					*	* PUBLIC DI	SCLOSU	IRE	COPY '	* *	
	99 orm		Under se	ction 501(c),	527		Internal Re	venu	e Code (exc	cept private foundations)	OMB No. 1545-0047
De Int	ev. January	e Treasury Service		Go to v	wwv	social security numl v.irs.gov/Form990 fo		ns an	d the latest		Open to Public Inspection
			f organizati	tax year beg	ginn	ing		and	ending	D Employer identification	n number
Γ	applicable: Address change		UNITY		&	RETIREMENT	SVCS,	IN	c.		
	Name change	Doing b	usiness as					-	-	23-7348090	
Γ	Initial	Number	and street	(or P 0 hox if	mai	is not delivered to stree	t address)		Room/suite	E Telephone number	

	Initial return		Room/suite	E Telephone numbe	
	Final return termir			727-862-	
	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,617,289.
	Amen return	110DSON, FE 54007		H(a) Is this a group re	
	Applie tion pendi			for subordinates	
	·	* 12417 CLOCK TOWER PARKWAY, HUDSON, FL		H(b) Are all subordinates ir	ncluded? Yes No
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) o	r 🛄 527	1	list. (see instructions)
		te: WWW.CARESFL.ORG		H(c) Group exemptio	
		forganization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year (of formation: 1973	I State of legal domicile: \mathbf{FL}
Pa		Summary			
ø	1	Briefly describe the organization's mission or most significant activities: CARES	S PROM	OTES QUALIT	Y OF LIFE
anc		AND INDEPENDENCE FOR ADULTS THROUGH HEALT			
Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	
Š	3			3	13
<u>ھ</u>	4	Number of independent voting members of the governing body (Part VI, line 1b) \ldots			13
Activities &		Total number of individuals employed in calendar year 2019 (Part V, line 2a)	7		0
iči		Total number of volunteers (estimate if necessary)	9	6	149
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 39	·····	7b	0.
				Prior Year	Current Year
an	8	Contributions and grants (Part VIII, line 1h)		3,770,262.	3,069,985.
Revenue	9	Program service revenue (Part VIII, line 2g)		758,707.	486,265.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-5,256.	964,932.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		104,376.	59,647.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,628,089.	4,580,829.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,675,475.	2,460,985.
ens	16a	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) 13,84		0.	0.
Ä				2 177 046	1 0 2 5 0 5 4
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,177,046.	1,025,954.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,852,521.	3,486,939.
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12		-224,432.	1,093,890.
ts or inces			Ве	ginning of Current Year	End of Year
Sset Bala		Total assets (Part X, line 16)	······	2,452,175. 1,659,573.	3,056,263. 1,169,771.
let A		Total liabilities (Part X, line 26)	······	792,602.	
		Net assets or fund balances. Subtract line 21 from line 20		192,002.	1,886,492.
1 12	II L II	Signature Block			

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

Sign	Signature of officer		Date	
Here	JEMITH ROSA, PRESIDENT	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-employed 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) 875-777	74
May the I	RS discuss this return with the preparer shown ab	ove? (see instructions)	X Yes	No
932001 01-2	0-20 LHA For Paperwork Reduction Act Not	ce, see the separate instructions.	Form 990 (2	:019)
C	EF COUPDITE O FOD ODCANTS	ΛΜΤΟΝ ΜΤΟΟΤΟΝ ΟΠΛΜΕ	ΓΜΕΝΤΟ ΓΟΝΤΟΤΝΤΙΤΛΟΤΟΝΙ	

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2019) COMMUNITY AGING & RETIREMENT SVCS, INC. 23-7348090 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: CARES PROMOTES QUALITY OF LIFE AND INDEPENDENCE FOR ADULTS THROUGH
	HEALTH, SOCIAL AND SUPPORTIVE SERVICES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	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
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 1,717,040. including grants of \$) (Revenue \$ 274,634.)
4a	(Code:)(Expenses 1, /1/, 040. including grants of)(Revenue 2/4, 634.) CARE MANAGED SERVICE POOL. THIS IS A GRANT AND FEE SUPPORTED PROGRAM
	PROVIDING IN-HOME SUPPORT SERVICES TO ELDERLY CLIENTS TO PREVENT
	INSTITUTIONALIZATION. SUPPORT SERVICES INCLUDE HOMEMAKING, PERSONAL
	CARE, RESPITE CARE FOR CAREGIVERS, COMPANIONSHIP, HOME DELIVERED MEALS,
	EMERGENCY ALERT RESPONSE UNITS, MEDICAL TRANSPORTATION, AND FINANCIAL
	RISK REDUCTION.
	DURING 2019, A TOTAL OF 55,081 UNITS OF SERVICE WERE PROVIDED TO 592
	CLIENTS.
4b	(Code:) (Expenses \$ 969,166. including grants of \$)) (Revenue \$ 176,667.) SENIOR CARE CENTERS: CARES SENIOR CENTERS HELPS TO ENRICH THE LIVES AND MINDS OF OLDER ADULTS BY OFFERING A WIDE VARIETY OF SOCIAL,
	RECREATIONAL, WELLNESS, COMPUTER LEARNING AND OTHER EDUCATIONAL
	PROGRAMS
4c	(Code:) (Expenses \$ 416,504. including grants of \$) (Revenue \$ 20,726.)
	ADULT DAY CARE SERVICES IN PASCO COUNTY: THIS IS A FEDERAL STATE, &
	LOCALLY FUNDED PROGRAM PROVIDING AN ARRAY OF HEALTH, SOCIAL AND OTHER
	RELATED SUPPORT SERVICES TO FUNCTIONALLY AND/OR IMPAIRED ADULTS IN
	COMMUNITY BASED ADULT DAY CARE CENTERS LOCATED IN EAST (DADE CITY) AND
	WEST (NEW PORT RICHEY) PASCO COUNTY.
	DURING 2019, A TOTAL OF 30,368 UNITS OF SERVICE WERE PROVIDED TO 51 CLIENTS.
	CLIENTS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 82,793. including grants of \$) (Revenue \$ 14,238.)
4e	Total program service expenses ► 3,185,503.
	Form 990 (2019)
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Form	990	(2019)	

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
-	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		- 23
0	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, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X line 10? If "Yes," complete Schedule D,		v	
	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	446		x
•	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u> </u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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Form 990 (2019)	COMMUNITY	AGING	&	RETIREMENT	SVCS,	INC.	23-7348090	Pa	age 4
Part IV Checklist of	Required Schedu	lles (continu	ıed))					

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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?			
	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	2		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	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	
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Form 990 (2019)	COMMUNITY	AGING 8	& RETIREMENT	SVCS, INC.	23-7348090	Page 5
Part V Statements F	Regarding Other	IRS Filing	s and Tax Complia	nce (continued)		

