SCANNED 2 8 2022

Form **990**(Rev January 2020)

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2019

Do not enter social security numbers on this form as it may be made public.
 → Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u>A_</u>	For the	2019	calendar year, or tax year beginning July 1 , 2019, a	nd ending	June	30		, 20 20		
			C Name of organization			Employer ide	ntıficatio	n number		
_	Check if ap	phraple	Payson Senior Center, Inc.							
	Addres change		Doing business as			74-237	8900			
L	Name	change	Number and street (or P O box if mail is not delivered to street address)	loom/suite	[E	E Telephone number				
	Initial	return	514 West Main Street			(928)	474-4	1876		
	Final r termin		City or town, state or province, country, and ZIP or foreign postal code		ľ					
	Ameno	đed	Payson, AZ 85541		G	Gross receipts	s \$	1,012,146		
	Applica	ation	F Name and address of principal officer		H	(a) Is this a ground subordinates		Yes X No		
	_ ,		Joanne Conlin, 514 W Main St, Payson, AZ 855	541 3	, н	(b) Are all subord		ed? Yes No		
ī	Tax-exe	empt sta	atus X 501(c)(3) 501(c) () ◀ (Insert no) 4947(a)(1) or	527		If "No," at	tach a list	(see instructions)		
J	Websit	te. 🕨			н	(c) Group exem	ption numb	per ▶		
ĸ	Form o	of organ	ization X Corporation Trust Association Other ▶	L Year of				egal domicile AZ		
P	art l		mmary		-					
_			describe the organization's mission or most significant activities to coor	dinate	rele	vant act	ivit	ies which		
o			ate to the social and economic condition of ol							
Governance	;		of Payson, Arizona.			<u> </u>	. 410.			
Ë	2			AT THAT IS THE	-00060	into-not-scoot				
Š	3	Numb	this box I if the organization discontinued its operations or disposed er of voting members of the governing body (Part VI, line 1a)	REC	ĔĬVĔ	TIS TICK GOOD CI	3	6		
∞5						-10	4	6		
Š	4		er of independent voting members of the governing body (Part VI, line 1b)	MAD	0 20	, Ø	_	31		
Activities] 2		number of individuals employed in calendar year 2019 (Part V, line 2a).	MAR. 0	0.40		5	40		
ZC.	6		number of volunteers (estimate if necessary)				6	40		
`	/ a		unrelated business revenue from Part VIII, column (C), line 12	OGDE	EN T	17	7a			
	b	Net ur	related business taxable income from Form 990-T, line 39		يطقف		7b			
				-		Prior Year	-	Current Year		
ē	8		butions and grants (Part VIII, line 1h)			343,9		487,479		
Revenue	9 1		m service revenue (Part VIII, line 2g)			282,8		363,884		
Ŗ			ment income (Part VIII, column (A), lines 3, 4, and 7d)	ľ			90	80		
	1		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	г		59,8		51,977		
	12	Total r	evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u> </u>		687,3	02	903,420		
	13	Grants	s and similar amounts paid (Part IX, column (A), lines 1-3)							
	14	Benefi	ts paid to or for members (Part IX, column (A), line 4)							
Š	15	Saları	es, other compensation, employee benefits (Part IX, column (A), lines 5-10)	[313,1	07	402,816		
Expenses	16a	Profes	sional fundraising fees (Part IX, column (A), line 11e)	[
ğ	b ·	Total f	undraising expenses (Part IX, column (D), line 25) ▶ 21, 483							
ш	17 (Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			279,1	13	321,988		
	1		expenses Add lines 13-17 (must equal Part IX, column (A), line 25)			592,2	20	724,804		
	19	Reven	ue less expenses Subtract line 18 from line 12			95,0	82	178,616		
or ses	20 21 22	·			Beginnin	g of Current Y	'ear	End of Year		
ets	20	Total a	assets (Part X, line 16)			1,535,0	87	1,746,579		
ASS	21		abilities (Part X, line 26)			84,1	88	110,515		
ž Š	22		sets or fund balances Subtract line 21 from line 20			1,450,8		1,636,064		
	art II		nature Block			` _				
			f perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and	to the best of	my knov	wledge and belief, it is		
tru	e, correc	ct, and	complete Declaration of preparer (other than officer) is based on all information of which	preparer has	any knov	vledge				
	- 1,		Carlo			2-10	16			
Sig	Jn	\overline{s}	ignature of officer			Date	<u>) </u>			
He										
		₹,	Joanne Conin Board Chair ype or print name and title							
			Type preparer's name Preparer's signature	Date	- - -	 	PTIN			
Paid	a I			2.8.2	2/	Check X	ır	'		
_	parer -	Lor	en Cunningham	~ 0 '		self-employe		P01384169		
	Only	Firm's	name ► Loren Cunningham, CPA, PLLC		Fı	rm's EIN 🕨 🛭				
		_	address ▶ 9 North Elden Street, Suite 102, Flagstaff, AZ 8600				(928)	526-8442		
Ма	y the II	RS di	scuss this return with the preparer shown above? (see instructions).	<u></u> .	<u></u> .	<u></u>	<u> l</u>	X Yes No		
For	Panan	work S	Reduction Act Notice, see the senarate instructions					Form 990 (2019)		

