### 990

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod

2018

OMB No. 1545-0047

| -                       |   | Do not enter exclusive numbers and the first the course   | acept private foundations   | s)                                      |
|-------------------------|---|---|-----------------------------|---|
|                         | partment of the Treasuremat Revenue Service |   | be made public.             | Open to Pub                             |
| A                       |   | ■ Go to www.irs.gov/Form990 for instructions and the latest<br>endar year, or tax year beginning 07-01 2018   | ~                           | Inspection                              |
| В                       | Check if applicable                         |   | and ending C                | 06-30 ,2019                             |
| $\overline{\Box}$       | Address change                              | C Name of organization FIVE STAR SENIOR CENTER  |                             | D Employer identification               |
| Ħ                       | Name change                                 | Doing business as 5 STAR SENIOR CENTER  |                             | 43-1091237                              |
| Ħ                       | Initial return                              | Number and street (or P.O. box if mail is not delivered to street address)  | Room/suite                  | E Telephone number                      |
| H                       | Final return/terminate                      | 2832 ARSENAL  |                             | (314) 664-1008                          |
| H                       |   | and the state of province, country, and ZIP of foreign postal code  |                             | G Gross receipts                        |
| H                       | Amended return                              | SAINT LOUIS, MO 63118-2317  |                             | \$ 386,35                               |
|                         | Application pending                         | F Name and address of principal officer: ANN AUER   | H(a) is this a group return |   |
|                         | -   | SAME AS C ABOVE   | H(b) Are all subordinat     | proving the same                        |
| <del>!</del>            | Tax-exempt status:                          | ∑ 501(c)(3)   |                             | a list (see instructions)               |
| -                       | Website: ► N/A                              |   | H(c) Group exemption        |   |
|                         | Form of organization:                       | Corporation   |                             |   |
| 1, 0                    |   |   |                             | Jan |
|                         | 1 Briefly de                                | cribe the organization's mission or most significant activities: PROVIDE CONG   | REGATE MEALS, HOM           | F DELTUEDED                             |
| 93                      | MEALS                                       | TRANSPORTATION SERVICES TO OLDER ADDITION IN DESTROY  | TED CENTER SON              | _                                       |
| Jan                     | *********                                   | EDUCATION, EDUCATION, HEALTH SCREENINGS RECRESTION  | N. SHOPPING TRIPS           | FIELD MOTOS                             |
| Activities & Governance |   | TIME PARALLON ASSISTANCE TO LOCAL SENTORS   |                             | , FIELD TRIPS                           |
| 30                      | 2 Check thi                                 | box ▶ ☐ if the organization discontinued its operations or disposed of more than 25   | % of its net assets         |   |
| ≈                       | 3 Montper o                                 | voting members of the governing body (Part VI, line 1a)   | 3                           |   |
| 63                      | 4 Number o                                  | independent voting members of the governing body (Part VI, line 18)   | 4                           |   |
| <u>X</u>                | 5 Total num                                 | er of individuals employed in calendar year 2018 (Part V, line 2a)  | 5                           |   |
| 5                       | 6 Total num                                 | er of volunteers (estimate if necessary)  | <del></del>                 |   |
| 4                       | 7a Total unre                               | ated business revenue from Part VIII, column (C), line 12   | 6                           |   |
|                         | b Net unrela                                | ed business taxable income from Form 990-T, line 38   | 7a                          |   |
|                         |   |   | 1                           |   |
|                         | 8 Contributio                               | ns and grants (Part VIII, line 1h)  | Prior Year                  | Current Year                            |
| Revenue                 |   | rvice revenue (Part VIII, line 2g)  | 391,198                     | 379,3                                   |
| Aer                     |   | income (Part VIII, column (A), lines 3, 4, and 7d)  | 10,207                      | 6,83                                    |
| Se Se                   | 11 Other reve                               | ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | 94                          | 20                                      |
|                         | 12 Total reven                              | ie - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | *                           |   |
|                         | 13 Grants and                               | eimilar amounts poid (Day IV 12)  | 401,499                     | 386,35                                  |
|                         | 14 Benefits pa                              | b to or for members (Part IX, column (A), line 4)   | •                           |   |
| _                       | 15 Salaries of                              | er compensation, employee benefits (Part IX, column (A), lines 5-10)  | ·                           |   |
| Expenses                | 16a Professiona                             | fundraising fees (Part IX, column (A), line 11e)  | 234,869                     | 260,27                                  |
| ua                      | b Total fundra                              | sing expenses (Part IX, column (D), line 25)  | 14,100                      |   |
| X                       | 17 Other exper                              | ses (Part IX, column (A), lines 11a-11d, 11f-24e)   |                             |   |
| -                       | 18 Total expens                             | as Add lines 12 17 17 17 18 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19  | 141,090                     | 131,64                                  |
|                         | 19 Revenue les                              | es. Add lines 13-17 (must equal Part IX, column (A), line 25) s expenses. Subtract line 18 from line 12   | 390,059                     | 391,92                                  |
| -                       | TO TREVENDE ICS                             | s expenses. Subtract life 16 from line 12   | 11,440                      | (5,573                                  |
| Bucce                   | 20 Total assets                             | Date V. Can.  | Beginning of Current Year   | End of Year                             |
| 25                      |   |   | 460,510                     | 463,924                                 |
| P.                      |   | s (Part X, line 26)   | 45,476                      | 54,461                                  |
| art                     | I Ciarini                                   | fund balances. Subtract line 21 from line 20  | 415,034                     | 409,463                                 |
|                         |   | re Block  |                             | 409,403                                 |
| s, con                  | ed, and complete. De                        | are that I have examined this return, including accompanying schedules and statements, and to the best of my laration of preparer (other than officer) is based on all information of which preparer has any knowledge. | knowledge and belief, it is |   |
|                         | . 100                                       | Mu 1 All I all and the about the parer has any knowledge.   |                             |   |
| n                       |   | Allecha WH award  |                             | 3/12/22                                 |
| - 0.0                   | 15  | of officer  | Date                        | 710/20                                  |
| re                      | MICH  | EL W HOWARD, EXEC DIRECTOR / NON-VOTING EX-OFFIC  |                             |   |
|                         | Type or p                                   | int name and title  |                             |   |
|                         | Print/Type pre                              | arer's name Preparer's signature Date   | Check X if PTIN             |   |
| d                       | DONALD                                      |   | 0                           |   |
| par                     | 'er Firm's name                             | PRICE ACCTG & TAX SERVICE   | self-employed E             | P01437977                               |
| -                       |   | THE WALLY ALD   | i Firm's Eikl III           |   |

