SCANNED JUN 1 6 2022

# 2949309901913 2

	Form	990								L	OMB No 1545-00	147
•			Re	eturn o	f Organiz	ation Exc	empt Fr	om Inco	me Tax		2018	
					), 527, or 4947(a)					igns)  🚚	Keleng langgar denerg.	10146740740.
Depa	ertment of the				enter social secu w.irs.gov/Form9					UU	Open to Pub Inspection	
<u>A</u>		018 calendar	year, or tax	year beg	inning 7/0	)1	, 2018,	and ending	6/30	<u> </u>	, 2019	<u>n</u>
В	Check if app	-	TEDODE I	CENTOR	CENTED T				ا		entification number	(1)
	$\vdash$	TEX	7 KONOC'		CENTER I	.NC			-	94-287 Telephone n		**
	Name of	'א ד	KEPORT,						1-		53-4218	• 1-
	$\vdash$	erum urn/termunated	•							101 20	03-4210	
	$\vdash$	led return							<i>/</i>	Gross receip	÷ \$ 600	, 980 .
	-		Name and addr	ess of princh	pal officer	<del></del>		THE	_	oup return for		1371
	☐. <b>Ф</b> р«	' -1	me As C						D) Are all sub	ordinates incli ach a list. (see		No
ī	Tax-exem		501(c)(3)	501(c) (		nsert no.)	4947(a)(1) or	1 1 1 2 7 1	II "No," att	ach a list. (see	instructions)	_
J	Websit		lcsenior	s.com					(c) Group exe	mption numbe	r ►	
K			Corporation	Trust	Association	Other ►	LY	ear of formation	. 1983	M State	of legal domicile. CA	
Pa	itiling !	Summary										
	1 Bri	efly describe the	he organiza	tion's mis	sion or most s	significant act	vities: PRO	VIDE SEI	RVICES	TO SENI	OR CITIZEN	<u>s</u>
93	1 T	CLUDING 1	MOTETATO	JN, TRA	WIZPORIAL	TON' KECT	CEATION,	ETC.				
nan									2225			
Activities & Governance	2 Chi	eck this box >	If the	organizati	ion discontinu	ed its operation	ns-er-dispo	SAH FURBER	than 25%	of its net	assets.	
9									- 25	3	1	9
9		mber of indepe					irt VI, line		`añ24	·4		9
vitie		tal number of i tal number of v					V, line 2a)	SEP 28	<u>. [U/. L</u>	5		14
<b>Ē</b>		tal unrelated b	-		1.		2					146 0.
~		t unrelated bus			-			OGDEN.	UTAH			0.
								\/\-	Prio	r Year	Current Y	
•		ntributions and			-					250,447	. 320	,997.
Ž		ogram service								86,960		,036.
Revenue		estment incom								196		118.
_		ner revenue (P tal revenue — :								196,237		,233.
		ents and similar							<u>'</u>	1,000	<del></del>	, 304.
		nefits paid to d			•	•				1,000	1	
		laries, other co		•						187,629	. 185	,819.
Expenses	16a Pro	ofessional fund	Iraising fees	(Part IX,	, column (A), I	ine 11e)						,,,,,,,
臣	b Tot	tal fundraising	expenses (	Part IX. c	olumn (D), line	e 25) ►		5,543.				YESTEN
ŭ		ner expenses (							OF JOST SEA COM	338,639	398	,142.
		tal expenses.		•		•				527,268		,961.
	19 Re	venue less exp	enses. Sub	tract line	18 from line 1	2				-31,031		,423.
8 8						ستسيل	0010	7	Beginning o	f Current Ye	er End of Ye	ar
Assets or	<b>20</b> Tot	tal assets (Par			<i>,</i>	J	Lect is	(	<del></del>	397,203		,109.
Ž P		tal liabilities (P		•	····· (··	( 1.97		, , , , , , , , , , , , , , , , , , ,		<u>193,671</u>		<u>,154.</u>
Fet,		t assets or fun		Subtract	line 21 from	ne 20				<u>203,532</u>	. 233	<u>, 955 .</u>
		Signature B									·····	
Unde	er penalties o plete. Declar	of perjury, I declare ation of preparer (c	that I have exa other than office	amined this re er) is based o	eturn, including act in all information of	companying sched f which preparer h	ules and staten as any knowled	nents, and to the ige.	e best of my k	nowledge and	belief, it is true, correc	t, and
	-			7				<del></del>		06. P	. <u>2</u> 1	
Sig	ın	Sygnature of	officer		a-tas-				Date			<del></del>
He	re	LISA M	ORROW	/		,			CEO			
			name and title			1						
		Print/Type prepar	rer's name		Preparer's sign	1 / <b>/ 1</b> / 1	1	Date	CH	eck X if	PTIN	
Pa		Diane T			Dian		<u> </u>	1/22	21 se	lf-employed	P00947378	
Pr	eparer	Firm's name			CONSULTA	NTS	-10	•				
US	e Only	Firm's address	PO Box		05455						311481689	42
24-	. Abo 100	diameter this		NE, CA		n2 (cnc :====	etlone)		Pr	one no (7	(07) 274-184	
		discuss this re						TEEA	0101L 08/20/1	8	X Yes	No (2018)
DM.	- 101 Fd	POLACIK KEGU	COOK ACT IS	ouce, set	- wie separate			ICEA	0.01E VOIZU	•	1 01111 33	U (2010)

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	990 (2018) LAKEPORT SENIOR CEN		94-2879393	Page 2
Par	Statement of Program Service			П
		onse or note to any line in this Part III		· · · 山
1	Briefly describe the organization's mission PROVIDE SERVICES TO SENIOR	CTTTTTENS THEIRTINING MUMBITIO	N TRANSPORMANTON DECE	PATTON
	ETC.	CITIZENS INCLUDING NUTRITIO	N, IRANSPORTATION, RECE	GWI TOWY
	EIC.			
2	Did the organization undertake any significant p	program services during the year which were n	ot listed on the prior	
	Form 990 or 990-EZ?		· 📗 Y	es 🗓 No
_	If "Yes," describe these new services on Sched		- m	
3	Did the organization cease conducting, or m		any program services?	es X No
4	If "Yes," describe these changes on Schedule C		est program convices, as measured b	W overence
	Describe the organization's program service Section 501(c)(3) and 501(c)(4) organization and revenue, if any, for each program service	ns are required to report the amount of grar ce reported.	nts and allocations to others, the total	expenses,
4 a	(Code) (Expenses \$5	553,409 including grants of \$	) (Revenue \$	)
	Provides services to Senior	Citizens including nutriti	on, transportation, rec	reation,
	etc			
				<del>-</del>
				<del></del>
4 5	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	
Δ.	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	<u> </u>
	, (2,500)		,(10101101 1	
		~		
40	Other program services (Describe in Schedu	ule O.)		
		cluding grants of \$	) (Revenue \$	
BAA	Total program service expenses	553,409.	F	orm <b>990</b> (2018)
אייניי		TEEA0102L 08/03/18	•	\