P	Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
7	Briefly describe the organization's mission
	To coordinate relevant activities which relate to the social and economic condition
	of older citizens in and around the Town of Payson, Arizona.
_	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?X Yes No If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 310,089 including grants of \$) (Revenue \$ 166,407)
	Community Foods Service - Primarily engaged in the collection, preparation and
	delivery of 40,141 meals-on-wheels and congregate meals to 384 individuals who by
	reason of age are unable to prepare meals for themselves; or prepared meals at a
	fixed or mobile location.
4b	(Code) (Expenses \$273, 391 including grants of \$) (Revenue \$197, 477)
	Special Needs Transportation - Primarily engaged in providing 4,363 senior express
	trips for special needs transportation of elderly individuals and 4,558 Beeline Bus
	trips. Trips decreased by approx 50% when COVID hit in March 2020.
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
_	Others (Developed Charles Others (Developed
4d	Other program services (Describe on Schedule O) (Expenses \$\(\) \(\)
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 583,480
70	Total program scrive expenses F 303/100

Pa	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 (see instructions)?	2	Х	 -
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			,,
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١.		v
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	ا ـ	ł	Х
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			<u> </u>
•	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,"	<u> </u>		
Ŭ	complete Schedule D, Part III	8	ĺ	х
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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	1	'	ŀ
	complete Schedule D, Part VI	11a	Х	<u> </u>
k	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	İ		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
C	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	1		١.,
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			l 😛
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120	х	
	Schedule D, Parts XI and XII	12a		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	_	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	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		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	of If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	N	A
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 12 If "Yes," complete Schedule I, Parts I and II	121		Х

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	ļ	Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	ļ		
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
27 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
		242		x
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			١
	to defease any tax-exempt bonds?	24c		Х
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25 a	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?	l I		
	If "Yes," complete Schedule L, Part I	25b		Х
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? <i>If "Yes," complete Schedule L, Part II.</i>	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
41				
	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		X
С	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	-		
JZ				Х
	complete Schedule N, Part II	32		
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		<u>X</u>
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		<u> X</u>
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? \dots	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
-	19? Note: All Form 990 filers are required to complete Schedule O	38	ł	Х
Dart		30		
Part				\Box
	Check if Schedule O contains a response or note to any line in this Part V	• • • •		<u></u> _
			Yes	No_
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		ĺ	
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	<u> </u>	
JSA DE 1030	1.000	Form	990	(2019)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 31	;		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	N	A
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country ▶ N/A			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	N	Α
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	N	A
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	N	Α
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_	ľ	
	required to file Form 8282?	7с		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> X</u>
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	N	X A
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h	N	_ <u>A</u>
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	<i>,</i>		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		Х
9	sponsoring organization have excess business holdings at any time during the year?			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a	N	Α
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	N	A
	Section 501(c)(7) organizations. Enter	-		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b N/A		I	
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	ł	ŀ	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	N	A
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	i	İ	
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a	N	A
	Note: See the instructions for additional information the organization must report on Schedule O			
	Enter the amount of reserves the organization is required to maintain by the states in which	ľ	ĺ	
	the organization is licensed to issue qualified health plans			
	Lines the amount of reserves on hand.	140		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b	N	A
	11 165, has it filed a form 120 to report these payments. If two, provide an explanation on concedure of the transfer	140	14	<u>, , , , , , , , , , , , , , , , , , , </u>
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N	-,3	+	41
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O			
	real dampines . ann in Eal admodule a			

Par	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O	See ır	struc	
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			1
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			1
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
_	stockholders, or persons other than the governing body?	7b		Х
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	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
•	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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	N	Α
11a		11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a		12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
b	rise to conflicts?	12b	Х	
_	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
13	· · · · · · · · · · · · · · · · · · ·			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	х	
a	The organization's CEO, Executive Director, or top management official	15b		х
b	Other officers or key employees of the organization	135		 ^`
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
тьа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a	,	x
	with a taxable entity during the year?	104		<u> </u>
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		N7] ₇
<u> </u>	organization's exempt status with respect to such arrangements?	16b	N	A
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. X Upon request. Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	finter	est p	olicy,
20	and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and record Topping Copiling 514 W Marin St. Payson 37, 85541 (928) 474–4876	s >		

Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontr	actors								

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee											stee
(A) Name and title		(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individual or direct	Po (do not chec box, unless p officer and a		consistion lock more than person is both a director/trus employee compensated of the comp		an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(4)	Joanne Conlin	20									
77	Chair	20	х		x			l	15,664	0	o
(2)		2-3	 ^		-	┢	_	-	13,001		
	Vice Chair	-	Х		x	1			0	0	O
(3)	Connie Jewell	2-3			 						
_(5)	Secretary		Х		х				0	0	O
(4)	Chris Dock	2-3		\vdash			 				
7.7	Treasurer		X		х				0	0	l o
(5)	Ann Leonard	1-2				 					
	Member	<u> </u>	X	ļ.,				ļ	0	0	0
(6)		1-2	-			┢				····	<u></u>
	Member		Х						i o	0	l
(7)	Debbie Stephens	40				-					
	Executive Director		ĺ			x			41,265	0	O
(8)	Randy Miller	40	-								
	Thrift Store Manager					X	Х		43,476	0	0
(9)											
(10)											
(11)											-
						L					
<u>(12)</u>	<u> </u>										
(13)											
(14)				_		<u> </u>					
7		- 				l		l			