PRICE ACCTG & TAX SERVICE

Saint Louis MO 63116

3665 HUMPHREY

No

314-664-2694

Firm's EIN

Phone no.

Use Only Firm's address

|       | rm 990 (2018) FIVE STAR SENIOR CENTER 4  | 3-1091237                              | Page 2  |
|-------|--|--|---------|
| Pa    | art III Statement of Program Service Accomplishments   |  |         |
| -     | Check if Schedule O contains a response or note to any line in this Part III   |  | • • • 🕕 |
| 1     | Briefly describe the organization's mission:   |  |         |
|       | PROVIDE CONGREGATE MEALS, HOME DELIVERED MEALS AND TRANSPORTATION SERVICES TO C  | DLDER ADULT                            | SIN     |
|       | DESIGNATED SERVICE AREAS. PROVIDE NUTRITION EDUCATION, EDUCATION, HEALTH SCREEN  | NINGS,                                 |         |
|       | RECREATION, SHOPPING TRIPS, FIELD TRIPS AND TAX PREPARATION ASSISTANCE TO LOCAL  | SENIORS.                               |         |
|       |  |  |         |
| 2     | Did the organization undertake any significant program services during the year which were not listed on the                   |  | -       |
|       | prior Form 990 or 990-EZ?  | · · Yes                                | No      |
|       | If "Yes," describe these new services on Schedule O.   |  |         |
| 3     | Did the organization cease conducting, or make significant changes in how it conducts, any program                             | G., C                                  | ٦       |
|       | services?  | · · Yes                                | No      |
|       | If "Yes," describe these changes on Schedule O.  |  |         |
| 4     | Describe the organization's program service accomplishments for each of its three largest program services, as measured by     |  |         |
|       | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, |  |         |
|       | the total expenses, and revenue, if any, for each program service reported.  |  |         |
|       | (O.)   |  |         |
| 48    |  |  | 819)    |
|       | PROVIDE CONGREGRATE MEALS, HOME DELIVERED MEALS AND TRANSPORTATION SERVICES TO   |  | TS      |
|       | IN DESIGNATED SERVICE AREAS. PROVIDE NUTRITION EDUCATION, EDUCATION, HEALTH SCF  |  |         |
|       | RECREATION, SHOPPING TRIPS, FIELD TRIPS AND TAX PREPARATION ASSISTANCE TO LOCAL  | SENIORS.                               |         |
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|       |  |  |         |
| A Se  |  |  |         |
| 4b    | (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$   |  |         |
|       |  |  |         |
|       |  |  |         |
|       | Š. 68  |  |         |
|       |  |  |         |
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|       |  |  |         |
|       |  | ************************************** |         |
|       |  |  |         |
| 4c    | (Code: (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$  |  | )       |
|       |  |  |         |
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|       |  |  |         |
|       | **************************************   |  |         |
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|       | - 1 1 N  | -                                      |         |
|       |  |  |         |
|       |  |  |         |
|       |  |  |         |
|       |  |  |         |
| 4d    | Other program services (Describe in Schedule O.)   |  |         |
| e sud | (Expenses \$ including grants of \$ ) (Revenue \$  | 1                                      |         |
| 4e    | Total program service expenses  382.732  |  |         |