Fax: 170,72741206

To: 8552046184@rcfax.com Fax: (855) 204-6184

Page: 5 91 27

#### Form 990 (2018) LAKEPORT SENIOR CENTER INC

Pai	TIVE Checklist of Required Schedules			age o
anisan ji	5.77.34.79.11		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If Yes, complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part IIL	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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		_X_
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	発展		
i	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	X	water wi
Į	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
•	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	11 c		Х
•	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		X
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.	12a		X
ı	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
ı	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		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		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
<b>20</b> a	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		х
ł	of 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		х
54	TEFANADA 09/02/19	Form	. aan	(2018)

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TEEA0103L 08/03/18

Form 990 (2018)

Page: 6 of 27

	m 990 (2018) LAKEPORT SENIOR CENTER INC 94-28793	93	F	age 4
Pa	rtive 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		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		x
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		x
	<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
1	d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
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? If 'Yes,' complete Schedule L, Part I.	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		х
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):		影	
:	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	THEFT	X
i	b A family member of a current or former officer, director, trustee, or key employee? If Yes,' complete  Schedule L, Part IV	28b		х
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or Indirect owner? 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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part L	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		х
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		х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		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	Note. All Form 990 filers are required to complete Schedule O	38		X
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	•		Щ
4	- Enter the number reported in Poy 2 of Form 1096 Enter A of ant applicable	, [ <u>.</u>	Yes	No
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4		15.13. 13.11.0
	(gambling) winnings to prize winners?	1 c	000	2010
BA/	I CLEANIUM. VOICE IV	LOUR	990 (	ZUID

Statements Regarding Other IRS Filings and Tax Compliance (continued)  2 a Enter the number of employees reported on Form W.3. Transmitted of Wage and Tax State- 2 b) If all teast one is reported on Form W.3. Transmitted of Wage and Tax State- 3 b) If all teast one is reported to him 2 a, and of the organization has all required federal employment fast returns?  3 b) If all teast one is reported to him 2 a, and of the organization has all required federal employment fast returns?  3 b) If all teast one is reported to him 2 a, and the organization has all required for effects (see instructions)  3 b) If all teast one is reported to sure as gross income of \$1,000 or more during the year?  3 b) If all teast one is reported to sure as gross income of \$1,000 or more during the year?  3 b) If all teast one in the celebrate year of the regardination have an interest in, or a sequence or other authority over a control of the first of t	Form 990 (2018) LAKEPORT SENIOR CENTER INC 94-2879	393	F	age 5
28 East the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements. Rind of the selection year devision, who or within the part owner of by the returns?  19 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  20 X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  30 Id the organization have unrested business gross income of 3, 100 or more during the year?  31 If Y 18, it is the 3 film 350 film this year? If Y 10 in 3 b, proute a replication in Schelde 0  32 A 2 At any time Cumpt the celestory see, did the organization have an interest, in or a signature or other authority over, a financial account in a foreign country.  32 See instructions for filing requirements for PrinCEF Form 114, Report of Foreign Bank and Financial accounts (PBAR).  33 Se Was the organization in a party to a princibited tax shelter fransaction at any time during the tax year?  34 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solic any contributions that were not tax deductible as characteristic entributions?  35 If Y 35, it of the organization in the organization file Form 8856-7.  36 Doss the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solic any contributions that were not tax deductible as characteristic entributions or grits were not tax deductible?  37 Organizations that may receive deductible contributions under section 170(c).  38 Dot the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?  39 Lif Y 35, did the organization notify the dinner of the value of the goods or services provided?  39 Dot the organization receive a payment in excess of \$75 made paying as a contribution and partly for goods and services provided to the payors.  30 Dot the organization receive a payment in exces	Statements Regarding Other IRS Filings and Tax Compliance (continued)			······
ments, filed for the calendar year ending with or within the year covered by this return. 2a 1 4 2 5 X Note. If the sum of lines 1a and 2a is greater than 250, you may be required feetral employment tax returns? 2 b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 bit file regiments have well residue business gross income of \$1,000 or more during the year? 3 a 5 X bit first, has if filed a form \$95.1 for this year? If the file a \$2,000 or more during the year? 3 a 5 X bit first, has filed a form \$95.1 for this year? If the file a \$2,000 or more during the year? 3 a 5 X bit first, has filed a form \$95.1 for this year? If the file a \$2,000 or more during the year? 3 a 5 X bit first, has filed a form \$95.1 for this year? If the file a \$2,000 or more during the year? 4 a X bit first, has filed a form \$95.1 for this year? If the file a \$2,000 or more during the year? 4 a X bit first, has filed a form \$95.1 for this year? If the file a \$2,000 or more during the year? 5 a X is the search \$2,000 or more during the tax year? 5 a X is the file a form \$95.1 for this year is the file a form \$95.1 for this year is the file a form \$95.2 for this year is the file and year			Yes	No
b) If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  2 b   X   Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?  4 a A strup time during the cale-ride year, did the organization state of the file of the year of the file of the year of the file of the year of the year of the year of the year of file of the year of th		14		
3 a Did the organization have unrelated bissness gross income of \$1,000 or more during the year?  3 a N	h <u> </u>		The William IA	X
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?  4 a A tary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly in a foreign country (such as a bank account, or other authority over, a financial account).  5 a Was the organization or a party to a prohibited tax shelter transaction at any time during the tax year?  5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization flore form 886617.  6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solit any contributions that were not tax deductible as charifolde contributions?  6 a Dose the organization neceive a payment in excess of \$75 made party as a contributions and party for goods and services provided to the payor?  7 organizations that may receive deductible contributions under section 170(c).  8 b) If Yes, did the organization notify the donor of the value of the goods or services provided?  9 b) If Yes, indicate the number of Forms 88267 filed during the year.  10 b) If Yes, indicate the number of Forms 8828 filed during the year.  10 b) If the organization receive a contribution of qualified intellectual property for which it was required to file form 8829?  11 b) If Yes, indicate the number of Forms 8828 filed during the year.  12 c) Did the organization receives a contribution of organization property for which it was required.  13 Section \$91(x)(2) organizations maintaining donor advised funds, Did a donor advised fund maintained for organization file Form 8899 as required.  14 Did the organization received a contribution of organization file prome \$90, Part Vill, Inne 12, for public use	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	和源	1334	POP 1
a A tary time during the calendar year, did the organization have an interest in or a signifiur or other authority one; a financial account); a financial account in a foreign country. **  bit If vest, either the name of the foreign country. **  See instructions for filling requirements for FinCNF form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? **  b Did any texable party notify the organization that it was or is a party to a prohibited tax shelter transaction? **  5 b C of If Vest, b to the Saor 55, did the organization filling Form 8886-17;  6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? **  6 b If Vest, did the organization reclude whe very solicitation an express statement that such contributions or gifts were not tax deductible? **  7 organizations that may receive deductible contributions under section 178(C).  a Dud the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? **  b If Yest, did the organization notify the donor of the value of the goods or services provided? **  c 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? **  b If Yest, indicate the number of Forms 8282 filed during the year.  7 d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? **  7 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8392 **  9 g If the organization received a contribution of orar, boats, airplanes, or other vehicles, did the organization file a Form 930 **  10 section \$91(x)(2) organizations. Enter:  a Intuition fees and capital contributions inclu	3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	A3631, YJZ.S	
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a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 b  10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12. b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10 b  11 Section 501(c)(12) organizations. Enter. a Gross income from members or shareholders. 11 a b Gross income from their 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 b if 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? Note, See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b  c Enter the amount of reserves on hand. 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b if 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q. 14b  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If 'Yes,' see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 15 X  If 'Yes,' complete Form 4720, Schedule O.	organization have excess business holdings at any time during the year?	. 8		
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b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			01. 2 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	rates.
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If 'Yes,' complete Form 4720, Schedule O.	excess parachute payment(s) during the year?	··		Х
If 'Yes,' complete Form 4720, Schedule O.	If 'Yes,' see instructions and file Form 4720, Schedule N.	A SECTION AND A		
17 (CC) COMPLETE COMPLICATION COMPLETE COMPLICATION COMPLETE COMPLICATION COMPLETE COMPLETE COMPLETE COMPLICATION COMPLETE COMPLI		16	50(60.7	
		- 1882 - 1882	<b>小学</b>	3972 -1 1