Part VII Section A. Officers, Directors, Tru	stees, Ke	y Em	plo	yee	s, a	ınd H	ligh	nest Compensate	ed Employ	yees (co	ontinued	Page (1)	_
(A) Name and title	(B) Average hours per week	box,	(C) Position (do not check more th box, unless person is b officer and a director/t			is both or/trust	an tee)	(D) Reportable compensation from the	(E) Report compen from re	table sation	01	(F) Ited amount other pensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organiza (W-2/1099	ations	fro organ	om the ization and organization	s
(15)													
(16)					_								_
(17)													
(18)													_
(19)													_
(20)													_
(21)													_
(22)						,							
(23)													
(24)													_
(25)													
1b Subtotal													
c Total from continuation sheets to Part VII, S d_Total (add lines 1b and 1c)	Section A.						>	100,405 100,405					_
Total number of individuals (including but no reportable compensation from the organization)	ot limited to		se li				who		nan \$100,	000 of			
	_											Yes No	<u>, </u>
3 Did the organization list any former of employee on line 1a? If "Yes," complete Scheo											3	x	
4 For any individual listed on line 1a, is the organization and related organizations gr					-			·					
individual											4	X	_
for services rendered to the organization? If ")		•						_			5	X	_
Section B. Independent Contractors 1 Complete this table for your five higher	st compe	nsate	d II	nde	pen	dent	co	entractors that re	ceived m	ore tha	n \$10	0.000	_ of
compensation from the organization Report													
(A) Name and business addre	ess							(B) Description of ser	vices	((C) Compensa	ation	
None			-				\perp						_
							-			 - -			_
													_
2 Total number of independent contractors	(Includes	n hu	t n	ot.	lımı	ted t	<u> </u>	those listed abo	ve) who	 		·- <u>-</u>	_
received more than \$100,000 of compensation						.ou 1		0					

Part VIII Statement of Revenue
Check if Schedule O contain

`		Check if Schedule O contains a response	nse or note to ar	ny line in this Part \	/III <u></u>	<u> </u>	<u> </u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
SS	1a	Federated campaigns 1a					
and	Ь.	Membership dues 1b	4,250				
ပ် ဋိ	6	Fundraising events 1c					
Contributions, Gifts, Grants and Other Similar Amounts	۵	Related organizations 1d					
হ ভূ	"	Government grants (contributions) . 1e	193,642				
S.E	f	All other contributions, gifts, grants,	1120,000				
흕	· •	and similar amounts not included above . 1f	289,587				
₫₹	_	Noncash contributions included in	203/007				
불인	g		[.				
S E	١.	——————————————————————————————————————		487,479			ľ
		Total. Add lines 1a-1f	Business Code	101,115			
بە		Community Food Service	62421	166,407			
<u>Ş</u>	2a		485991	197,477			
Program Service Revenue	b	Special Needs Transportation	403991	191,411	··· <u> </u>		
E	C						
Rey	d				· -		
ē	e						
Δ.	f	All other program service revenue					
	g	Total. Add lines 2a-2f		<u>3</u> 63,884			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)	▶	80			80
	4	Income from investment of tax-exempt bond	proceeds . 🕨				
	5	Royalties	<u> ▶</u>				
		(ı) Real	(II) Personal				
	6a	Gross rents 6a 591					
	ь	Less rental expenses 6b					ļ
	c	Rental income or (loss) 6c 591					
	di	Net rental income or (loss)		591			591
	7a	Gross amount from (i) Securities	(II) Other				
		sales of assets					
		other than inventory 7a					
ø.	Ь	Less cost or other basis					
Revenue		and sales expenses 7b	1				
ķ		Gain or (loss) 7c	-				
	اما	· · · · · · · · · · · · · · · · · · ·	·			_	
her		Net gain or (loss)	····				
Othe	8a	Gross income from fundraising					
		events (not including \$					
	}	of contributions reported on line	3,813				
		1c) See Part IV, line 18	9,025				
	b	l ess direct expenses	-1	E 212	***************************************		E 212
	C	Net income or (loss) from fundraising events	<u> </u>	-5,212			-5,212
	9a	Gross income from gaming				16	
		activities See Part IV, line 19 9a	 				
	b	Less direct expenses 9b					
	C	Net income or (loss) from gaming activities	<u> </u>				<u> </u>
	10a	Gross sales of inventory, less			,		
		returns and allowances 10a	156,299	[
	b	Less cost of goods sold	99,701				
	С	Net income or (loss) from sales of inventory.	<u> ▶</u>	56,598			56,598
<u>s</u>			Business Code				
eon e	11a						
ani	ь						L
eve eve	ء ا						
Miscellaneous Revenue	ď	All other revenue			_		
Σ	e	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		903,420			52,057
							