			- 1		
22	Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements			Yes	No
Za		0			
h		_	2h		
3a			3a		х
		· –			
	· · · · · · · · · · · · · · · · · · ·	Ē			
			4a		х
b					
	e calendar year ending with or within the year covered by this return				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		Х
			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit				
	any contributions that were not tax deductible as charitable contributions?	. 6	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
		. 🤇	6b		
7	t least one is reported on line 2a, did the organization file all required teeral employment tax returns? 2b the if the sum of lines 1a and 2a is greater than 250, you may be required to ~life (see instructions) 3a Yes, "hast filed a Form 990 T for this yea? If "No" to line 3b, provide an explanation on Schedule O 3b Yes, "hast filed a Form 990 T for this yea? If "No" to line 3b, provide an explanation on Schedule O 3b with me during the calendar year, (did the organization have an interest in, or a signature or other authority over, a ancial account in a foreign country (such as a bank account, securities account, or other financial Accounts (FBAR). 5a is instructions for filing requirements for finCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a is any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b is any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c is the organization nave annuel goes receipts that are normaly greater than \$100,000, and did the organization solut 6a ir onthat vache a party as contributions under section 170(c). 6a ir on tax dack party as contribution and party is a contribution and party is organization file ormal property for Nation if was required 7c Yes, 'indicate the number of Form \$282 filed during the year Zd 7d				
а	at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b other if the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-fla</i> (see instructions) 3a if the organization have unrelated business gross income of 51,000 more during the year? 3b ''Yes, ' has if filed a Form 990-T for this year? // 'No' to <i>line 3b, provide an explanation on Schedule 0</i> 3b ''Yes, ' has if filed a Form 990-T for this year? // 'No' to <i>line 3b, provide an explanation on Schedule 0</i> 3b ''Yes, ' enter the name of the foreign country > * ''Yes, ' enter the name of the foreign country > > ''Yes, ' enter the name of the foreign country > Sa ''Yes, ' enter the name of the foreign country > > ''Yes, ' due the organization full was or is a party to a prohibited tax shelter transaction? Sp ''Yes, ' due the organization include with every solicitation an express statement that such contributions of gifts 6b ''Yes, ' due the organization natif was on the pays one parsonal broeptry for Natifier tax sequred 7c ''Yes, ' due the organization notify the donor of the value of the goods or services provided? 7c ''Yes, ' due organization notify the donor of the value of the goods or services provided? 7c ''Yes, ' due organization notify the donor of the value of the goods or serv				
	at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b obs: If the sum of lines 1a and 2a is greater than 250, you may be required to e-life (see instructions) 3a ofter organization have unrelated business gross income of 51,000 rms of using the year? 3a Yes. Thas If filed a Form 1990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O 3b ancial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a 'Yes, ' enter the name of the foreign country is in a bank account, securities account, or other financial Accounts (FBAR). 5a as the organization a party to a prohibited tax shater transaction at any time during the tax year? 5a da uny taxible party only the organization that it was or is a party to a prohibited tax shater transaction? 5b Yes, ' dath e organization have annual gross needips that are normally greater than \$100,000, and dd the organization solicit by contributions under section 1700(c). 6a 'Yes, ' dath e organization notify the donor of the yable of the goods or services provide? 7a 'Yes, ' dath e organization, bus, directly or indirectly, pa parenonal benefit contract? 7a 'Yes, ' dath e organization, notify the donor of the value of the goods or services provide? 7a 'Yes, ' dath e organization, notify the donor of the value of the goods or services provide?	Х			
С	ast one is reported on line 2a, did the organization file all required federal employment tax returns? 20 if the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-life</i> (see instructions) 3a ast life a form 930.1 for this year // 1% to <i>to line 3b, provide an explanation on Schedule O</i> 3a ast life a form 930.1 for this year // 1% to <i>to line 3b, provide an explanation on Schedule O</i> 3a set time during the use unrelated business gross incore of \$1,000 or more during they ear? 3a set time during the calendar year, <i>divent</i> the organization have an interest in, or a signature or other authority over, a 4a set time during the calendar year, <i>divent</i> to a prohibited tax shelter transaction? 5b set tube the organization tait is as a net to a prohibited tax shelter transaction? 5c set tube the organization tax deductible as charitable contributions? 5c s'' to line day of the organization recess of \$75 made party as a contribution and party for googs at service provided? 7c s'', did the organization recess of \$75 made party as a contribution and party for googs at services provided? 7c s'', did the organization recess of \$75 made party as a contribution and party for googs at services provided? 7c s'', did the organization recess of \$75 made party as a contribution of the service? 7c s'', did the organization an express statement that such cont				
		of Wage and Tax Statements, this return 2a 0 2b uired federal employment tax returns? 2b 2b required to e-file (see instructions) 3a X 00 or more during the year? 3a X 01 or more during the year? 3a X 02 or more during the year? 3a X 03 or more during the year? 3a X 04 an explanation on Schedule O 4a X 1t of Foreign Bank and Financial Accounts (FBAR). 5a X at any time during the tax year? 5b X y to a prohibited tax shelter transaction? 5b X greater than \$100,000, and did the organization solicit 6a X sestion 170(c). 1thibution and partly for goods and services provided to the payor? 7a X ods or services provided? 7e X 7b X ods or services provided? 7e X 7g N/A or startion on advised fund maintained by the aduring the year? N/A 8 9a 9b 9b 9a 9b 9b 9b 10a 11a 11b <t< th=""><th>X</th></t<>	X		
d	,	mittal of Wage and Tax Statements, red by this return 2a 0 all required federal employment tax returns? 2b 2b all required federal employment tax returns? 3a X 3b, provide an explanation on Schedule O 3b 4a X statute of Foreign Bank and Financial accountly? 4a X Report of Foreign Bank and Financial Accounts (FBAR). action at any time during the tax year? 5a X a party to a prohibited tax shelter transaction? 5b X ? 5c 7 5c rmally greater than \$100,000, and did the organization solicit contributions? 6b X nexpress statement that such contributions or gifts 6b 6b under section 170(c). 3a a contribution and partly for goods at solvices provided to the payor? 7a X rear Id Id 7c X rear Id Id 7c X rear Id Id 7c X rangle personal property for when it was required? 7c X rangible personal property for when it was required? 7f X rangible personal property	v		
е		g with or within the year covered by this return 2a 0 2.a, did the organization file all required federal employment tax returns? 2b 2.a is greater than 250, you may be required to e-file (see instructions) 3a 2.a journet than 250, you may be required to e-file (see instructions) 3a 2.a journet than 250, you may be required to e-file (see instructions) 3a 3.a 10 or this year? If 'No' to line 3b, provide an explanation on Schedule O 3a 3.a untry (such as a bank account, securities account, or other atthority over, a 4a origin country 5a 5a organization file IFON 8886-17 5a a groshized that are normally greater than \$100,000, and did the organization file Form 8886-17 5a ald cost receipts that are normally greater than \$100,000, and did the organization file form 8886-17 6a alue dwith every solicitation an express statement that such contributions of gifts 6b e deductible contributions under section 170(c). 7a X tift the donor of the value of the goods or services provided? 7a X ge, or otherwise dispose of tangible personal benefit contract? 7a X tifts, directly or indirectly, to pay premiums			
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8	7.17	nfile all required federal employment tax returns? 2b you may be required to e-file (see instructions) 3a one of \$1,000 or more during the year? 3b on have an interest in, or a signature or other authority over, a 3b ccount, securities account, or other financial account)? 4a 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a transaction at any time during the tax year? 5a or is a party to a prohibited tax shelter transaction? 5b able contributions? 5a ion an express statement that such contributions o gifts 6b ions under section 170(c). 7a party to a prohibited tax shelter transaction? 7e ac of tangible personal property for which it was required 7c ictly, to pay premiums on a personal benefit contract? 7f itelectual property did the organization file Form 1098-C? 7h itelectual property did the organization file Form 1098-C? 7h itelectual property did the organization file Form 1098-C? 7h itelectual property did the organization file Form 1098-C? 7h itelectual property did the organization file Form 1098-C? 7h itends. 10b 1 <th></th>			
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а					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter				
а	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year <u>7d</u> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization received a contribution of qualified intellectual property did the organization file a Form 1098 C? Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions on a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? N/A Did the sponsoring organizations maintaining donor advised funds. Did the sponsoring organizations make a distribution to a donor, donor advisor, or related person? N/A Section 501(c)(7) organizations. Enter: Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year Is the organization licensed to issue qualified health plans in more than one state? N/A				
b					
	ganization have unrelated business gross income of \$1,000 or more during the year? 3a as it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0 3b as it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0 3b account in a foreign country (such as a bank account, securities account, or other financial account)? 4a inter the name of the foreign country ▶ 5a uctions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR). 5a organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit 5a organization have annual gross collicitation an express statement that such contributions 6 gifts 6b tio de organization include with every solicitation an express statement that such contributions 6 gifts 6b tio ac organization have any file acto and the sa contributions of gifts 6b tio ac organization neal symmetin execss 05 % made party as a contribution and party for going ant Sato Saveks provided to the payor? 7a ganization receive any funds, directly or indirectly, or a presenal benefit contract? 7e ganization neal symmetin execss 05 % made party as a contribution or ganization file a Form 1098-C? 7h ganization receive any funds, directly or indirectly, or a personal benefit contract?				
	tructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 6 organization a party to a prohibited tax shelter transaction at any time during the tax year? 7 to line 5a or 5b, did the organization file Form 8886-T7 7 to line 5a or 5b, did the organization file Form 8886-T7 7 to line 5a or 5b, did the organization file Form 8886-T7 7 did the organization include with every solicitation an express statement that such contributions or gifts 7 to tradition the annual gross reductible contributions? 7 did the organization include with every solicitation an express statement that such contributions or gifts 7 to attra deductible contributions under section 170(c). 7 organization all, exchange, or otherwise dispose of tangible personal property for which it was required 7 organization receive any funds, directly or indirectly, to pay premiums on poerty for which it was required 7 organization neceive any funds, directly or indirectly, to pay premiums on poerty for which it was required 7 organization received a contribution of qualified intellectual property during during mathematics, provided? 7 dir organization neceive any funds, directly or indirectly, to pay premiums on poersonal benefit contract? 7 organization neceive a contribution of arx, boats, airplanes or other vehicles, did the organization file a Form 1098-C? 7 foring organization make any taxable dirfibultions under section 49667 7 M/A 8 oring organization make any taxable dirfibultions under section 49667 7 M/A 9 organization make any taxable dirfibultions under section 49667 7 M/A 10 organization make any taxable dirfibultions under section 49667 7 M/A 10 organization make any taxable dirfibultions under section 49667 7 M/A 10 organization make any taxable dirfibultions under section 49667 7 M/A 10 organization make any taxable dirfibultions under section 49667 7 mig organization make any taxable dirfibultions under section 49667 8 M/A 11 organization make any taxable dirfibultions under section 49667 8	l2a			
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	he calendary year ending with or within the year covered by this return 2a 0 to one is reported on line 2a, did the organization file all required to <i>e</i> . <i>Bile</i> (see instructions) 3a start life al 5 around 2 is greater than 250, you may be required to <i>e</i> . <i>Bile</i> (see instructions) 3a start life al 5 around 2 is greater than 250, you may be required to <i>e</i> . <i>Bile</i> (see instructions) 3a hast life al 5 around 2 is greater than 250, you may be required to <i>e</i> . <i>Bile</i> (see instructions) 3a hast life al 5 around 2 is greater than 250, you may be required to <i>e</i> . <i>Bile</i> (see instructions) 3a account in a foreign country (such as a bank account, securities account), or other financial accounts (FBAF). 4a uctions for lifing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5a on ine 5a or 5b, did the organization file form 8886 F7 5a organization nave annual gress neelpts that are normally greater than \$100,000, and did the organization solicit 6a did the organization include with every solicitation an express statement that such contributions of afts 6b atores that were not tax deductible contributions under section 170(c). ganization neithy the donor of the value of the galen and property for which it was required 7c rations that may receive deductible contributions under section 170(c). ganization neceve a pyment in excess of	_			
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16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	ployees reported on Form W-3, Transmittal of Wage and Tax Statements, 2a 0 ar ending with or within the year covered by this return 2a 0 11 and 2a is greater than 250, you may be required to e-file (see instructions) 2a ad on line 23, difter organization file all required tederal employment tax returns? 2a ad on line 23, difter organization have an interest in, or a signature or other authority over, a 3a reign ocurity (such as a bank account, securities account, or other financial account)? 4a ad return to the year? 5a struct to the year? 5a grequirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a atton include with every solicitation an express statement that such contributions confits? 5b atton include with every solicitation an express statement that such contributions on solits? 6b y receive deductible contributions? 7a X atton notify the donor of the value of the goods or services provided? 7a X y acchaeter, and party as a contribution and party for apersonal benefit contract? 7f X atton include with every solicitation an express atterment that such contract? 7f X y receive deductible contributions on the section 170(c).		Х	
	If "Yes," complete Form 4720, Schedule O.	ees reported on Form W-3, Transmittal of Wage and Tax Statements, 2a 0 inline 2.a, did the organization file all required deteral employment tax returms? 2b and 2a is greater than 250, you may be required to e-file (see instructions) 3a apd 2b Tor this year? If 'No' to line 3b, provide an explanation on Schedule O 3a ocuntry (such as a bank account, securities account, or other financial account)? 4a he foreign county			
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Form **990** (2019)