Forr	n 990 (2018) LAKEPORT SENIOR CENTER INC 94-2879393	3	F	age 6
Pa	Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b b	elow,	and	for
	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or cha Schedule O. See instructions.	nges i	in	
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	ction A. Governing Body and Management			.
			Yes	No
1 :	If there are material differences in voting nobte among members	9	2	<b>於新聞</b>
	of the governing body, or if the governing body delegated broad			學家
	authority to an executive committee or similar committee, explain in Schedule O.			
	b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	9		
2	officer, director, trustee, or key employee?	2		X
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents			
_	since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
7.	Did the organization have members or stockholders? the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	6		X
	members of the governing body?	7 a		х
١	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by		200	
	the following:	200	EE.	
	a The governing body?	8 a		X
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8Ъ		
•	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Co	de.)
			Yes	No
	a Did the organization have local chapters, branches, or affiliates?	10 a		X
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?.	11 a		Х
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O		整数	變鐵
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		X
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12ь		
•	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12c		
	Did the organization have a written whistleblower policy?	13		X
	Did the organization have a written document retention and destruction policy?	14	MEND (MA)	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	a The organization's CEO, Executive Director, or top management official.	15a		X
ŧ	b Other officers or key employees of the organization	15b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Time.	X
ì	b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	THE RESERVE TO SERVE THE PARTY OF THE PARTY	
Sec	ction C. Disclosure	1 100		<u> </u>
17				_
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 5 available for public inspection. Indicate how you made these available. Check all that apply.	01(c)(3	)s onl	y)
	Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements avail the public during the tax year.  See Schedule O	able to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	LISA MORROW 527 Konocti Ave Lakeport CA 95453 (707) 263-4218		222	2012
BAA	TEEA0106L 12/31/18	Form	990 (	2018)

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Part VIII Com	pensation of pendent Con	Officers	, Directo	rs, Trus	stees, Key Employe	es, Highest Co	mpensated Employe	es, and
	•		esponse o	r note to	any line in this Part VII.			· [

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

- 1 a 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees; and former such persons.

Check this box if neither the organization nor	,	T		(C)				, , , , , , ,		
(A) Name and Title	(B) Average hours per	1	both dire	(do n box, an c ector	ot che unles officer /truste		١	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza- itions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MARGARET BROOKS	20									
Director	. 0	X						0.	0.	0.
(2) PATRICIA SKOOG	20_									
Director	0	X						0.	0.	0.
(3) DANA SPAHN	20	]								
Director	0	X						0.	0.	0.
(4) DEBBE BLAKE	20	1								
Director	0	X						0.	0.	0.
(5) LUE WARD	20_					1				
Director	0	X						0.	0.	0.
(6) DOC_STRAIN	20									
Director	0	] X						0.	0.	0.
(7) KAY BOHREN	20									
Director	0	X						0.	0.	0.
(8) JONATHAN CROOKS	40									
EXECUTIVE DIREC	7 0	X						43,840.	0.	0
(9) BETTY LOU SURBER	20									
Secretary		] X						0.	0.	0.
(10) NANETTE MARSCHALL	20									
Treasurer		X						0.	0.	0.
(11) MARY VEENINGA	20		П							
Chairman	0	1 x						0.	0.	0.
(12)										
(13)										
(14)		<del>                                     </del>								
DAA		<del></del>	Щ.		Щ.	ئــــا				Form 990 (2019)

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Form 990 (2018)