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

	Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic individuals See Part IV, line 22									
	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors, trustees, and key employees	48,332	26,726	21,479	127					
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	287,378	253,155	33,016	1,207					
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				. <u></u>					
9	Other employee benefits	11,890	10,422	1,321	147					
10	Payroll taxes	55,216	52,324	2,603	289					
11	Fees for services (nonemployees)									
а	Management	11 500		11 500						
	Legal	11,598		11,598						
	Accounting	6,709		6,709						
	Lobbying									
	Professional fundraising services See Part IV, line 17.									
	Investment management fees									
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,118	5,118							
12	Advertising and promotion	6,877			6,877					
	Office expenses	54,291	31,261	10,840	12,190					
	Information technology	53	46	6	1					
	Royalties									
	Occupancy	33,084	29,844	2,916	324					
	Travel	60,300	60,300							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				 -					
19	Conferences, conventions, and meetings									
	Interest									
21		25 066	22 760	2 005						
22		25,966 23,141	22,760	2,885 23,141	321					
23	Insurance	23,141		23,141						
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If			,						
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)		j							
_	Food	91,526	91,526							
	Dues & Memberships	3,325	31,320	3,325						
C				3,323						
d										
	All other expenses				.					
_	Total functional expenses. Add lines 1 through 24e	724,804	583,482	119,839	21,483					
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)									
		_ 			- 000 (00.00)					

Form 990 (2019)
Part X Balance Sheet

	ui e A	Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	195,275	1	307,962
	2	Savings and temporary cash investments	<u>366,</u> 157	2	446,892
	3	Pledges and grants receivable, net	134,975	3	129,886
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,	- · ·		
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$.		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	1,533	8	
Ž	9	Prepaid expenses and deferred charges	55 , 883	9	19,676
	10 a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 1,030,778		1	
	b	Less accumulated depreciation	<u>324,</u> 763	10c	376,652
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11	441,501	13	441,501
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	15,000	15	24,010
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,535,087	16	1,746,579
	17	Accounts payable and accrued expenses	50,039	17	55,223
	18	Grants payable		18	
	19	Deferred revenue	34,149	19	55,292
	20	Tax-exempt bond liabilities	<u> </u>	20	 ,
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	<u> </u>
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties	<u> </u>	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D		25_	110 515
	26	Total liabilities. Add lines 17 through 25	84,188	26	110,515
nces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	1,450 <u>,</u> 899	27	1,636,064
8	28	Net assets with donor restrictions		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
A 55	31	Retained earnings, endowment, accumulated income, or other funds		31	
et ,	32	Total net assets or fund balances	1,450,899	32	1,636,064
Ž	33	Total liabilities and net assets/fund balances	1,535,087	33	1,746,579
_					- 000

Form 990 (2019)

Page **12**

Check if Schedule O contains a response or note to any line in this Part XI. 1 Total revenue (must equal Part XIII, column (A), line 12). 1 Total revenues (must equal Part IXI, column (A), line 25). 2 724, 804 3 Revenue less expenses Subtract line 2 from line 1. 3 178, 616 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)). 4 1, 450, 899 Net unrealized gains (losses) on investments. 5 6, 549 6 Donated services and use of facilities. 7 Investment expenses. 8 Prior period adjustments. 8 Prior period adjustments. 8 Other changes in net assets or fund balances (explain on Schedule O). 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 11 Accounting method used to prepare the Form 990 Cash Accrual Other 12 If "Financial Statements and Reporting 13 Check if Schedule O contains a response or note to any line in this Part XII. 14 Accounting method used to prepare the Form 990 Cash Accrual Other 15 If the organization's financial statements compiled or reviewed by an independent accountant? 16 Yes No 17 Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis Both consolidated and separate basis 5 Were the organization's financial statements audited by an independent accountant? 16 Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated and separate basis 16 Were the organization of its financial statements and selection of an independent accountant? 17 Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis or both 20 Separate basis Consolidated basis Both consolidated and separate basis 17 Yes," to line	Part	XI Reconciliation of Net Assets					
2 Total expenses (must equal Part IX, column (A), line 25). 3 Revenue less expenses Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)). 5 178, 616 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)). 5 6 Constitution of facilities. 6 Investment expenses. 7 Investment expenses. 8 Prior period adjustments. 9 Other changes in net assets or fund balances (explain on Schedule O). 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 11 Accounting method used to prepare the Form 990		Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	. <u></u>		<u> </u>	
2 Total expenses (must equal Part IX, column (A), line 25)	1	Total revenue (must equal Part VIII, column (A), line 12)	1				
Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	2		2			724,	804
S Net unrealized gains (losses) on investments	3	Revenue less expenses Subtract line 2 from line 1	3			178,	616
6 Donated services and use of facilities 7 Investment expenses	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,		
Prior period adjustments. 9 Other changes in net assets or fund balances (explain on Schedule O). 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 11 Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant?. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis c if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 3c	5	Net unrealized gains (losses) on investments	5			6,	549
9 Other changes in net assets or fund balances (explain on Schedule O). 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 11 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 12 Financial Statements and Reporting 13 Check if Schedule O contains a response or note to any line in this Part XII. 14 Accounting method used to prepare the Form 990 Cash X Accrual Other 15 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 16 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both 16 Separate basis Consolidated basis, or both 17 Separate basis Consolidated basis, or both 18 Separate basis Consolidated basis Both consolidated and separate basis 2b Were the organization's financial statements audited by an independent accountant? 2b X 2c X 2c X 2d X 2d X 2d X 2d X 2d X 2d X 2d X 2d	6	Donated services and use of facilities	6				
9 Other changes in net assets or fund balances (explain on Schedule O). Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B)). Thinancial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. Accounting method used to prepare the Form 990 Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant?. If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?. If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?. If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis Both consolidated and separate basis c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis Both consolidated and separate basis c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis consolidated basis Both consolidated and separate basis c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis consolidated basis Both consolidated and separate basis c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis consolidated basis and separate b	7	Investment expenses	7				
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 3, column (B))	8	Prior period adjustments	8				
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 3, column (B))	9	Other changes in net assets or fund balances (explain on Schedule O)	9				
Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990	10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
Check if Schedule O contains a response or note to any line in this Part XII. Accounting method used to prepare the Form 990 Cash X Accrual Other		32, column (B))	10		1,	636,	<u>064</u>
Accounting method used to prepare the Form 990	<u>Part</u>						
1 Accounting method used to prepare the Form 990		Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u> </u>	<u></u>		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant?				г		Yes	No_
Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis	1	<u> </u>					
Were the organization's financial statements compiled or reviewed by an independent accountant?			xplaın	ın			
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis. Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?							
reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?	2a	· · · · · · · · · · · · · · · · · · ·			<u>2a</u>		<u>X</u>
Separate basis			piled	or			
b Were the organization's financial statements audited by an independent accountant?							
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?				ĺ		v	
separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis consolidated basis Consolidated basis Both consolidated and separate basis consolidated basis Consolidated basis Both consolidated and separate basis consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated and separate basis Consolidated and separate basis Consolidated and separate basis Consolidated and separate basis Both consolidated and separate basis Consolidated and separate	b				<u>20</u>	^	
Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			ted o	na			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?				j			
the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?							
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	С		-	II.	20	v	
Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		·			20	-^-	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			(piain	on			
Single Audit Act and OMB Circular A-133?	_		ی یا				
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b N A	3a				32		х
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b N A	L.				Ja		<u></u>
Form 990 (2019)	a				3h	N	A
		required addit of addits, explain with on obligation of and describe any steps taken to undergo such at	uita .	<u>•••</u>			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