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Form 990 (2019)
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COMMUNITY AGING & RETIREMENT SVCS, INC. 23-

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

	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management			
			Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year 1a1	3		
	If there are material differences in voting rights among members of the governing body, or if the governing			L
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			l
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13	3		I
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		
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		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		
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		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		-	
			Yes	
0a	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
3	Did the organization have a written whistleblower policy?	13	X	
4	Did the organization have a written document retention and destruction policy?	14	Х	
5	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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15b	Х	1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
ec	tion C. Disclosure	•		
7	List the states with which a copy of this Form 990 is required to be filed $igar{P}FL$			
8	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	/) avai	il
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O)		,	
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	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 Compensated
	Em	ployees, and	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.

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		10.00			x				60,367.	0.	0.
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Form 990 (2019)

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-		OMMUNITY	AGING	&	RE	ΞTΙ	R	EME	'N	T SVCS, INC.	23-7	348	090	Pa	age 8
Par	rt VII Section A. Officers, Di	irectors, Truste		ploy	ees,			ghes	st C		es (continued)				
	(A) Name and title		(B) Average hours per week	box,	not cl , unle:	ss per	tion ^{more} rson i	than c s both r/trust	ı an	(D) Reportable compensation from	(E) Reportable compensatio from related	on	am	(F) timate nount other	
		c	(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)	organization (W-2/1099-MI		fro orga and	pensa om the anizati d relate nizatio	e ion ed
											4				
										C01					
										K					
		-						C							
с	Subtotal Total from continuation she	ets to Part VII,	Section A)) 		146,904. 0. 146,904.		0.0.			0. 0. 0.
2	Total (add lines 1b and 1c) Total number of individuals (in compensation from the organ	ncluding but no				d at	oove	e) wh	o r		l),000 of reportab	-			0
3	Did the organization list any for	· · · ·	lirector trust			mol	01/0	o or	hic	abest compensated em				Yes	No
4	line 1a? <i>If "Yes," complete Sc</i> For any individual listed on lin	hedule J for su	ch individual									r	3		Х
5	and related organizations gre Did any person listed on line	ater than \$150,	000? If "Yes,	" со	mple	ete S	Sche	edule	Ji	for such individual			4		Х
Sec	rendered to the organization?		lete Schedul	e J f	or sı	uch p	bers	on		-		<u></u>	5		Х
1	Complete this table for your fitte organization. Report com	•	•	•								npens	ation f	rom	
	Name OPLE, 3501 EAST	(A) and business a				- m -				(B) Description of s	services	С	(C omper		n
	0, TAMPA, FL 336		E ROAD	, 2	501		<u> </u>			EMPLOYEE LEASING/HEAL	TH INS	2	,092	2,1	24.
2	Total number of independent \$100,000 of compensation from		•	ot lir	nite	d to	thos 1	se lis L	tec	d above) who received n	nore than				
													Form \$	9 90 (2	2019)