	990 (2018) LAKEPORT SENTOR CENTER									94-28/9				ge 8
Pa	Section A. Officers, Directors, Tru	ıstees, l	<u>Key</u>	En	ple	oye	es,	and	d Highest Com	pensated E	mple	oyees	(conti	nued)
	(A) Name and title	(B) Average hours per	box	, unie	Por check	erson	e than is bot	h an	(D)  Reportable compensation from	(E) Reportable compensation fro			(F)	
	r	week (list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizati (w-2/1099-MISC	ons I	com fr org an	prensation from the anization d related anization	on n d
(15)														
(16)						Г			• • • • • • • • • • • • • • • • • • • •					
(17)						1								
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)										·		·		
(25)														
1 b	Sub-total			٠.				•	43,840.		0.			0.
	Total from continuation sheets to Part VII, Secti							•	0.		0.			0.
	Total (add lines 1b and 1c)						<u>.                                    </u>	<u> </u>	43,840.		0.			0.
2	Total number of individuals (including but not limited from the organization ▶ 0	I to those I	listed	abo	ve) '	who	rece	ved	more than \$100,00	O of reportable of	:omp	ensatio	1	
3	Did the organization list any former officer, direct	tor, or tru	stee,	key	em/	nplo	yee,	or h	ighest compensat	ed employee		2500	Yes	
4	on line 1a? If 'Yes,' complete Schedule J for suc For any individual listed on line 1a, is the sum of	reportab	le coi	mpe	nsa	tion	and	oth	er compensation 1			3		X
_	the organization and related organizations greate such individual	er than \$1	50,00		# "	res, ·	· соп -	пр!е 	te Schedule J for			4		X
	Did any person listed on line 1a receive or accru for services rendered to the organization? If Yes tion B. Independent Contractors	e compen s,' comple	te So	hec	om lule	J fo	unre r suc	h p	erson	individual		5	20000	X
1	Complete this table for your five highest compen	sated inde	epend	dent	COI	ntra	ctors	tha	t received more th	an \$100,000 of	ř			
	compensation from the organization Report comper		the c	alen	dar	yea	endi	ng v	with or within the or		year.		C)	
	(A) Name and business add	ress							Description		<u> </u>	Compe		in .
-		<del></del>									$\vdash$			
												Japan A	CAPTURE TO	
2	Total number of independent contractors (including		uted t	o th	ose	liste	d abo	ove)	who received more	than				
BAA	\$100,000 of compensation from the organization	- 0	TEEAC	ופטנמ	UR/	03/19	1				J.M.S.	Form	990 (	<u>್ಯಾಸ್ಟ್ (2018</u>
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		U (2010) LAKEPURI		CEN	ITER INC	·	· · · · · · · · · · · · · · · · · · ·	94-28/9393	Page 9
i ai	ÇΔ.	Statement of Rev							
		Check if Schedule O	contains a	respo	nse or note to an	y line in this Part V  (A)  Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
							exempt function revenue	business revenue	excluded from tax under sections 512-514
इ इ	1 a	Federated campaigns .		1 a					
	b	Membership dues	[	1 b					
ا ج	¢	Fundraising events		1 c					<b>建筑建筑</b>
불교	d	Related organizations .	[	1 d					
6 E	е	Government grants (contribute	ons)	1 e	252,523.				
5.0	f	All other contributions, gifts, g	rants, and						
홀	·	similar amounts not included	above .	1 f	68,474.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Noncash contributions included		٠					
	h	Total. Add lines 1a-1f.				320,997.			海洋等的海岸区
2	_			<u> </u>	Business Code				
<b>ĕ</b>		PROGRAM SERVICE		IUE		62,986.	62,986.		<del></del>
8	D	FUNDRAISING INC		· -		39,672.	39,672.		
差	ي بہ	ACTIVITIES / DA			·	9,008.	9,008.		
S	u	BINGO CONTRIBUT OTHER PROGRAM 1		· <b>-</b> -		4,880. 2,490.	4,880.		
Ē	f	All other program service		;		2,490.	2,490.		
Program Service Revenue		Total. Add lines 2a-2f.		- · · · · ∟		119,036.			16/16/25/14-21/15/15/2-14 <sup>2</sup> a
_	3	Investment income (incl	ludino divi	dends		119,030.			William Constitution of the Constitution of th
	-	other similar amounts).				118.	118.		
	4	Income from investment	t of tax-ex	empt t	ond proceeds. >				
	5	Royalties	· · · ·						
		_	(I) Re		(ii) Personal				
		Gross rents		841.					
		Less rental expenses		<u>521.</u>					
		Rental income or (loss)		<u>320.</u>	L				des de la companya d
		Net rental income or (lo	SS)	thee	(ii) Other	5,320.	5,320.	resistante de la compa	AND THE PROPERTY OF THE TRANSPORT OF THE
	7 a	Gross amount from sales of assets other than inventory	(,, 5511		4,000				
		, i							
	L	Less cost or other basis and sales expenses							
- 1	c	Gain or (loss)							
1	d	Net gain or (loss)			<del>.</del>				
2	8 a	Gross income from fund	traising ev	ents					
er u ə ə		(not including \$							
ě		of contributions reported		c).					
<u> </u>		See Part IV, line 18		. a					
Other		Less: direct expenses  Net income or (loss) fro		D	(opts				
0		• •		_					Productive Contract
	9 a	Gross income from gam See Part IV, line 19	ing activit	ies. a					
	ь	Less. direct expenses .							
	c	Net income or (loss) fro	m gamıng	activit	ties ト		arts on sog seasons and a	SANG ACCREBIGNATION	Generalisati i I ich ienterstätte (Faccius ),
	10a	Gross sales of inventory	r. less reti	ırns					
		Gross sales of inventory and allowances			210/300.				
		Less. cost of goods sold			<u> </u>				
}	С	Net income or (loss) fro		finven		168,913.	168,913.	DETERMINE AND A STORY	appre regions security in
	11.	Miscellaneous Revenu			Business Code				
	11a h								
	-								
	d	All other revenue		:-: <del>-</del>					
	e	Total. Add lines 11a-11	d	<b>∟</b> 					THE STREET, SOUTH
	12	Total revenue. See inst	ructions		, •	614,384.	293,387.	0.	0.
BAA					TEE	A0109L 08/03/18			Form <b>990</b> (2018)

To: 8552046184@rcfax.com Fax: (855) 204-6184

Form 990 (2018) LAKEPORT SENIOR CENTER INC Part IX Statement of Functional Expenses