nam	e or u	ne organization					Employer identii	ncation number
Рa	yso	n Senior Center, In	nc.				74-237	8900
	rt I	Reason for Public Cha		organizations must o	complet	e this pa	art) See instructions	<u> </u>
		anization is not a private fou						
1	\Box	A church, convention of chi		· ·	-	-	· ·	1/
2	\sqcap	A school described in secti						941
3	М	A hospital or a cooperative						U,
4	М	A medical research organiz		-)(iii). Enter the
·	Щ.	hospital's name, city, and si	•		- -			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
5	\Box	An organization operated		a college or universit	v owner	d or one	erated by a governme	ental unit described i
•	لــــا	section 170(b)(1)(A)(iv). (C		a conege of anivoro	.,	. О, Орс	rated by a government	ontar anni accombac
6		A federal, state, or local go		rnmental unit describe	d in sect	ion 170(h)(1)(Δ)(v)	
7	X	An organization that norma	_					om the general publi
•	رخت	described in section 170(b)	•	•	ipport iii	om a go	vorminoman anne or m	om the general pash
8		A community trust describe		· · · · · · · · · · · · · · · · · · ·	Part II \			
9	\vdash	An agricultural research org	•				t in conjunction with a	land-grant college
•	لـــا	or university or a non-land-	-			-	•	-
		university	grant conege or as	grioditare (see motivos	.101.10)		name, ony, and otate o	i the conege of
10		An organization that norma	lly receives (1) m	ore than 331/2 % of its	support	from co	ntributions members	hin fees, and gross
	ш	receipts from activities rela	ted to its exempt 1	functions - subject to	certain e	xception	is, and (2) no more tha	an 331/3% of its
		support from gross investmacquired by the organization	nent income and u	nrelated business tax	able inco	me (les:	s section 511 tax) from	businesses
11		An organization organized						
12	\vdash	An organization organized						carry out the purposes
-	ш	of one or more publicly su	•	<u>-</u>	-			
		Check the box in lines 12a t						
а	Γ-	Type I. A supporting orga	•				•	· · · · · · · ·
а	<u> </u>	the supported organization	· ·	· ·	-		= : : :	
		_ supporting organization \	•	- • • • •		ajonty of	the directors of truste	ees of the
b	Γ-	Type II. A supporting org	-			with ite	supported organizati	on(e) by having
D	L_	control or management of	•					
		organization(s) You must			life Saili	e persor	is that control or mai	lage the supported
С	Γ	Type III functionally integ	•		ted in co	annectio	n with and functions	lly integrated with
·		_ its supported organization		-				ny megratea with,
d	Γ-	Type III non-functionally		•				ted organization(s)
u		that is not functionally into			•		• •	* · · · · · · · · · · · · · · · · · · ·
		_ requirement (see instruct	-					d an attentiveness
	Γ-	Check this box if the orga						II Type III
-		functionally integrated, or					• • • • • • • • • • • • • • • • • • • •	ii, Type iii
f	Ent	ter the number of supported			porting			
a		ovide the following information						
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
			, ,	(described on lines 1-10		ur governing	support (see	other support (see
				above (see instructions))	Yes	nent?	instructions)	instructions)
A)							_	
D)								
B)								
C)								
<u></u>								
D)								
וט								
E)				<u>_</u>				
_,								
Γota	ıl							