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			/	MUNITY AC	ΞI	NG & RET	IREMENT	SV	CS, INC.	23-7348	090 Page 9
Pa	rt \	/	Statement of Rev	venue							
			Check if Schedule O co	ontains a respon	se	or note to any lir		III	(5)	(2)	
							(A) Total revenu	le	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<u>s</u> s	_			4-1							
Contributions, Gifts, Grants and Other Similar Amounts	'		Federated campaigns Membership dues								
ŋ Ĝ			Fundraising events								
iifts ar A			Related organizations								
s, G mila			Government grants (contrib		2,	184,657.					
ion: Si			All other contributions, gifts, g	· · · · · · · · · · · · · · · · · · ·	,	- ,					
but			similar amounts not included a			885,328.					
d O I		g	Noncash contributions included in li			325,000.					
aŭ		h	Total. Add lines 1a-1f			►	3,069,98	35.			
						Business Code					
e	2	а	PROGRAM SERVIO		_	621610	274,63				
ervi		b	SENIOR CENTER		Ľ	624110	176,66	57.			
n Si		С	ADULT DAY CARI	Ε	_	624110	20,72		20,726.		
Program Service Revenue		d	OTHER		_	621610	14,23	38.	14,238.		
roc		е			_					-	
<u>а</u>		f	All other program service re				196 26		\sim		
		g	Total. Add lines 2a-2f				486,26	. כו			
	3		Investment income (includi	•			14,93	22			14,932.
			other similar amounts)				14,95				14,952.
	4 5		Income from investment of	-	-				r		
	5		Royalties	(i) Real		(ii) Personal		•			
	6	а	Gross rents	6a		(ii) Forooriai	5				
	Ŭ		·····	6b			\bigcirc				
			· · · · ·	6c							
			Net rental income or (loss)								
	7		Gross amount from sales of	(i) Securitie		(ii) Other					
			assets other than inventory	7a		950,000.					
		b	Less: cost or other basis			\sim					
anı				7b	•	0.					
evenue			· / ······	7c		950,000.					
Å			Net gain or (loss)		•	►	950,00)0.	950,000.		
Other R	8	а	Gross income from fundraising	g events (not							
Ò			including \$	of							
			contributions reported on li		_	06 107					
			Part IV, line 18		8a	96,107.					
			Less: direct expenses		8b	36,460.	59,64	17			59,647.
	~		Net income or (loss) from fu	· · ·	s	P	59,04	I / •			59,04/.
	9	a	Gross income from gaming		9a						
		h	Part IV, line 19 Less: direct expenses		9a 9b						
			Net income or (loss) from g	····· L		└ ▶					
	10		Gross sales of inventory, le								
		-	and allowances		10a						
		b	Less: cost of goods sold		10b						
			Net income or (loss) from s								
s						Business Code					
Miscellaneous Revenue	11	а			_						
ane		b			_						
Sevi		с			_						
Mis			All other revenue								
		е	Total. Add lines 11a-11d						1 400 005		
	12		Total revenue. See instruction	IS		►	4,580,82	<u> </u>	1,436,265.	0.	
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	IX Statement of Functional Expens				
ectio	n 501(c)(3) and 501(c)(4) organizations must com	-	-		
	Check if Schedule O contains a respon	nse or note to any line in	this Part IX	(0)	L
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic individuals. See Part IV, line 22				
3 (Grants and other assistance to foreign				
(organizations, foreign governments, and foreign				
i	individuals. See Part IV, lines 15 and 16				
i 1	Benefits paid to or for members				
5 (Compensation of current officers, directors,				
1	trustees, and key employees	146,904.	133,228.	13,210.	46
	Compensation not included above to disqualified				
I	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	1,948,888.	1,767,461.	175,247.	6,18
	Pension plan accruals and contributions (include	, , • •	,,		
-	section 401(k) and 403(b) employer contributions)				
		182,148.	165,191.	16,379.	57
	Other employee benefits	183,045.	166,005.	16,460.	58
	Payroll taxes	103,043.	100,000	10,100.	
	Fees for services (nonemployees):		.01		
	Management	14,548.	14,524.	24.	
bl	Legal	32,200.			
c /	Accounting	52,200.	26,850.	5,350.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17)		
f	Investment management fees		-		
g (Other. (If line 11g amount exceeds 10% of line 25,				
(column (A) amount, list line 11g expenses on Sch 0.)	68,478.	60,877.	7,601.	
2 /	Advertising and promotion	21,109.	17,303.	898.	2,90
3 (Office expenses	79,119.	70,937.	7,961.	22
1 1	Information technology	44,518.	40,838.	3,680.	
5	Royalties				
	Occupancy	68,052.	68,052.		
	Travel	160,577.	160,567.		1
	Payments of travel or entertainment expenses	-	-		
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest	51,186.	51,186.		
	Payments to affiliates	,2001	,		
	Depreciation, depletion, and amortization	111,699.	111,523.	176.	
		51,403.	51,403.	± / 0 •	
	Other expenses. Itemize expenses not covered	51,105.	51,403.		
í	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.)	150,590.	113,910.	33,880.	2,80
		88,678.			4,00
	MAINTENANCE AND REPAIRS		82,050.	6,628.	1 ^
	PROGRAM SUPPLIES	78,276.	78,170.		10
	SPECIAL EVENTS	5,521.	5,428.	93.	
	All other expenses	2 400 202	2 1 2 5 5 2 2		
	Total functional expenses. Add lines 1 through 24e	3,486,939.	3,185,503.	287,587.	13,84
;	Joint costs. Complete this line only if the organization				
I	reported in column (B) joint costs from a combined				
(educational campaign and fundraising solicitation.				
(Check here if following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X Beginning of year

COMMUNITY AGING & RETIREMENT SVCS, INC.

23-7<u>348090 Page 11</u>

(A)

(B) End of year

Form 990 (2019)

							,
	1	Cash - non-interest-bearing			138,559.	1	79,620.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			333,132.	3	336,448.
	4				86,165.	4	43,277.
		Accounts receivable, net				4	15,217.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disquali	fied pers	ons (as defined			
		under section 4958(f)(1)), and persons describe	d in secti	on 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	450,000.
Assets	8	Inventories for sale or use				8	
Ä	9				9,166.	9	8,061.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	3,721,775.	\		
	h	Less: accumulated depreciation		1,681,163.	1,797,312.	10c	2,040,612.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line		87,841.	12	98,245.	
	13	Investments - program-related. See Part IV, line				13	5072150
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			2,452,175.	15	3,056,263.
	16	Total assets. Add lines 1 through 15 (must equ		16			
	17	Accounts payable and accrued expenses			547,827.	17	221,982.
	18	Grants payable				18	
	19	Deferred revenue				19	3,863.
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete		21			
Se	22	Loans and other payables to any current or form					
litie		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the			70,000.	22	
Ē	23	Secured mortgages and notes payable to unrela			1,041,746.	23	943,926.
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
						25	
	26	Tatal Rabilities Add Read 47 Marshall OF			1,659,573.	26	1,169,771.
	20	Organizations that follow FASB ASC 958, che		► X	_,,	20	_,,
ces		and complete lines 27, 28, 32, and 33.					
	07	- · · · · · · · · · · · · · · · · · · ·			792,602.	07	1,886,492.
sala	27	Net assets without donor restrictions			752,002.	27	1,000,472.
ЧE	28	Net assets with donor restrictions				28	
n		Organizations that do not follow FASB ASC 9	58, chec	k here 🕨 📖			
orF		and complete lines 29 through 33.					
ts	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ec				30	
Net Assets or Fund Balar	31	Retained earnings, endowment, accumulated in				31	
Ne	32	Total net assets or fund balances			792,602.	32	1,886,492.
	33	Total liabilities and net assets/fund balances			2,452,175.	33	3,056,263.
							Form 990 (2019)

Form 990 (2019)

Form	1990 (2019) 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	4,580),8	29.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,486		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,093		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	792	2,6	02.
5	Net unrealized gains (losses) on investments	5			
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,		1 00/		~ ~
De	column (B))	10	1,886),4	92.
Ра	rt XII Financial Statements and Reporting				V
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	X No
	Accounting method used to prepare the Form 990: Cash X Accrual Other			res	NO
1	· · · · · · · · · · · · · · · · · · ·				
0-	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?	e O.	2a		x
Za	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe				- 11
	separate basis, consolidated basis, or both:	uona			
	Separate basis, consolidated basis, or both.				
h	Were the organization's financial statements audited by an independent accountant?		2b	х	
2	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa				
	consolidated basis, or both:	10 54510,			
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	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				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S				
	Act and OMB Circular A-133?	-	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
	• C • T		Form	990	(2019)
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