94-2879393

Page 10

Sec	tion 501(c)(3) and 501(c)(4) organizations must cor	nplete all columns. All o	ther organizations must c		
	Check if Schedule O contains a			· · · · · · · · · · · · · · · · · · ·	
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				<b>新展要等等用的</b> 对
5	Compensation of current officers, directors, trustees, and key employees	42 040	42.040		
6	Compensation not included above, to	43,840.	43,840.	0.	0.
•	disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7		118,108.	118,108.		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits				
	Payroll taxes	23,871.	23,871.		
	Fees for services (non-employees)			_	
	Management	9,813.		9,813.	
	Legal				
	: Accounting ILobbying				
	Professional fundraising services. See Part IV, line 17.	•	The same the same and		
	Investment management fees			THE STATE STATE THE PART ASSOCIATION	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion	21,465.	20,737.	728.	
13	Office expenses.	7,917.	7,917.		
14	Information technology.	1, 311.	7,317.		
15	Royalties				<u></u>
16	Occupancy	36,042.	36,042.		
17	Travel	11,597.	11,597.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	9,329.	9,329.		
21	-				
22		8,624.	8,624.		
23 24		18,804.	18,804.	THE PARTY STREET, WHICH STREET, LOSS.	SECURITION OF PERSONAL OF THE
24	covered above (List miscellaneous expenses				
	In line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
ā	MEAL PREP EXPENSE	165,711.	165,711.		
	VOLUNTEER EXPENSE	39,808.	39,808.	<u> </u>	
	SALES TAX	24,920.	24,920.		
	REPAIRS & MAINTENENCE	12,532.	8,700.	3,832.	
	All other expenses 24	31,580.	15,401.	10,636.	5,543.
25	Total functional expenses. Add lines 1 through 24e	583,961.	553,409.	25,009.	5,543.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here In the following SOP 98-2 (ASC 958-720)				
BAA		TEEA0110L 08	3/03/18		Form <b>990</b> (2018)

Form 990 (2018) LAKEPORT SENIOR CENTER INC Part X Balance Sheet

Fax: 17072741206

94-2879393

Page 11

		Check if Schedule O contains a response or note to	any line i	n this Part X .			
_					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			6,521.	1	24,471.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated ei Part II of Schedule L	officers, di	rectors, Complete		5	
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), persons described in section 4958(c)(employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete		defined under contributing ry employees' Schedule L		6	
2	7	Notes and loans receivable, net		`		7	
Assets	8	Inventories for sale or use	,	· · · · · · · · · · · · · · · ·		8	
Ř	9	Prepaid expenses and deferred charges			>	9	
	10a	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D	10a	908,443.			
	l	Less: accumulated depreciation	·	523,864.	391,403.	10 c	384,579.
	11	Investments — publicly traded securities	<del></del>		371, 403.	11	304,379.
	12	Investments — other securities. See Part IV, line 11				12	
	13	Investments – program-related. See Part IV, line 11.			<del></del>	13	<u> </u>
	14	Intangible assets			<u> </u>	14	
	15	Other assets. See Part IV, line 11		721	15	041	
	16				-721.		-941.
	17	Total assets. Add lines 1 through 15 (must equal line Accounts payable and accrued expenses	34)		397,203. 26,467.	16 17	408,109. 45,116.
	18	Grants payable	20,407.	18	43,116.		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		20			
ø	21	Escrow or custodial account liability. Complete Part I				21	
Liabilities	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	ers, director I disqualifie	rs, trustees, ed persons.		22	
	23	Secured mortgages and notes payable to unrelated th			172,790.	23	136,796.
	24	Unsecured notes and loans payable to unrelated third			2,2,,50.	24	=50,.50.
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•		-5,586.	25	-7,758.
	26	Total liabilities. Add lines 17 through 25			193,671.	26	174,154.
Balances		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.		and complete			
Ĕ	27	Unrestricted net assets			and the second state of the second se	27	CONTRACTOR DESCRIPTION OF THE CONTRACT OF THE STATE OF TH
<u></u>	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets			<u></u>	29	
Net Assets or Fund		Organizations that do not follow SFAS 117 (ASC 958), chand complete lines 30 through 34.		_			
9	30	Capital stock or trust principal, or current funds			BITCH BERKET TOWNS IN AND START THE USE IT AND THE	30	to necessary the property of the state of th
<del>2</del>	31	Paid-in or capital surplus, or land, building, or equipm				31	
ASE	32	Retained earnings, endowment, accumulated income,			203,532.	32	233,955.
1	33	Total net assets or fund balances			203,532.	33	233,955.
Ž	34	Total liabilities and net assets/fund balances			397,203.	34	408,109.
BA			TEEA0111L				Form <b>990</b> (2018)

BAA

Form **990** (2018)

From. Joni 103

Fax: 17072741206 To: 8552046184@rcfax.com Fax: (855) 204-6184

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		-2879393	P	age 12
Pa	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			🗍
1	Total revenue (must equal Part VIII, column (A), line 12)		614,	384.
, 2	Total expenses (must equal Part IX, column (A), line 25)		583,	
3	Revenue less expenses. Subtract line 2 from line 1	3		423.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	203,	
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule 0)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
D#	column (B))	10	233,	<u>955.</u>
Rai	TIXIII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	· · · · · · · · · · · · · · · · · · ·		$\Box$
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			的
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain			
•	in Schedule O.		A WEST	
23	a 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 review separate basis, consolidated basis, or both:	ed on a		
	Separate basis, consolidated basis, or bour.    Separate basis		2 M	
			25	x
	b Were the organization's financial statements audited by an independent accountant?	-4-	2b	A 200 55 550
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both:	ate		
	Separate basis Consolidated basis Both consolidated and separate basis			
(	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud review, or compilation of its financial statements and selection of an independent accountant?	t,	2c	3454767
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3 :	a 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?		3a	Χ
ı	o If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required at	dit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь	<u> </u>
BAA	TEEA0112L 08/03/18		Form <b>990</b>	(2018)