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

Sec	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 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")	151,682	168,636	803,650	343,986	487,479	1,955,433			
2	Tax revenues levied for the organization'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	151 600	160 626	003 (50	242.006	107 170	1 055 133			
4	Total. Add lines 1 through 3	151,682	168,636	803,650	343,986	487,479	1,955,433			
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)						473,729			
6	Public support. Subtract line 5 from line 4						1,481,704			
	tion B. Total Support						1,101,701			
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
7	Amounts from line 4	151,682	168,636	803,650	343,986	487,479	1,955,433			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,599	-2,567	533	690	80	1,335			
9	Net income from unrelated business activities, whether or not the business is regularly carried on									
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						1 056 760			
11	Total support. Add lines 7 through 10						1,956,768			
12	Gross receipts from related activities, etc. (s				•	12	1,810,664			
13	First five years. If the Form 990 is forganization, check this box and stop here	<u> </u>	<u> </u>							
	tion C. Computation of Public Sup			44 (0)		44	75.7220 %			
14	Public support percentage for 2019 (li					14	71.9732 %			
15	Public support percentage from 2018 331/3% support test - 2019. If the org									
104	box and stop here . The organization qu						. [37]			
h	331/3% support test - 2018. If the organization qu						• • • —			
	this box and stop here. The organization									
17a	10%-facts-and-circumstances test - 2									
	10% or more, and if the organization	_								
	Part VI how the organization meets t					-	•			
	organization			•	•	•				
b	10%-facts-and-circumstances test - 2									
	15 is 10% or more, and if the orga	_								
	Explain in Part VI how the organization									
	supported organization									
18	Private foundation. If the organization									
	_						_			
	Instructions									

Schedule A (Form 990 or 990-EZ) 2019

Sche	dule A (Form 99 <u>0 or 990-EZ)</u> 2019						Page/ 3
Pai	Complete only if you checked if the organization fails to quality.	ed the box or	n line 10 of Pai	t I or if the org	janization faile	d to qualify ur	nder Part J
800	tion A. Public Support	iny dilaci an	- 10010 110100 01	pious o	<u> </u>	· <u>/</u>	
		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	ndar year (or fiscal year beginning in)	(2) 2010	(8) 2010	(0, 20 11	(4) 2010	(0)20.0	(1) 10101
1	Gifts, grants, contributions, and membership fees						/
•	received (Do not include any "unusual grants") Gross receipts from admissions, merchandise		 				+
2	sold or services performed, or facilities]		
	·						
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose		<u> </u>			/	
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .		<u> </u>			/	
4	Tax revenues levied for the				/		
	organization's benefit and either paid to						
_	or expended on its behalf		 		 		
5	The value of services or facilities						
	furnished by a governmental unit to the				/		
	organization without charge				 /		
6	Total. Add lines 1 through 5				/		-
7 a	Amounts included on lines 1, 2, and 3			/	7		
h	received from disqualified persons		·	 /-			
b	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year		 		 		
	Add lines 7a and 7b	.		/			
8	Public support. (Subtract line 7c from						
500	tion B. Total Support		' 	L	<u>.</u>		
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 201/6	(c) 2017	(d) 2018	(e) 2019	(f) Total
_	· · · · · · · · · · · · · · · · · · ·	(4) 20.0	(3,25)	(0) = 0	(4,700.10	(2,22	1,7
9 10 a	Amounts from line 6						
b	Unrelated business taxable income (less		<u> </u>				
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on	,					
12	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI)						_
13	Total support. (Add lines 9, 10c, 11,						<u> </u>
	and 12)						
14	First five years. If the Form 990 is for	r the organiza	ation's first seco	nd third fourth	or fifth tax ve	ear as a section	on 501(c)(3)
	organization, check this box and stop here.	•					
Sec	tion C. Computation of Public Supp			****			
15	Public support percentage for 2019 (line 8,			mn (f))		15	%
16	Public support percentage from 2018 Scheo					16	%
	tion D. Computation of Investment			<u> </u>		1 1	
	Investment income percentage for 2019 (lin			13 column (ft)		17	%
17	Investment income percentage from 2018 S					18	<u> </u>
18	331/3% support tests - 2019. If the org						
	17 is not more than 331/3%, check this	s box and sto	p here. The org	anızatıon qualıfıe	es as a publicly	supported orga	nization . ►
b	331/3% support tests - 2018. If the orga						
	line 18 is not more than 331/3 %, check	this box and s	stop here. The or	ganızatıon qualıfı	ies as a publicly	supported orga	nization 🟲 🔛

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	Suppo	rting	Organiz	ations
---------	--------	-------	-------	---------	--------

			Yes	No
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	1_		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
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	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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	4c		
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)	5a		
	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b 5c		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	30		
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 .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	88		
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.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b_		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		_
10 a	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	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		

001100	(1 Sim See St. 2015)			. ago c
Part	Supporting Organizations (continued)		V	l NI o
44	the the second of a second to a first second to the fellower was and		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?	11a		<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	<u> </u>	<u> </u>
Secti	on B. Type I Supporting Organizations			1
			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			İ
	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		l	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2	<u> </u>	
Secti	on 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	<u></u>	L
Secti	on 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		ļ
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons)	
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstruc	ctions)	
_			Yes	No
2	Activities Test Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
_				
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	26		
	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? Provide details in Part VI.	3 <u>a</u>	\vdash	
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		

Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Check here if the organization satisfied the Integral Part Test as a qualifying			ıın ın Part VI) See
instructions. All other Type III non-functionally integrated supporting organi			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	$\neg \neg$		
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			_
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			_
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 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		
Section 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-functional	ly integra	ited Type III supporting	organization (see
instructions)	-	•	•

Schedule A (Form 990 or 990-EZ) 2019

066	ection D - Distributions							
1	Amounts paid to supported organizations to accomplish ex	xempt purposes						
2	Amounts paid to perform activity that directly furthers exer							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations					
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 organization is resp	onsive					
	(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							
	Section 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							
	(reasonable cause required - explain in Part VI) See		,					
	instructions							
3	Excess distributions carryover, if any, to 2019							
a	From 2014							
b	From 2015							
С	From 2016		<u></u>	. <u> </u>				
d	From 2017							
e	From 2018			····				
f	Total of lines 3a through e							
g_	Applied to underdistributions of prior years	_		·				
<u>h</u>	Applied to 2019 distributable amount							
<u>i</u> _	Carryover from 2014 not applied (see instructions)							
<u>j</u> _	Remainder Subtract lines 3g, 3h, and 3i from 3f							
4	Distributions for 2019 from							
	Section D, line 7 \$							
a	Applied to underdistributions of prior years							
b_	Applied to 2019 distributable amount							
_ <u>c</u>	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			<u> </u>				
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							
8	Breakdown of line 7							
_ <u>a</u> _	Excess from 2015		-					
b_	Excess from 2016							
<u> </u>	Excess from 2017							
<u>d</u>	Excess from 2018							
e	Excess from 2019							

Pag	е	8

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Nam	e of the organization		Employer identification number
Pa	yson Senior Center, Inc.		74-2378900
P	Organizations Maintaining Donor Adv		or Accounts.
	Complete if the organization answered		(h) E d d
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	N/A	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	L	<u> </u>
5	Did the organization inform all donors and donor	<u> </u>	
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene		
_	conferring impermissible private benefit?	<u> </u>	Yes No
P	Conservation Easements.	"Nee" on Form 000 Dort IV line 7	
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (for example	. []	n of a historically important land area
	Protection of natural habitat	Preservation	n of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	ald a qualified conservation contribution i	Held at the End of the Tax Year
	easement on the last day of the tax year		
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified		2c
ď	Number of conservation easements included in (c		
_	historic structure listed in the National Register.		2d
3	Number of conservation easements modified, tra	nsferred, released, extinguished, or tern	ninated by the organization during the
	tax year >		
4	Number of states where property subject to conse		
5	Does the organization have a written policy reg	· · · · · · · · · · · · · · · · · · ·	- 1 1 1 1
	violations, and enforcement of the conservation ear		
6	Staff and volunteer hours devoted to monitoring, insp	acting, handling of violations, and enforcing	g conservation easements during the year
7	Amount of expenses incurred in monitoring, inspect	ting handling of violations, and enforcing	conservation easements during the year
•	S	ing, handling of violations, and emorcing t	conservation easements during the year
8	Does each conservation easement reported on line 2	2(d) above satisfy the requirements of sec	tion 170(h)(4)(R)(i)
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports		
•	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme		
Pa	art III Organizations Maintaining Collections	of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under FA	SB ASC 958, not to report in its reven	ue statement and balance sheet works
	of art, historical treasures, or other similar asset	is held for public exhibition, education	i, or research in furtherance of public
L	service, provide in Part XIII the text of the footnote		
b	If the organization elected, as permitted under FA art, historical treasures, or other similar assets hel		
	provide the following amounts relating to these iter		TILL III I I I I I I I I I I I I I I I I
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of air		
	following amounts required to be reported under Fa		3 , ,
а	Revenue included on Form 990, Part VIII, line 1		> \$
b			