SCHEDULE A	
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Department of the Treasury

1	Form	990	or	990-EZ
1		550		

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

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

OMB No. 1545-0047
2019
Open to Public

Intern	al Rever	nue Service		Go to www.irs.go		Inspection				
Nam	ne of t	the organizati	on							identification number
					IG & RETIREME					3-7348090
Pa	rt I	Reason	for Public (Charity Status (All organizations must c	omplete th	iis part.) S	ee instruction	S.	
The	organ				(For lines 1 through 12, o					
1		,		,	on of churches describe		• • •	1)(A)(i).		
2					(Attach Schedule E (Forr					
3	\square				anization described in s					
4			-	ation operated in co	onjunction with a hospita	l describe	d in sectio	on 170(b)(1)(A	.)(III). Enter	the hospital's name,
-		city, and state								a al in
5		-	-		ollege or university owne	d or opera	lied by a g	overnmental	unit descrit	
6				Complete Part II.)	montal unit decaribed in	contion 1	70(6)(4)(4)	6.0		
7	H				mental unit described in antial part of its support				the general	public described in
'				omplete Part II.)	antial part of its support	nom a gov	ennenia		uie general	
8		-			(1)(A)(vi). (Complete Par	+ 11)				
9	F				d in section 170(b)(1)(A)		ed in conii	inction with a	land-grant	college
•					culture (see instructions)					
		university:								
10	X		on that norma	Illy receives: (1) more	e than 33 1/3% of its su	oport from	contributi	ons. member	ship fees, a	and aross receipts from
					ect to certain exceptions					
					e (less section 511 tax) fr					
		See section	509(a)(2). (Cor	mplete Part III.)				·	-	
11		An organizati	on organized a	and operated exclus	sively to test for public s	afety. See	section 50	09(a)(4).		
12		An organizati	on organized a	and operated exclus	sively for the benefit of, t	o perform	the function	ons of, or to c	arry out the	e purposes of one or
		more publicly	supported or	ganizations describ	ed in section 509(a)(1) o	or section	509(a)(2).	See section	509(a)(3). (Check the box in
	_	_lines 12a thro	ugh 12d that	describes the type of	of supporting organization	on and con	nplete line	s 12e, 12f, an	d 12g.	
а		Type I. A su	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	/ giving
					egularly appoint or elect	a majority	of the dire	ctors or trust	ees of the s	supporting
				complete Part IV, S						
b					d or controlled in connec					
				· · · · · · · · · · · · · · · · · · ·	anization vested in the s	same perso	ons that co	ontrol or man	age the sup	ported
_				t complete Part IV,						
С					ng organization operated				ally integrat	ed with,
d			-		s). You must complete				rtad argan	ization(a)
u					porting organization ope zation generally must sa					
					mplete Part IV, Section				u an allem	
е		- ·		• •	written determination fro				II Type III	
•			•		onally integrated support			x 1)po 1, 1)po	, i, i jpo iii	
f	Ente	er the number								
g			• •	n about the support						·
	(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your govern	anization listed ing document?	(v) Amount o		(vi) Amount of other
		organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
Tota	.1									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

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

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")										
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. 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,										
	column (f)										
6	Public support. Subtract line 5 from line 4.										
-	ction B. Total Support			0							
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total				
	Amounts from line 4										
8	Gross income from interest,										
	dividends, payments received on			5							
	securities loans, rents, royalties,)							
	and income from similar sources										
9	Net income from unrelated business										
·	activities, whether or not the		1.6								
	business is regularly carried on										
10	Other income. Do not include gain										
10	or loss from the sale of capital										
	assets (Explain in Part VI.)										
11	Total support. Add lines 7 through 10										
	Gross receipts from related activities,	etc. (see instructi	ons)			12					
	First five years. If the Form 990 is for			d fourth or fifth ta							
10	organization, check this box and stor										
Se	ction C. Computation of Publ	ic Support Pe	rcentage								
14	Public support percentage for 2019 (line 6. column (f) d	ivided by line 11. d	column (f))		14	%				
	Public support percentage from 2018					15	%				
	33 1/3% support test - 2019. If the o						his box and				
	stop here. The organization qualifies										
Ł	33 1/3% support test - 2018. If the c										
	and stop here. The organization qual										
17a	10% -facts-and-circumstances tes										
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization										
٢	10% -facts-and-circumstances tes	-	-								
	more, and if the organization meets the										
	organization meets the "facts-and-cire										
18	Private foundation. If the organization										
-10	i mate roundation. It the organizatio	n ala not oneon a		a, 100, 17a, 01 17b							

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990 EZ) 2019 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5197327.	4651395.	5031660.	3770262.	3069985.	21720629.
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	1965292.	1414934.	983,048.	758,707.	486,265.	5608246.
3	Gross receipts from activities that				•		
Ŭ	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	7162619.	6066329.	6014708.	4528969.	3556250.	27328875.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons			C.			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			, Il			0
	amount on line 13 for the year			<u>C</u>			0.
	Add lines 7a and 7b						27328875.
	Public support. (Subtract line 7c from line 6.)						2/3200/3.
	ndar year (or fiscal year beginning in)	(-) 0015	(b) 2016	(-) 0017	(4) 0010	(-) 0010	
	Amounts from line 6	(a)2015 7162619.	6066329.	(c)2017 6014708.	(d) 2018 4528969.	(e) 2019	(f) Total 27328875 •
	Gross income from interest, dividends, payments received on	/102013	00000231	0011700.	4520505	5556250	27520075.
	securities loans, rents, royalties, and income from similar sources	-2,794.	20,417.	16,850.	-5,256.	14,932.	44,149.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975	\mathbf{N}					
		-2,794.	20,417.	16,850.	-5,256.	14,932.	44,149.
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b whether or not the business is regularly carried on	2,194.	20,417.	10,050.	-3,230.	14,952.	44,149.
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.)	7159825.	6086746.	6031558.	4523939.	3571182.	27373250.
	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	zation,
	check this box and stop here						
Sec	ction C. Computation of Publ						ŕ
15	Public support percentage for 2019 (line 8, column (f), d	livided by line 13,	column (f))		15	99.84 %
	Public support percentage from 2018					16	99.89 %
	ction D. Computation of Inve						
17	Investment income percentage for 20	19 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	.16 %
	Investment income percentage from 2					18	.10 %
	9a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not						
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support tests - 2018. If the						
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
20	Private foundation. If the organization						
	23 09-25-19) or 990-EZ) 2019
				15			-

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Schedule A (Form 990 or 990-EZ) 2019 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **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 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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2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990 or 990-EZ) 2019

Yes

1

No

Schedule A (Form 990 or 990-EZ) 2019 COMMUNITY AGING & RETIREMENT SVCS, INC. 23-7348090 Page 5 Part IV Supporting Organizations (continued)

	Gupporting 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 (b) and (c)			
	below, the governing body of a supported organization?	<u>11a</u>		<u> </u>
	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above?If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			——
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
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 (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions).		
a	The organization satisfied the Activities Test. Complete line 2 below.	/-		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	truction	2)	
2	Activities Test. Answer (a) and (b) below.	<i>li uotion</i>	Yes	No
ے a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organization(s) to which the organization was responsive: it in ros, which in Plant Vindentity 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			
		00		
L.	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
~	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? <i>Provide details in</i> Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		<u> </u>
93202	5 09-25-19 Schedule A (Form S)90 or 99	90-EZ)	2019 (

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Sche	dule A (Form 990 or 990-EZ) 2019 COMMUNITY AGING & RETIRI	EMEN	T SVCS, INC. 2	3-7348090 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust c	on Nov. 20, 1970 (explain in I	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must cor	mplete	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	V	
е	Discount claimed for blockage or other	0		
	factors (explain in detail in Part VI):	Y		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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	y integr	ated Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