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

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047 2018

Open to Public Inspection

	of the organization					Employer identifica	number						
	EPORT SENIOR CENTER					94-287939							
	Reason for Public Cha						tions.						
The o	organization is not a private found	dation because it is: (F	For lines 1 through 12,	check or	ly one bo	x)							
1	A church, convention of church	nes, or association of ch	nurches described in sec	tion 170(	.(i)(A)(T)(c								
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)												
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state.												
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)												
6 7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
,	An organization that normally in section 170(b)(1)(A)(vi).	Complete Part II.)		-	ental unit o	or from the general put	blic described						
8	A community trust described		•	-									
9	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:												
10	An organization that normally infrom activities related to its convertment income and unreupune 30, 1975. See section	exempt functions—sub lated business taxable	oject to certain exception : e income (less section :	ns. and	(2) no mo	ore than 33-1/3% of it	s support from aross						
11	An organization organized a	nd operated exclusive	ly to test for public safe	ty. See	section 5	i09(a)(4).							
12 a	An organization organized an or more publicly supported of lines 12a through 12d that de Type I. A supporting organization(s) the power to recomplete Part IV, Sections A	rganizations described escribes the type of su on operated, supervised gularly appoint or elect	d in section 509(a)(1) oupporting organization and discounting organization and discounting the sure sure sure sure sure sure sure sur	or section and come aported o	n <b>509(a)(2</b> plete lines rganization	<ol> <li>See section 509(a) 12e, 12f, and 12g.</li> <li>1/s), typically by giving</li> </ol>	(3). Check the box in the supported						
b	Type II. A supporting organize management of the supporting must complete Part IV, Sect	organization vested in											
c	Type III functionally integrated organization(s) (see instruction	. A supporting organizat ons). You must comp	ion operated in connection of the Part IV, Sections	n with, an	d functions	ally integrated with, its :	supported						
d	Type III non-functionally integ functionally integrated. The c instructions). You must com	rated. A supporting orgo organization generally plete Part IV, Sections	anization operated in cor must satisfy a distribut s A and D, and Part V.	nection ton requ	vith its sur irement a	pported organization(s) nd an attentiveness r	that is not equirement (see						
е	Check this box if the organiz integrated, or Type III non-fu	ation received a writte inctionally integrated s	en determination from t supporting organization	he IRS ti	nat it is a								
	Enter the number of supported	•				· · · · · · · · · · · · · · · · · · ·							
	Provide the following information	<del>,</del>				<del> </del>							
(	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) is organizati in your go docum	on listed everning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)						
				Yes	No								
(A)	· · · · · · · · · · · · · · · · · · ·												
(B)													
(C)													
<u>/-</u> -						·							
(D)													
(E)													
Total													

BAA

Fax: 17072741206

Schedule A (Form 990 or 990-EZ) 2018 LAKEPORT SENIOR CENTER INC 94-2879393 Page 2 Rantill Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ► (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.').... 164,863 158,966 168,161 138,637 320,997 951,624. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .... 0. The value of services or facilities furnished by a governmental unit to the organization without charge . . Total, Add lines 1 through 3. . 164,863 158,966 168,161 138,637 320,997 951 624 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ... 0. Public support. Subtract line 5 from line 4..... 951,624. Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Amounts from line 4..... 164,863 158,966 168,161 320,997 138,637 951,624. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. ...... 0. Net income from unrelated business activities, whether or not the business is regularly carried on..... 0. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI. 177,963 195,101 229,784 111,569 293,387 1,007,804. Total support. Add lines 7 1,959,428. Gross receipts from related activities, etc. (see instructions) 12 0. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))... 14 48.57% 15 46.59 % ► X b 33-1/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . 17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . . 

TEEA0402L 06/07/18

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Schedule A (Form 990 or 990-EZ) 2018

Sane	dule A (Form 990 or 990-EZ) 2018	LAKEPURI	SENIOR CER	NIER INC		94-287939	93 / Page 3
Par	Support Schedule to (Complete only if you che fails to qualify under the t	cked the box on li	ne 10 of Part I or	if the organization	(a)(2) n failed to qualify		
Soc	tion A. Public Support	Sis listed below,	please complete	Part II.)			/
	<del></del>	11	#1.0015	T (-) 0016	1		
Taleni 1	dar year (or fiscal year beginning in) F Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						<del> </del>
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	dar year (or fiscal year beginning in) 🟲	(a) 2014	<b>(b)</b> 201 <b>5</b>	(c) 2016\	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b	/	/				
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	r fifth tax year as	a section 501(c)(	(3) ▶
Sec	tion C. Computation of Pu						
15	Public support percentage for 20	, ,	• • • •			L	8
	Public support percentage from				···· · · · · · · · · · · · · · · · · ·	16	1/ 8
	tion D. Computation of Inv						
17	Investment income percentage						86
	•						
192	33-1/3% support tests-2018. If is not more than 33-1/3%, sheet	use organization of this box and sto	not check the l p here. The organ	nuzation qualifies a	as a publicly supp	uiari 33-1/3%, at orted organizatio	n
	33-1/3% support tests—2017. If line 18 is not more than 33-1/3%	the organization d 6, check this box a	lid not check a bo and <b>stop here.</b> Th	ix on line 14 or lin le organization qu	e 19a, and line 10 alifies as a public	6 is more than 33 bly supported orga	3-1/3%, and anization .
	Private foundation. If the organi	zation did not che	<del> </del>				
BAA	/		TEEA0403L	06/07/18	Sc	hedule A (Form	990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 LAKEPORT SENIOR CENTER INC

94-2879393

Page 4

Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

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

		Yes	No
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TEEA0404L 06/07/18

Schedule A (Form 990 or 990-EZ) 2018

	edule A (Form 990 or 990-EZ) 2018 LAKEPORT SENIOR CENTER INC 94-28793	93	ſ	Page 5
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			於鄉
	a 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	: Sink	STEE.
1	<b>b</b> A family member of a person described in (a) above?	116		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
1	Did the directors trustees as membership of any as more supported assessment as the second assessment as the	low -	Yes	No
	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	72	
Sec	ction C. Type II Supporting Organizations			
		(A)29-00.	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
		<del></del>	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		·	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
-	The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	tions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
l	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
á	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
1	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		THE S
BAA	TEEA0405L 06/07/18 Schedule A (Form 9	90 or 9	90-EZ)	2018

_	dule A (Form 990 or 990-EZ) 2018 LAKEPORT SENIOR CENTER INC		94-28	79 <u>39</u> 3	Page 6
Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniza	tions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on N	lov. 20, 1970 (explain in st complete Sections A t	Part VI), <b>See</b> hrough E.	
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current (options	
_1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			-
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
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			
t	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
	Total (add lines 1a, 1b, and 1c)	٦d			
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			
Sec	tion C — Distributable Amount			Current Y	ear
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		<u></u>	
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6			_
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	Type III supporting orga	anızation	
BAA			Schedule A (Fo	rm 990 or 990-	EZ) 2018