Pa	rt III Organizations Maintain	ing Collec	ctions of	Art, Histo	orical Tre	easure	s, or Othe	r Similar Assets (continued,)
3	Using the organization's acquisition	on, access	ion, and	other reco	rds, chec	k any c	of the follow	ving that make sig	nificant use	e of its
	collection items (check all that app	ly)								
а	Public exhibition			d	Loan	or exch	ange progra	ım		
b	Scholarly research			e	Other					
С	Preservation for future gene	rations			_					
4	Provide a description of the organ	nization's d	collections	s and expl	ain how	they fui	rther the or	ganization's exemp	ot purpose	ın Part
	XIII									
5	During the year, did the organization	on solicit oi	r receive o	donations of	of art, hist	orical tr	easures, or	other similar		
	assets to be sold to raise funds rati	ner than to	be maint	ained as pa	art of the	organiz	ation's colle	ction?	Yes	No
Pa	rt IV Escrow and Custodial A									
	Complete if the organiza	ation answ	ered "Ye	es" on For	m 990, F	Part IV,	line 9, or i	eported an amou	int on Forn	n
	990, Part X, line 21									
1 a	Is the organization an agent, truste									
	included on Form 990, Part X?								Yes [No
b	If "Yes," explain the arrangement i	n Part XIII	and comp	plete the fo	llowing tal	ole				
							<u> </u>	Amoun	t	
C	Beginning balance								 	
d	Additions during the year						$\overline{}$			
e	Distributions during the year									
f	Ending balance									
	Did the organization include an am								Yes	No
	If "Yes," explain the arrangement in the transfer of the trans	n Part XIII	Спеск п	ere if the e	xpianation	nas be	en proviaea	on Paπ XIII	<u> </u>	
Pa	rt V Endowment Funds. Complete if the organization	ation answ	ered "Ye	es" on For	m 990 F	Part IV	line 10			
	Complete ii the organize	(a) Curre		(b) Pric			o years back	(d) Three years back	(e) Four yea	ars hack
		(a) Curre	one your	(6)	, year	(0, 11)		(a) Three years back	(e) i oui yea	ara back
1a	Beginning of year balance					 		 		
b	Contributions	<u> </u>							 	
С	Net investment earnings, gains,									
	and losses					 		 	-	
a	Grants or scholarships					 				
е	Other expenditures for facilities									
	and programs									
Τ	Administrative expenses					h			 	
g	End of year balance				- // 4-		. (a)\ bald as		<u> </u>	
2 a	Provide the estimated percentage Board designated or quasi-endown				e (line 1g,	column	i (a)) neid as	•		
	Permanent endowment	%		^0						
	Term endowment ▶	/v %								
•	The percentages on lines 2a, 2b, a		uld equal 1	100%						
3a	Are there endowment funds not in				ation that	are held	d and admi	nistered for the		
	organization by								Ye	s No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the relate								3b	
4	Describe in Part XIII the intended i	_		•						
Pa	rt VI Land, Buildings, and Equ	ipment.		- !! -	000 1	D = =4 1\ /	lun = 4.4 = 1	Can France 000 B		•••
	Complete if the organization of property		vered Ye (a) Cost or		(b) Cost				d) Book value	10
			(a) Cost of			ther)		eciation	<u> </u>	
1 a	Land	_		31,912	ļ					912
b	Buildings			516,710			3	15,051	201	. , 659
C	Leasehold improvements	_								
d	Equipment		4	152 , 357			3	09,276	143	3,081
	Other			29,799	<u> </u>			29,799		
Tota	I. Add lines 1a through 1e (Column	(d) must e	qual Forn	n 990, Part	X, columi	n (B), lin	e 10c)	▶	376	652

Part VII	Investments - Other Securities.	=	
	Complete if the organization answered	"Yes" on Form 990), Part IV, line 11b See Form 990, Part X, line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financia	al derivatives		
	held equity interests		
(A)			
(B)			
(C)			
(D) (E)			
(F)			
(G)			
(H)			-
	n (b) must equal Form 990, Part X, col (B) line 12) .		
	Investments - Program Related.	<u> </u>	· · · · · · · · · · · · · · · · · · ·
	Complete if the organization answered	l "Yes" on Form 990), Part IV, line 11c See Form 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
		······································	
(8)			
(9)	(b) must equal Form 990, Part X, col (B) line 13).		<u> </u>
Part IX	Other Assets.	"Yes" on Form 990	, Part IV, line 11d See Form 990, Part X, line 15
		scription	(b) Book value
	cruction in Process		24,01
(2)			
(3)			
(4)		**************************************	
(5)			
(6)			
(8)			
(9)			
	ımn (b) must equal Form 990, Part X, col (B) l	ine 15)	▶ 24,01
Part X	Other Liabilities. Complete if the organization answered		, Part IV, line 11e or 11f See Form 990, Part X,
1.	line 25 (a) Descrip	tion of liability	(b) Book value
(1) Feder	al income taxes		
(2)			
(3)			
(4)			
(5)		<u></u> -	
(6)			
(7)			
(8)			
(9)	n (h) must equal Form 000. Post V and (D) line 05.1		
	n (b) must equal Form 990, Part X, col (B) line 25)		the organization's financial statements that reports the
			the text of the footnote has been provided in Part XIII
JSA 9E1270 1 000		-	Schedule D (Form 990) 20

Page 4

Part :	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	n.	
1	Total revenue, gains, and other support per audited financial statements	1	1,018,695
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
_	Add lines 2a through 2d	2e	115,275
3	Subtract line 2e from line 1	3	903,420
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	903,420
Part 2	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	rn.	
1	Total expenses and losses per audited financial statements	1	833,530
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
	Other losses		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	108,726
3	Subtract line 2e from line 1	3	724,804
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		
	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	724,804
	XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional inform XII & Part XIII, Line 2d - COS \$ 99,701; Fundraising \$ 9,025.	ation	
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Schedule D (F	orm 990) 2019	Page 5
Part XIII	Supplemental Information (continued)	
		
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

2019
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

74-237890 Payson Senior Center, Inc. Part III, Line 3 Special Needs Transportation - Our commitment beyond senior bus trips is made up of salaries that are supported by local partners and the Arizona Department of Transporation. Trips decreaded approximately 50% when COVID hit the country in March 2020. Part IV, Section B, Line 15 - Compensation data has not been rigourously sought out, but anecdotal evidence of comparable compensation is considered. Part VI, Section B, Line 11b - Review of the IRS Form 990 is performed by the contract financial manager.

Name of the organization Payson Senior Center, Inc.	Employer identification number 74–2378900	
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