Schedule A (Form 990 or 990-EZ) 2019 COMMUNITY AGING & RETIREMENT SVCS, INC. 23-7348090 Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)						
Secti	ction D - Distributions Current Year								
1	Amounts paid to supported organizations to accomplish exempt purposes								
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported							
	organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purpose	IS							
4	Amounts paid to acquire exempt-use assets								
5	Qualified set-aside amounts (prior IRS approval required)								
6	Other distributions (describe in Part VI). See instructions.								
7	Total annual distributions. Add lines 1 through 6.								
8	Distributions to attentive supported organizations to which the	he organization is responsive	e						
	(provide details in Part VI). See instructions.								
9	Distributable amount for 2019 from Section C, line 6								
10	Line 8 amount divided by line 9 amount								
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019					
1	Distributable amount for 2019 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2019 (reason-								
	able cause required- explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2019								
а	From 2014								
b	From 2015								
С	From 2016	0							
d	From 2017	<u> </u>							
e	From 2018								
f	Total of lines 3a through e								
g	Applied to underdistributions of prior years								
h	Applied to 2019 distributable amount								
i	Carryover from 2014 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.								
4	Distributions for 2019 from Section D,	2							
	line 7: \$								
a	Applied to underdistributions of prior years								
b	Applied to 2019 distributable amount								
C	Remainder. Subtract lines 4a and 4b from 4.								
5	Remaining underdistributions for years prior to 2019, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2019. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2020. Add lines 3j								
	and 4c.								
	Breakdown of line 7:								
	Excess from 2015								
	Excess from 2016								
	Excess from 2017								
	Excess from 2018								
e	Excess from 2019								

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

					RETIREMENT				
Part VI	Part IV, Section A line 1; Part IV, Sec	, lines 1, 2, 3b, 3c, 4 ction D, lines 2 and 3	b, 4c, 5a, 6 ; Part IV, S	6, 9a, 9b, 9c, ection E, line	required by Part II, line 11a, 11b, and 11c; Pa s 1c, 2a, 2b, 3a, and 3	rt IV, Sectio b; Part V, lir	n B, lines 1 : ne 1; Part V,	and 2; Part IV Section B, lir	', Section C, ne 1e; Part V,
	Section D, lines 5 (See instructions.)	, 6, and 8; and Part \)	/, Section E	E, lines 2, 5, a	and 6. Also complete t	nis part for a	any addition	al information	1.
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32028 09-25-1	9				20		Schedule	A (Form 990	or 990-EZ) 2
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Schedule B (Form 990, 990-EZ,

or 990-PF Department of the Treasury Internal Revenue Service

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. OMB No. 1545-0047

Employer identification number

Nume of the organiza		
	COMMUNITY AGING & RETIREMENT SVCS, INC.	23-7348090
Organization type (ch	neck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
, ,	ation 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 Ru	lle. 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) fling Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year 🕨 \$ _

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

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

Schedule B	(Form 990,	990-EZ, c	or 990-PF)	(2019)
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Name of organization

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		\$41,500.	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		\$	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		\$7,432.	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
4	<u>Puloilo</u>	\$2,103,201.	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		\$18,123.	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		\$53,167.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-06	i-19	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)

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Schedule B	(Form 990,	990-EZ, c	or 990-PF)	(2019)
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Name of organization

Employer identification number

23 - 7348090

COMMUNITY AGING & RETIREMENT SVCS, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$26,151.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>325,000.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>225,670.</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
	- PUOIO	\$ <u>176,260.</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
11		\$ <u>10,000.</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
12		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-06	5-19	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)

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Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2019)
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Name of organization

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)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$5,000.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u></u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	PUIOI	\$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	· · · · · · · · · · · · · · · · · · ·	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-06	S-19	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)

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ame of oi	rganization		Employer identi	fication numbe
OMMUI	NITY AGING & RETIREMENT SVCS, INC.		23-7348	090
art II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is neede	ed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) te received
	LAND			
8		\$325,0	00. 12	/27/19
(a) No.	(b)	(c)		(d)
from Part I	Description of noncash property given	FMV (or estimate (See instructions		te received
		\$ 000	<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) te received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) te received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	· Ino	(d) te received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) te received
453 11-06		\$	B (Form 990, 990-E	

2019.03033 COMMUNITY AGING & RETIREMEN 284300_1

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Page 3

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2019)		Page
Name of o	organization		Employer identification number
	NITY AGING & RETIREMENT		23-7348090
Part III	from any one contributor. Complete columns (a) through (e) and the following line en	section 501(c)(7), (8), or (10) that total more than \$1,000 for the yearners. For organizations
	completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additiona	, charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.)
(a) No. from			(d) Decemination of how with its hold
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	ít
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
			<u>, ()</u>
		(e) Transfer of gif	Î.
			•
-	Transferee's name, address, a	and 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
		, <u> </u>	
		(e) Transfer of gif	ít
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gif	l ft
	_		
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
923454 11-06	6-19		Schedule B (Form 990, 990-EZ, or 990-PF) (2019
		26	

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SCHEDULE D

(Form 990)

b

932051 10-02-19

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.



Department of the Treasury Internal Revenue Service Name of the organization

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

Nam	of the organization			Employer identification number 23-7348090
De		RETIREMENT SVCS, INC.		
Pa	Organizations Maintaining Donor Advis organization answered "Yes" on Form 990, Part IV,		S OF AG	ccounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		sed func	ds
	are the organization's property, subject to the organization	5		
6	Did the organization inform all grantees, donors, and donor			
	for charitable purposes and not for the benefit of the donor			
	impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·		Yes No
Pa	t II Conservation Easements. Complete if the c	organization answered "Yes" on Form 990,	Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	ation (check all that apply).	~	
	Preservation of land for public use (for example, recre	eation or education)	f a histor	rically important land area
	Protection of natural habitat	Preservation of	f a certifi	ied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qua	alified conservation contribution in the form	of a cor	nservation easement on the last
	day of the tax year.	0		Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic s		F	2c
d	Number of conservation easements included in (c) acquire		ure	
	listed in the National Register		L	2d
3	Number of conservation easements modified, transferred,	released, extinguished, or terminated by the	e organi	zation during the tax
_	year	6		
4	Number of states where property subject to conservation e			
5	Does the organization have a written policy regarding the p			
•	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting	g, handling of violations, and enforcing con	Iservatio	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, ha	ndling of violations, and enforcing conserva	ation eas	sements during the year
	►\$ 			5
8	Does each conservation easement reported on line 2(d) ab	ove satisfy the requirements of section 170)(h)(4)(B))(i)
	and section 170(h)(4)(B)(ii)?			Yes 🗌 No
9	In Part XIII, describe how the organization reports conserva	ation easements in its revenue and expense	e statem	nent and
	balance sheet, and include, if applicable, the text of the foo	otnote to the organization's financial statem	nents tha	at describes the
_	organization's accounting for conservation easements.	· · · · · · · · · · · · · · · · · · ·		
Pa			other S	Similar Assets.
	Complete if the organization answered "Yes" on For	rm 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC s	· ·		
	of art, historical treasures, or other similar assets held for p			nce of public
	service, provide in Part XIII the text of the footnote to its fin			
b	If the organization elected, as permitted under FASB ASC			
	art, historical treasures, or other similar assets held for pub	nic exhibition, education, or research in furt	nerance	e ot public service,
	provide the following amounts relating to these items:			

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

Assets included in Form 990, Part X

(i) Revenue included on Form 990, Part VIII, line 1

a Revenue included on Form 990, Part VIII, line 1

the following amounts required to be reported under FASB ASC 958 relating to these items:

(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

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Schedule D (Form 990) 2019

▶ \$

\$ ►

\$

-		TY AGING &	RE	TIREMEN	T SVCS	, IN	C.	23-73	4809	0 Pa	age 2
Par	t III Organizations Maintaining C	collections of A	rt, H	listorical Tr	easures,	or Oth	er Si	imilar Asse	ts (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, ch	eck any of the	following that	at make	signifi	cant use of its	;		
	collection items (check all that apply):		_	_							
а	Public exhibition	c	1 L	Loan or exc	hange progr	am					
b	Scholarly research	e	•	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co								t XIII.		
5	During the year, did the organization solicit o								-		-
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if 1	the organizatio	n answered	"Yes" or	n Forn	n 990, Part IV,	line 9, or	•	
1a	Is the organization an agent, trustee, custod	ian or other interme	diary f	for contribution	s or other as	sets no	t inclu	Ided			
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII						_				
									Amoun	t	
с	Beginning balance							1c			
d	Additions during the year						, L	1d			
е	Distributions during the year							1e			
f	Ending balance							1f	_		
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21, fo	or escrow or cu	ustodial acco	ount liab	ility?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i								<u> </u>		
		(a) Current year	(b) Prior year	(c) Two yea		(d) 🛙	hree years back	(e) Four		
1 a	Beginning of year balance	87,841.		99,962.	9	1,344.		88,813.		97,	738.
b	Contributions	4.4 50.6									
	Net investment earnings, gains, and losses	14,796.		-7,123.		3,662.		7,574.			373.
	Grants or scholarships	4,392.		4,998.		4,568.		4,440.		4,	886.
е	Other expenditures for facilities			\sim							
	and programs			\mathbf{O}		476		C02			
	Administrative expenses	09 245	\Box	07 041	0	476.		603.		0.0	666.
g	End of year balance	98,245.		87,841.		9,962.		91,344.		٥٥,	813.
2	Provide the estimated percentage of the curr Board designated or quasi-endowment	• 00	r	e ig, column (a	i)) neid as:						
a h	Permanent endowment 100.00	%	_%								
с С		70									
C	The percentages on lines 2a, 2b, and 2c sho										
39	Are there endowment funds not in the posse		ration	that are held a	nd administe	ared for	the or	anization			
ou	by:		allon	that are noted a				gamzation	I	Yes	No
	(i) Unrelated organizations								3a(i)	X	
	(ii) Related organizations										Х
b	If "Yes" on line 3a(ii), are the related organiza										
4	Describe in Part XIII the intended uses of the								·		
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 99	0, Par	rt IV, line 11a. S	See Form 990), Part X	(, line [·]	10.			
	Description of property	(a) Cost or c	other	(b) Cost	or other	(c) A	Accum	nulated	(d) Boo	k valu	е
	· · · · ·	basis (investi	ment)	basis	(other)		precia		-		
1a	Land				5,000.						00.
	Buildings				2,503.			,316.	1,14		
с	Leasehold improvements				4,038.			,059.		3,9	
	Equipment				8,389.			,263.		5,1	
	Other			13	1,845.		122	,525.		9,3	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	Х, со	olumn (B), line 1	0c.)				2,04	0,6	12.
								Schedule	D (Forn	n 990)	2019

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Part VII Investments - Other Securities.		EMENT SVCS, INC.	23-7348090 Page 3
Complete if the organization answered "Ye			
(a) Description of security or category (including name of security		(c) Method of Valuation: Cos	st 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 "Ye		11c See Form 990 Part X line 1	3
(a) Description of investment	(b) Book value		st or end-of-year market value
(1)			-
(2)			
(3)			
(4)			
(5)			
(6)		0	
(7)		50	
(8)			
(9)	C		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Ye		e 11d. See Form 990, Part X, line 1	
	a) Description		(b) Book value
<u>(1)</u>			
(2)			
<u>(3)</u>			
(4)	•		
(5)			
(6) (7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)		•
Part X Other Liabilities.			
Complete if the organization answered "Ye	s" on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X	(, line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)			🕨
2. Liability for uncertain tax positions. In Part XIII, prov		•	
organization's liability for uncertain tax positions une	der FASB ASC 740. Check h	here if the text of the footnote has	been provided in Part XIII X

932053 10-02-19

_	dule D (Form 990) 2019 COMMUNITY AGING & RETIREMEN		-		7348090 _{Page} 4
Pa		nts With I	Revenue per F	Return	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	4,582,458.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	1,629.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	1,629.
3	Subtract line 2e from line 1			3	4,580,829.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			•
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,580,829.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			· · · ·	
1	Total expenses and losses per audited financial statements			1	3,488,568.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	1,629.	<u> </u>	
b	Prior year adjustments	2b	\bigcirc	- 1	
С	Other losses	2c		- 1	
d	Other (Describe in Part XIII.)	2d			1 (00)
е	Add lines 2a through 2d			2e	1,629.
3	Subtract line 2e from line 1	U		3	3,486,939.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		- 1	
b	Other (Describe in Part XIII.)	4b			0
_	Add lines 4a and 4b			4c	0. 3,486,939.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part), line 18.) t XIII Supplemental Information.			5	5,400,939.
		/ llin		4. Deut	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV			4; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi	ional inform	ation.		
РАТ	T X, LINE 2:				
TH	ORGANIZATION HAS ADOPTED THE PROVISIONS O	F FINZ	NCIAL ACC	COUN	FING
ST	NDARDS BOARD ("FASB") 740, INCOME TAXES. U	SING 7	HIS GUIDA	NCE	, TAX
POS	ITIONS INITIALLY NEED TO BE SUSTAINED UPON	EXAM	NATION BY	THI	E TAX
AU	HORITIES. AS OF DECEMBER 31, 2019, CARES H	AD NO	UNCERTAIN	I TAX	X
POS	ITIONS. THE ORGANIZATION'S INCOME TAX FIL	INGS A	RE SUBJEC	ст то	2
EXA	MINATION BY THE INTERNAL REVENUE SERVICE G	ENERAI	LY FOR TH	IREE	YEARS
AF	ER THEY ARE FILED. THE ORGANIZATION IS NO	LONGE	R SUBJECI	т то	FEDERAL
INC	OME TAX EXAMINATIONS FOR YEARS BEFORE 2015	•			
<u>++1(</u>	The manifestions for third burden 2013	•			

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Schedule D (Form 990) 2019

Schedule D	(Form 990) 2019	COMMU al Information (co	NITY A	GING	& RE	TIREMENT	SVCS,	INC.	23-7348090	Page 5
Part XIII	Supplementa	al Information (co	ontinued)							
								\mathbf{N}		
								2 '		
							\sim	•		
				(~~~~					
			.C							
									Schedule D (Form	990) 2019
932055 10-02-	19									

SCHEDULE G	Suppleme	ntal Informat	ion Regardin	g Fun	drais	ing o	r Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)			nswered "Yes" o						, or if the	2019
	0	-	red more than \$ ttach to Form 99)-EZ, line 6a.			Open to Public
Department of the Treasury Internal Revenue Service	► Go	•	Form990 for ins				test informat	tion.	_	Inspection
Name of the organization		TY AGING	& RETIRE	MENT	SV	CS.	TNC .		Employer id	entification number 8 () 9 ()
Part I Fundrais	ing Activities.							line 1		
required to	complete this par	t.								
 Indicate whether th a Mail solicitat 	-	ed funds through		-			all that apply nent grants	/.		
	email solicitations			ation of	•		•			
c 🔄 Phone solici	tations			al fundra						
d In-person so			and the second second second second	- 1 () 1		<i>c</i> :		4		
2 a Did the organization key employees list		•		•	•		-		s, or 🗌 Ye	s No
b If "Yes," list the 10		•					-			
compensated at le	east \$5,000 by the	organization.								
	e efinelisieksel			(iii) fundi	Did	()		(v)	Amount paid	(vi) Amount paid
(i) Name and addres or entity (fund		(ii) A	ctivity	fundi have c or cor contrib	ustody	1	ross receipts m activity)	or retained by fundraiser	to (or retained by) organization
								lis	ted in col. (i)	organization
				Yes	No	- (
						Ø				
					\mathbf{N}					
				G				-		+
				\square						
			C							
				_						
			\sim							
		\rightarrow	¥							
		N								
		<u> </u>						-		
	\mathbf{X}									
Total										
 List all states in whi or licensing. 	ch the organizatio	n is registered or	licensed to solici	t contrik	oution	s or ha	s been notifie	ed it is	exempt from	registration
					_					
LHA For Paperwork Re	eduction Act Noti	ce, see the Instr	uctions for Forn	n 990 or	990-	EZ.	:	Sche	dule G (Form	990 or 990-EZ) 2019