TEEA0406L 09/20/18

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Sche	dule A (Form 990 or 990-EZ) 2018 LAKEPORT SENIOR CEN	TER INC	94-28	79393 Page :
Pai	Type III Non-Functionally Integrated 509(a)(3) S	upporting Organiza	tions (continued)	
	tion D — Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt p	urposes		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	s of supported organizations	5,	
3	Administrative expenses paid to accomplish exempt purposes of s	supported organizations		
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 <b>Part VI</b> ). See instructions.	ation is responsive (provide	details	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		"'	
	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required — explain in Part VI). See instructions.			
	Excess distributions carryover, if any, to 2018		<b>新华斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯</b>	
a	From 2013		生和地域等	
	From 2014			學的記憶的影響
	From 2015	<b>阿尼斯尼尼斯</b>		<b>学型基础等的</b>
d	From 2016			
e	From 2017			是認識的表情的
1	Total of lines 3a through e			<b>的</b> 是是"各位的"
9	Applied to underdistributions of prior years		,	
h	Applied to 2018 distributable amount			
	Carryover from 2013 not applied (see instructions)			等。
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7 \$			
а	Applied to underdistributions of prior years			<b>可以</b>
b	Applied to 2018 distributable amount	THE PERSON NAMED IN		
c	Remainder. Subtract lines 4a and 4b from 4.			<b>萨斯特尼罗</b> 斯克
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			<b>福西斯斯達尼西尔</b>

e Excess from 2018.....

a Excess from 2014 . . . . b Excess from 2015 . . . . c Excess from 2016 . . . . . d Excess from 2017 . . . .

Schedule A (Form 990 or 990-EZ) 2018

TEEA0407L 09/20/18

From: Joni 103

Fax: 17072741206

To: 8552046184@rcfax.com Fax: (855) 204-6184

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Schedule A (Form 990 or 990-EZ) 2018

LAKEPORT SENIOR CENTER INC

94-2879393

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

## Part II, Line 10 - Other Income

Nature and Source	- —	2018	_	2017	 2016	_	2015	 2014
	\$	293,387.	\$	111,569.	\$ 229,784.	\$	195,101.	\$ 177,963.
Total	\$	293,387.	\$	111,569.	\$ 229,784.	\$	195,101. 195,101.	\$ 177,963.

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TEEA0408L 06/07/18

Schedule A (Form 990 or 990-EZ) 2018

## 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

2018

Open to Public Inspection

Name	of the organization				Employer identification number
	<b></b>				
	LAKEPORT SENIOR CENTER INC				94-2879393
Par	<b>削凞 Organizations Maintaining Dono</b>	r Advised Funds or Ot	her Similar Fur	ds or Acc	ounts.
	Complete if the organization answ	wered 'Yes' on Form 99	0, Part IV, line	6.	
		(a) Donor advised	d funds	<b>(b)</b> F	unds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and don are the organization's property, subject to the	nor advisors in writing that the organization's exclusive lega	e assets held in do	nor advised f	runds Yes No
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writ of the donor or donor adviso	ting that grant fund or, or for any other	s can be use purpose conf	d only erring No
Par	Conservation Easements. Complete if the organization ansv	wered 'Yes' on Form 99	0, Part IV, line	7.	
1	Purpose(s) of conservation easements held by	•	that apply).		
	Preservation of land for public use (e.g., re	ecreation or education)			ly important land area
	Protection of natural habitat		Preservation of	of a certified I	nistoric structure
_	Preservation of open space				
2	Complete lines 2a through 2d if the organization hast day of the tax year.	neld a qualified conservation co	intribution in the for		
	Tatal and a second			B 3550	eld at the End of the Tax Year
	Total number of conservation easements				
	Total acreage restricted by conservation easen				
	: Number of conservation easements on a certif		• •	<del></del>	
•	Number of conservation easements included in structure listed in the National Register			2d	
3	Number of conservation easements modified, tran tax year ►	isferred, released, extinguished	I, or terminated by the	ne organizatio	n during the
4	Number of states where property subject to conse	rvation easement is located >			
5	Does the organization have a written policy reg	garding the periodic monitorii	ng, inspection, han	- idling of viola	tions,
_	and enforcement of the conservation easemen				
6	Staff and volunteer hours devoted to monitoring, in	rispecting, nanoling of violation	is, and enforcing col	nservation eas	sements during the year
7	Amount of expenses incurred in monitoring, inspe ►\$	ecting, handling of violations, ar	nd enforcing conserv	vation easeme	ents during the year
8	Does each conservation easement reported on and section 170(h)(4)(B)(II)?	line 2(d) above satisfy the r	equirements of sec	tion 170(h)(4	(B)(i) 
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to conservation easements.	conservation easements in its of the organization's financial	revenue and expen statements that de	se statement, escribes the o	and balance sheet, and organization's accounting for
Par	Organizations Maintaining Collection Complete if the organization answer	ctions of Art, Historical wered 'Yes' on Form 99	Treasures, or 0, Part IV, line	Other Sim 8.	ilar Assets.
1 a	If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finan-	eld for public exhibition, educati	on, or research in fu	iue statement ortherance of p	t and balance sheet works of public service, provide,
ŀ	If the organization elected, as permitted under historical treasures, or other similar assets held fo following amounts relating to these items:	or public exhibition, education,	or research in furthe	rance of publi	c service, provide the
	(i) Revenue included on Form 990, Part VIII,				. <b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X				
	If the organization received or held works of art, h amounts required to be reported under SFAS 1				
	Revenue included on Form 990, Part VIII, line				·
	Assets included in Form 990. Part X				►\$

