par	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete							<u></u>			
Fai	Endowment Funds. Complete							veere beek	(-) [00		haali
4		(a) Current year 98,24	, <u> </u>	Prior year 87,841.	(c) Two ye	99,962.	(a) 111166	years back 91,344.	(e) rou		
1a	Beginning of year balance	50,24		07,041		<i>99,9</i> 02.		91,344.			813.
u o	Contributions	10,39	5	14,796.		-7,123.		13,662.		7	574.
C d	Net investment earnings, gains, and losses	4,91		4,392	•	4,998.		4,568.			440.
d	Grants or scholarships	4,51	2 •	C ¹ , 3 , 2 .		Ŧ,550.		4,500.		ч,	440.
е	Other expenditures for facilities			~~							
	and programs							476.			603.
י מ	Administrative expenses End of year balance	103,72	8	98,245.		87,841.		99,962.		91	344.
2	End of year balance Provide the estimated percentage of the cur			,		•,•11.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, - 2	
-	Board designated or quasi-endowment	.0000		rg, column (a	ajj nelu as.						
h	Permanent endowment 100	%	/0								
c	Term endowment ► .0000										
•	The percentages on lines 2a, 2b, and 2c sho	÷ l l									
3a	Are there endowment funds not in the poss		nization t	hat are held a	and adminis	tered for	the organ	ization			
	by:								1	Yes	No
	(i) Unrelated organizations								3a(i)	Х	
	(ii) Related organizations								a (11)		Х
b	If "Yes" on line 3a(ii), are the related organized										
4	Describe in Part XIII the intended uses of the	e organization's er	Idowmen	nt funds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	ed "Yes" on Form 9	990, Part	IV, line 11a. S	See Form 99	90, Part X	(, line 10.				
	Description of property	(a) Cost o	r other	(b) Cost	t or other	(c) A	Accumulat	ed	(d) Boo	k value	e
	· · ·	basis (inve	stment)	basis	(other)	de	preciation	ו ו			
1a	Land				5,000					5,0	
	Buildings				2,503.		292,5		1,06		
	Leasehold improvements				.6,705.		114,1			2,5	
d	Equipment				8,389		249,2			9,1	
	Other			14	1,853.		123,3	34.		8,5	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, P	art X, coli	umn (B), line 1	10c.)			. 🕨	1,97	5,1	36.
								<u> </u>		0001	0000

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.		EMENT SVCS, INC.	23-7348090 Page 3
Complete if the organization answered "Yes			
(a) Description of security or category (including name of security		(c) Method of valuation: Cos	t or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	•		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes			
(a) Description of investment	(b) Book value	(c) Method of valuation. Cos	t or end-of-year market value
(1)			
(2)			
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			
<u>(7)</u>			
(8) (9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	G		
Part IX Other Assets.	1 NO		
Complete if the organization answered "Yes	s" on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 1	5.
-	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) Part X Other Liabilities.	ine 15.)		🕨
	an Form 000 Dort IV line	110 or 11f Soc Form 000 Dort V	line OF
Complete if the organization answered "Yes 1. (a) Description of liability	s on Form 990, Part IV, inte	e Tre of TTI. See Form 990, Part A,	(b) Book value
1. (a) Description of liability (1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)	ine 25.)		
2. Liability for uncertain tax positions. In Part XIII, provi	de the text of the footnote	to the organization's financial state	
organization's liability for uncertain tax positions und	er FASB ASC 740. Check I	nere if the text of the footnote has	been provided in Part XIII X