932081 09-11-19

Schedule G (Form 990 or 990-EZ) 2019 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			evente with groop receip	10 greater than \$0,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total avanta
			CELEBRATING	BEACH		(d) Total events
			SENIORS	CHARITY	4	(add col. (a) through
						col. (c))
e			(event type)	(event type)	(total number)	
Revenue				05 006		
Sev	1	Gross receipts	70,506.	25,326.	275.	96,107.
ш						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	70,506.	25,326.	275.	96,107.
	-					
		Cash mines				
	4	Cash prizes				
	_					
<i>(</i> 0	5	Noncash prizes				
Direct Expenses						
neu	6	Rent/facility costs				
ЦЦ						
ct	7	Food and beverages				
Dire		3			77	
	8	Entertainment				
				8,620.	0.	36,460.
	9	Other direct expenses		0,020	0.	36,460.
		Direct expense summary. Add lines 4 through		·····		
		Net income summary. Subtract line 10 from li	ine 3, column (d)			59,647.
Pa	irt I	III Gaming. Complete if the organization	answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
d)			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) bingo	bingo/progressive bingo		col. (a) through col. (c))
	4	Gross revenue				
<u> </u>						
		Oracle and an				
Direct Expenses	2	Cash prizes				
ens						
dx:	3	Noncash prizes				
ц						
lire	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor				
	0					
	_					
	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)		🕨	
9	En	ter the state(s) in which the organization condu	ucts gaming activities:			
а	ls t	he organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
		No," explain:				-
-		· ·				
10-	\A/-	ere any of the organization's gaming licenses re	wokod euenondod ort	orminated during the tax	voar?	Yes No
					year (
b	11 "	Yes," explain:				
93200	32 0	9-11-19			Schedule G (Eo	rm 990 or 990-EZ) 2019
55200	22 03	5 · · · · 0				

2019.03033 COMMUNITY AGING & RETIREMEN 284300_1

Sche	edule G (Form 990 or 990-EZ) 2019 COMMUNITY AGING & RETIREMENT SVCS, INC. 23-	7348090 _{Page}	3
11	Does the organization conduct gaming activities with nonmembers?	Yes N	lo
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 N	lo
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗌 Yes 🗌 N	lo
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
~	of gaming revenue retained by the third party \triangleright \$		
c	If "Yes," enter name and address of the third party:		
Ŭ			
	Name		
	Address ►		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	cN		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	🗀 Yes 📖 N	lo
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and (v	art III, lines 9, 9b, 10b),
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
93200	33 09-11-19 Schedule G (For	m 990 or 990-EZ) 20)10
93208	3 09-11-19 Schedule G (For	1 330 01 330-EZJ 20	13

	i (Form 990 or 990-EZ)	COMMUNITY 2	AGING &	RETIREMENT	SVCS,	INC.	23-7348090	Page 4
Partiv	Supplemental ini	officiation (continuea)						
						7		
				(•		
				0.				
				<u> </u>				
				0				
			C C					
			$\overline{}$					
		<u>`</u> ``						
		X						
						Sch	edule G (Form 990 o	⁻ 990-EZ)
932084 04-01-	-19			<u> </u>				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

ſ

Department of the Treasury	
Internal Revenue Service	

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Open to Public Inspection

|9

Name of the of	organization
----------------	--------------

Nam	e of the organization					Employer ident			mber
	COMMUNITY AG	ING &	RETIREMEN	T SVCS,	INC.	23-7	348	090	
Pa	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash co amounts re Form 990, Par	ntribution ported on	(d) Method of de noncash contribu	etermin	•	s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded					1			
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or				- 07				
	trust interests			((
12	Securities - Miscellaneous								
13	Qualified conservation contribution -			C.					
	Historic structures			50					
14	Qualified conservation contribution - Other								
15	Real estate - Residential			V					
16	Real estate - Commercial		6	2					
17	Real estate - Other	Х		32	25,000.2	APPRAISED V	ALU	E	
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies	•	5						
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens	<u> </u>							
24	Archeological artifacts	\mathbf{U}^{-}							
25	Other ► (
26	Other ► (
27	Other ► (
28	Other ► (
29	Number of Forms 8283 received by the organiz	zation durin	ng the tax year for c	ontributions					
	for which the organization completed Form 828		• •		29				
		, . <u></u> ,		,				Yes	No
30a	During the year, did the organization receive by	/ contributi	on any property rer	orted in Part I	lines 1 throug	h 28. that it			
	must hold for at least three years from the date								
	exempt purposes for the entire holding period?						30a		Х
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	olicy that r	requires the review	of any nonstan	dard contribut	ions?	31		х
	Does the organization hire or use third parties of						—		
<u></u> u	contributions?		-				32a		х
b	If "Yes," describe in Part II.						ULU		
33	If the organization didn't report an amount in co	olumn (c) fa	or a type of property	v for which col	umn (a) is cheo	ked.			
	describe in Part II.			,		,			

932141 09-27-19

Schedule N	(Form 990) 2019 COMMUNITY AGING & RETIREMENT SVCS, INC. 23-7348090 Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
	, O,
	\sim
	S
	<u>\0</u>
32142 09-27	19 Schedule M (Form 990) 20
	37

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

OMB No. 1545-0047

COMMUNITY AGING & RETIREMENT SVCS, INC. 23-7348090

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

SERVICES.

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

SENIOR CENTERS AND SENIOR HEALTH CLINIC

EXPENSES \$ 82,793. INCLUDING GRANTS OF \$ 0. REVENUE \$ 14,238.

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, 2019, CARES UTILIZIED 212 EMPLOYEES
THROUGH THE PEO.

	FOF	RM 9	90,	PAR'	r vi	, s	SECTI	ION B	, L	INE	E 12C	:									
	CAF	RES	HAS	A W	RITT	EN	CONE	LICT	OF	' IN	TERE	ST	POLI	CY.	THI	S P	OLICY	IS	PRI	ESEN	TED
	AT	THE	BEG	INN	ING	OF	THE	AGEN	DA	АТ	EACH	мс	ONTHLY	ΥE	BOARD	MEE,	ring.	вс)ARI	C	
	LHA	For Pa	aperwoi	'k Red	uction	Act N	lotice, s	ee the In	struc	tions	for Form	990	or 990-E	Ζ.		Sch	edule O (F	orm 99	90 or 9	990-EZ) (2019)
	93221	1 09-06-1	9									~	~								
												3	8								
13	470	424	7953	320	2843	300		2	2019	9.0	3033	CO	MMUNI	TΥ	AGING	&	RETIR	EME	N 2	8430	0_1

Schedule O (Form 990 or 990-EZ) (2019)	Page
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	TIME.
FORM 990, PART VI, SECTION B, LINE 15:	
AD-HOC COMMITTEE OF THE BOARD OF DIRECTORS COMPLETED A	COMPETITIVE SALARY
REVIEW WHICH WAS SUBMITTED TO THE FULL BOARD OF DIRECT	ORS FOR REVIEW AND
DISCUSSION, AND VOTED ON FOR APPROVAL AND IMPLEMENTATI	ON.
	. \
FORM 990, PART VI, SECTION C, LINE 19:	3
GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND	FINANCIAL STATEMENTS
ARE AVAILABLE AT THE ADMINISTRATIVE OFFICE FOR PUBLIC	REVIEW. THE ANNUAL
REPORT IS ALSO DISTRIBUTED WITH AUDITED FINANCIAL INFO	DRMATION.
S	
FORM 990, PART XII, LINE 2C:	
NEITHER THE OVERSIGHT PROCESS NOR THE SELECTION PROCES	S HAS CHANGED
DURING THE TAX YEAR.	
\	
932212 09-06-19 39	Schedule O (Form 990 or 990-EZ) (2019