TEEA3301L 10/10/18

Schedule D (Form 990) 2018

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

Schedule D (Form 990) 2018 LAKE	PORT SENI	OR CENTE	R INC		94-283	79393 `Page 2
Partill Organizations Mainta	ining Colle	ctions of A	rt, Histor	rical Treasures, o	r Other Similar Ass	sets (continued)
3 Using the organization's acquisition items (check all that apply):						
a Public exhibition		d	Loan or	r exchange programs		
b Scholarly research		е	Other	g- programs		
c Preservation for future gener	rations		L			
4 Provide a description of the organic Part XIII.		ions and explai	n how they t	further the organization	i's exempt purpose in	
5 During the year, did the organiza to be sold to raise funds rather to	ition solicit or	receive donat	ions of art,	historical treasures,	or other similar assets	∏Yes ∏No
Part IV Escrow and Custodia	Arrangen	ents. Com	plete if th	e organization ar	swered 'Yes' on Fo	
line 9, or reported an	amount on	Form 990,	Part X, li	ine 21.	iomored res on re	onn 550, rantiv,
1 a Is the organization an agent, trus	stee, custodia	n or other inte	rmediary fo	or contributions or oth	er assets not included	
on Form 990, Part X?b If 'Yes,' explain the arrangement						∐ Yes ∐ No
bil res, explain de arrangement	in Part Alli a	na complete ti	ne tollowing	g table:	<del></del>	A
c Beginning balance						Amount
d Additions during the year				• • • • • • • • • • • • • • • • • • • •	10	
e Distributions during the year					. 1d	
f Ending balance					. 1e	
2a Did the organization include an a					. If	T Van Tale
b If 'Yes,' explain the arrangement						∐ Yes
bit res, explain the attailgement	iii rait Aiii. (	MIECK HEIE II I	ne explana	don has been provide	on Part XIII	□
Part V Endowment Funds. C	omplete if	the organiz	ation and	word 'Voc' on F	orm 990 Port IV I	no 10
Lindowillent Funds. C	(a) Current		b) Prior year	(c) Two years bac		
1 a Beginning of year balance	(a) corrent	year (	D) Friui year	(c) Two years bac	k (d) Three years back	(e) Four years back
b Contributions						
	<del></del>	<del></del>				<del>                                     </del>
c Net investment earnings, gains, and losses						
d Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance			_			
<ol><li>Provide the estimated percentage</li></ol>	e of the currer	nt year end ba	lance (line	1g, column (a)) held	as <sup>-</sup>	
a Board designated or quasi-endowm	ient ►		ફ			
<b>b</b> Permanent endowment ►	%					
c Temporarily restricted endowmer	nt 🟲	ૄ				
The percentages on lines 2a, 2b, a	nd 2c should e	qual 100%.				
3a Are there endowment funds not in to organization by:	the possession	of the organiza	ation that are	e held and administere	d for the	Yes No
(i) unrelated organizations						. 3a(i)
(ii) related organizations						. 3a(ii)
b If 'Yes' on line 3a(ii), are the rela						3b
4 Describe in Part XIII the intended	-		-			L
Pant VI Land, Buildings, and						
Complete if the organi			on Form	990. Part IV. line	e 11a. See Form 99	00. Part X. line 10.
Description of property		(a) Cost or oth	ner basis	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		(iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	-	132,685.		132,685.
<b>b</b> Buildings				758,558.	522,498.	236,060.
c Leasehold improvements	`			.50,550.	522,300.	200,000.
d Equipment.		<del> </del>		1,800.	360.	1,440.
e Other				15,400.	1,006.	14,394.
Total. Add lines 1a through 1e. (Colum		ual Form 990	, Part X. co			384,579.
BAA	(=)			<u> </u>	Sched	Jule D (Form 990) 2018

TEEA3302L 10/10/18

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Schedule D (Form 990) 2018 LAKEPORT SENIOR CE	94-2879393		
Part VIII Investments - Other Securities.		N/A	
Complete if the organization answered	'Yes' on Form 990	), Part IV, line 11b. See Form 9	90, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-or	f-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B) (C) (D)			
(C)		1	
(D)			
(E)			
(E) (F) (G)			
(G)			<u></u>
<u>(H)</u>			<del></del>
(1)		Man In telephone a little for the chart of the little for the	THE W. PROJECTO IN A LIST OF SECURITION AND ASSESSED.
Total. (Column (b) must equal Form 990, Part X, column (B) line 12).			
Part VIII Investments — Program Related. Complete if the organization answered	'Yes' on Form 990	N/A N Part IV line 11c See Form 9	90 Part X line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	
(1)			
(2)	<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>		
(3)			
(4)			
(5)			1
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13).		<b>清温深刻的图形的图形</b> 的图形的图式	
Partix Other Assets. Complete if the organization answered	N/A	Part IV line 11d See Form O	00 Part V line 15
	scription	, Fait IV, line Tru. See Forth 9	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			<u> </u>
<u>(7)</u> (8)			
(9)	<del></del>		
(10)			
Total. (Column (b) must equal Form 990, Part X, column (E	3) line 15.)		<del></del>
Part X Other Liabilities.	,		
Complete if the organization answered 'Yes' on Fo	orm 990, Part IV, line 11	e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2) PAYROLL LIABILITIES	1,09		
(3) WORKERS COMP	-8,85		
(4)			
(6)			
7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	<u>-7,75</u>		<b>美国基础的</b> 图像是这
2. Liability for uncertain tax positions. In Part XIII, provide the text of the for	otnote to the organization's fir	nancial statements that reports the organization's	liability for uncertain
tax positions under FIN 48 (ASC 740). Check here if the text of the footnote h			
BAA	TEEA3303L 10/10/18	Sche	dule D (Form 990) 2018

Schedule D (Form 990) 2018 LAKEPORT SENTOR CENTER INC	94-2879393	Page 4
Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return. N/A	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments 2a		
b Donated services and use of facilities 2b		
c Recoveries of prior year grants 2c		
d Other (Describe in Part XIII.) 2d		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	624	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
PartXIII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return. N/A	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	. 1	<u>_</u> .
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities 2a		
b Prior year adjustments 2b		
c Other losses		
d Other (Describe in Part XIII.) 2d		
e Add lines 2a through 2d	. 2e	
3 Subtract line 2e from line 1	. 3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		_
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b		
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part XIII Supplemental Information.		

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

BAA Schedule D (Form 990) 2018

TEEA3304L 10/10/18

From: Joni 103

Fax: 17072741206

To: 8552046184@rcfax.com

Fax: (855) 204-6184

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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.

Department of the Treasury Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

\_\_\_\_\_

LAKEPORT SENIOR CENTER INC

Employer Identification number

94-2879393

#### **FORM 990**

THE EXEMPT ORGANIZATION RECORDS ON THEIR BOOKS IN KIND INCOME OF \$113,047.00 AND EXPENSE IN THE AMOUNT OF \$113,047.00.

### FORM 990, PG 1, PART 1, LINE 6

WE HAVE 146 VOLUNTEERS TO SERVE BREAKFAST MEALS AND ASSIST AT THE THRIFT SHOP AND ASSIST IN ANY OTHER FUNDRAISING WE DO.

## FORM 990, PAGE 6, PART VI, LINE 11B

A DRAFT OF FORM 990 IS PROVIDED TO THE BOARD.

## FORM 990, PAGE 6, PART VI, LINE 15A

CEO COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS, ALL OTHER OFFICERS ARE VOLUNTEERS.

#### FORM 990, PAGE 6, PART VI, LINE 19

WITH A WRITTEN LETTER OR VERBAL REQUEST BY THE PUBLIC, THE GOVERNING DOCUMENTS AND TAX RETURNS ARE AVAILABLE TO THE PUBLIC.

## Form 990, Part VI, Line 11b - Form 990 Review Process

No review was or will be conducted.

## Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No other documents available to the public.