032053 12-01-20

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 COMMUNITY AGING & RETIREM Part XI Reconciliation of Revenue per Audited Financial States				7348090 Page 4
		Revenue per R	eturn	•
Complete if the organization answered "Yes" on Form 990, Part IV, line 1			1	3,734,758.
			1	5,754,750.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		9,000.		
a Net unrealized gains (losses) on investments		9,000.		
b Donated services and use of facilities				
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)	2d			0 000
e Add lines 2a through 2d		r i i i i i i i i i i i i i i i i i i i	2e	9,000. 3,725,758.
3 Subtract line 2e from line 1			3	5,125,150.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
a Investment expenses not included on Form 990, Part VIII, line 7b				
b Other (Describe in Part XIII.)	4b			٥
c Add lines 4a and 4b			4c	$\frac{0.}{2.725.750}$
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,725,758.
Part XII Reconciliation of Expenses per Audited Financial State		Expenses per	Retu	n.
Complete if the organization answered "Yes" on Form 990, Part IV, line 1				2 100 257
1 Total expenses and losses per audited financial statements			1	3,199,357.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities		\sim		
b Prior year adjustments		\mathbf{O}		
c Other losses				
d Other (Describe in Part XIII.)				0
e Add lines 2a through 2d			2e	<u> </u>
3 Subtract line 2e from line 1			3	3,199,357.
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	<u>4a</u>			
b Other (Describe in Part XIII.)	4b			<u> </u>
c Add lines 4a and 4b			4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part), line 18.)			5	3,199,357.
Part XIII Supplemental Information.				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a			; Part)	X, line 2; Part XI,
PART X, LINE 2:				
CARES HAS BEEN RECOGNIZED AS EXEMPT FROM FE	EDERAL II	ICOME TAXE	S UN	IDER
SECTION 501(C)(3) OF THE INTERNAL REVENUE C	CODE. THE	EREFORE, N	O PF	ROVISION
FOR INCOME TAXES HAS BEEN PRESENTED IN THES	SE FINANC	CIAL STATE	MENT	S. CARES
HAS NOT REPORTED ANY UNRELATED BUSINESS INC	COME; HOU	VEVER, SUC	H S7	ATUS IS
SUBJECT TO FINAL DETERMINATION UPON EXAMINA	ATION, II	F ANY, OF '	THE	RELATED
INCOME TAX RETURNS BY APPROPRIATE TAXING AU	JTHORITI	ES. CARES	ISN	IOT AWARE
OF ANY TAX POSITIONS IT HAS TAKEN THAT ARE	SUBJECT	TO A SIGN	IFIC	CANT DEGREE
OF UNCERTAINTY. TAX YEARS AFTER DECEMBER 31	L, 2016 B	REMAIN SUB	JECI	то
EXAMINATION BY FEDERAL AND STATE TAXING AUT	THORITIES	5.		

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Schedule D (Form 990) 2020

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Schedule D	(Form 990) 2020	COMMUNITY Information (continued)	AGING &	RETIREMENT	SVCS,	INC.	23-7348090	Page 5
Part XIII	Supplemental	Information (continued)						
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020055 40 04 5	20						Schedule D (Form 9	990) 2020
032055 12-01-2	20			31				

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SCHEDULE G	Suppleme	ntal Informat	tion Regard	ing Fund	draisin	ng or	Gaming A	Activ	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the	e organization a	nswered "Yes"	on Form	990, Pa	rt IV,	line 17, 18, o			2020
	o	rganization ente	ered more than ttach to Form.				-EZ, line 6a.			Open to Public
Department of the Treasury Internal Revenue Service	► Go	to www.irs.gov/					est information	on.		Inspection
Name of the organization		TY AGING	& RETIR	EMENT	svc	s,	INC.		Employer ide	entification number 3090
	ing Activities.	Complete if the						ne 1	7. Form 990-E	Z filers are not
1 Indicate whether th a A Mail solicitat	e organization rais ions email solicitations tations	ed funds throug	e Soli f Soli	owing activ citation of citation of ecial fundra	non-gov governn	vernm ment g	ent grants			
 2 a Did the organization key employees list b If "Yes," list the 10 compensated at least 	on have a written o ed in Form 990, Pa highest paid indiv	art VII) or entity ir viduals or entities	n connection wi	ith professi	onal fur	ndrais	ing services?		Ye:	
(i) Name and addres or entity (fund		(ii) A	Activity	(iii) fundra have cu or cont contribu	istody trol of	,	oss receipts n activity	to (o	Amount paid r retained by) iundraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No		5			
						2				
				C	2					
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)						
			$\mathbf{O}^{\mathbf{v}}$							
		-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•							
		<i>'0''</i>								
	Q	S								
Total										
Total 3 List all states in whi or licensing.	ich the organizatio			licit contrib	utions c	or has	been notified	it is	exempt from I	I registration
LHA For Paperwork Re	eduction Act Noti	ce, see the Inst	ructions for Fo	orm 990 or	990-EZ	2.	S	chec	lule G (Form	990 or 990-EZ) 2020

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Schedule G (Form 990 or 990-EZ) 2020 COMMUNITY AGING & RETIREMENT SVCS, INC. 23-7348090 Page 2

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

	_	or fundraising event contributions and gr		EE, III CO I AITA OD. EICT	evenue mun greee reeelp	10 grouter than \$0,000.
			(a) Event #1 CELEBRATING SENIORS	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
er			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	20,725.		2,415.	23,140.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	20,725.		2,415.	23,140.
		Cash prizes				
s	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
rect E)	7	Food and beverages			07	
Ō	8	Entertainment		C)	1 0 1 6
	9	Other direct expenses	946.		1,000.	1,946.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)	0.	►	1,946.
	11	Net income summary. Subtract line 10 from li				21,194.
Pa	rt I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 990, Part IV, line 19, or	reported more than	
e			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(u) Enigo	bingo/progressive bingo		col. (a) through col. (c))
Re	1	Gross revenue	CU.			
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes	$\mathbf{c}^{\mathbf{v}}$			
Direct	4	Rent/facility costs				
	5	Other direct expenses			1	
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
•	F					
а	ls t	ter the state(s) in which the organization conduct the organization licensed to conduct gaming and	ctivities in each of these			Yes No
b	11 "	No," explain:				
		ere any of the organization's gaming licenses re			year?	Yes No
b	lf "	Yes," explain:				
03208	32 1 [.]	1-25-20			Schedule G (For	m 990 or 990-EZ) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 COMMUNITY AGING & RETIREMENT SVCS, INC. 23-	7348090 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
	to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	13 a %
	An outside facility	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name	
	Address	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	
	of gaming revenue retained by the third party > \$	
с	If "Yes," enter name and address of the third party:	
	Name	
	Address ►	
16	Gaming manager information:	
	0	
	Name	
	Gaming manager compensation ▶ \$	
	Description of services provided	
	Director/officer Employee Independent contractor	
47		
	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
h	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
U	organization's own exempt activities during the tax year > \$	
Ра	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III. lines 9. 9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	, , , ,
03208	33 11-25-20 Schedule G (For	m 990 or 990-EZ) 2020

Schedule G	G (Form 990 or 990-EZ)	COMMUNITY .	AGING &	RETIREMENT	SVCS,	INC.	23-7348090	Page 4
Part IV	Supplemental Inf	ormation (continued)						
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				0				
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		X						
						Sch	edule G (Form 990 o	r 990.E7
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				35				

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.

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

Employer identification number

23-7348090

OMB No. 1545-0047

COMMUNITY AGING & RETIREMENT SVCS, INC.

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

SERVICES.

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

SENIOR HEALTH CLINIC

EXPENSES \$ 67,222. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,739.

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

THE COMPLETED FORM 990 IS PRESENTED TO THE BOARD OF DIRECTORS PRIOR TO

MONTHLY BOARD MEETINGS FOR REVIEW AND INPUT FORM 990 IS DISCUSSED AT THE

-

BOARD MEETING AND VOTED ON FOR APPROVAL AND SUBMISSION TO THE IRS.

FORM 990, PART V, LINE 2A
COMMUNITY AGING & RETIREMENT SERVICES, INC. (CARES) CONTRACTS WITH A
PROFESSIONAL EMPLOYER ORGANIZATION (PEO) FOR ADMINISTRATION OF THE
EMPLOYEES. UNDER THIS AGREEMENT, ALL EMPLOYEES OF CARES ARE IN
ACTUALITY LEASED FROM THE PEO. DUE TO THIS AGREEMENT, CARES DOES NOT
FILE FORM W-3 TRANSMITTAL OF WAGE AND TAX STATEMENTS, BUT RATHER THE
PEO WILL FILE FORM W-3 WHICH WOULD INCLUDE THE EMPLOYEES OF CARES. FOR
THE YEAR ENDED OF DECEMBER 31, 2020, CARES UTILIZIED 265 EMPLOYEES
THROUGH THE PEO.

	FOR	ам 9	90,	PART	r vi,	SECT	ION B	LIN	E 12C	:					
	CAR	ES :	HAS .	A WF	RITTE:	N CON	FLICT	OF I	NTERE	ST POLI	CY.	THIS	5 POLICY	IS F	RESENTED
	AT	THE	BEG	INNI	ING O	F THE	AGENI	DA AT	EACH	MONTHL	у вс	ARD N	IEETING.	BOA	ARD
	LHA	For Pa	aperwor	k Redu	uction Ac	t Notice,	see the Ins	struction	s for Forn	n 990 or 990-E	Z.		Schedule O	(Form 99	0 or 990-EZ) 2020
	032211	11-20-2	20							26					
10	510	527	7953	20	28430	0	2	020 0	13050		rmv -	ACTNC	с. ре лт		284300 1

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization COMMUNITY AGING & RETIREMENT SVCS, INC.	Employer identification number 23-7348090
MEETINGS ARE ATTENDED BY ALL ACTIVE BOARD MEMBERS AND KEY	MANAGEMENT STAFF.
ANY CONFLICTS OF INTEREST ARE TO BE PRESENTED AT THAT TIM	Ε.
FORM 990, PART VI, SECTION B, LINE 15:	
AD-HOC COMMITTEE OF THE BOARD OF DIRECTORS COMPLETED A CO	MPETITIVE SALARY
REVIEW WHICH WAS SUBMITTED TO THE FULL BOARD OF DIRECTORS	FOR REVIEW AND
DISCUSSION, AND VOTED ON FOR APPROVAL AND IMPLEMENTATION.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND FIN	ANCIAL STATEMENTS
ARE AVAILABLE AT THE ADMINISTRATIVE OFFICE FOR PUBLIC REV	IEW. THE ANNUAL
REPORT IS ALSO DISTRIBUTED WITH AUDITED FINANCIAL INFORMA	TION.
S	
FORM 990, PART XII, LINE 2C:	
NEITHER THE OVERSIGHT PROCESS NOR THE SELECTION PROCESS H	AS CHANGED
DURING THE TAX YEAR.	
032212 11-20-20 Sche	edule O (Form 990 or 990-EZ) 2020