Form 990 (2018)

|         | 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"  | _   | -1' | res h |
|---------|--|-----|-----|-------|
|         | complete Schedule A  |     |     |       |
|         | 2 Is the organization required to complete Schedule B, Schedule of Contributors (see Instructions)?  | -   |     | X     |
|         | 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to   | · · | 2 2 | X     |
|         | candidates for public office? If "Yes," complete Schedule C, Part I  |     |     |       |
|         | 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)  | 1 3 | 3   | X     |
|         | election in effect during the tay year? If then the second to the tay years  |     |     |       |
|         | 5 Is the organization a section 501(c)(4) 501(c)(5) or 501(c)(6) organization as   | . 4 |     | X     |
| 2       | the state of the s |     |     |       |
|         | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | . 5 |     |       |
|         | services of advance in the state of the state of 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     |
| 8       | 7 Did the organization receive or hold a conservation easement, including easements to preserve open space,  |     |     |       |
|         | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | . 7 |     | X     |
| 1       | B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"  |     |     | +     |
|         | complete Schedule D, Part III  | . 8 |     | Х     |
| 5       | 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  |     |     | .,    |
| 10      |  | . 9 | +   | X     |
|         | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   | 1   |     |       |
| 11      | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,   | 10  | +   | X     |
|         | VII, VIII, IX, or X as applicable.   |     |     |       |
|         | a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"   |     |     | 11.   |
|         | complete Schedule D, Part VI   |     |     |       |
|         | b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more   | 11a | X   |       |
|         | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D; Part VII   |     |     |       |
|         | c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more  | 11b |     | X     |
|         | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  |     |     |       |
|         | d. Did the omenization report an amount for other resorts in The VIII  | 11c |     | X     |
|         | d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets   |     |     |       |
| 3       | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d |     | Х     |
|         | e Did the organization report an amount for other liabilities in Part X, fine 25? If "Yes," complete Schedule D, Part X  | 11e | X   |       |
| ,       | f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  |     |     |       |
| 40      | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   | 11f |     | X     |
| 12a     | and the state of t |     |     |       |
|         | Schedule D, Parts XI and XII   | 12a |     | Х     |
| þ       | and the state of t |     |     |       |
| 2265228 | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional   | 12b | 1   | X     |
| 13      | is the organization a school described in section 178(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13  |     | X     |
| 148     | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a |     | X     |
| b       | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking  | 174 | -   |       |
|         | 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   | 445 | 1   | 3.5   |
| 15      | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or  | 14b | -   | X     |
|         | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV   |     |     |       |
| 16      | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other   | 15  |     | X     |
|         |  |     |     |       |
| 17      | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on   | 16  |     | X     |
|         | Darl IV anhuma (A) Rusin Consider a track  | 1   |     |       |
| 18      | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on  | 17  |     | X     |
|         |  |     |     |       |
| 19      | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II   | 18  |     | X     |
|         | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?   |     |     |       |
| 20 a    | If "Yes," complete Schedule G, Part III  | 19  |     | X     |
| LVA     | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 0a  |     | X     |
| b<br>24 | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 0b  |     | ~     |
| 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  |     | ·     |

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| Form | n 990 (2018) FIVE STAR SENIOR CENTER 43-1091   | 237  | J     | age / |
|------|--|------|-------|-------|
| Pa   | rt IV Checklist of Required Schedules (continued)  |      |       |       |
|      |  |      | Yes   | No    |
| 22   | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on      |      |       | 1     |
| 2020 | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22   |       | X     |
| 23   | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the                | 1    |       |       |
|      | organization's current and former officers, directors, trustees, key employees, and highest compensated            |      |       | 1     |
|      | employees? If "Yes," complete Schedule J   | 23   |       | X     |
| 24a  | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than                |      |       |       |
|      | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b      |      |       | 1     |
|      | through 24d and complete Schedule K. If "No," go to line 25e   | 248  | ļ     | X     |
| b    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                  | 24b  | -     | ┼     |
| C    | Did the organization maintain an escrow account other than a refunding escrow at any time during the year          |      |       | 1     |
|      | to defease any tax-exempt bonds?   | 24c  |       | -     |
| d    | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?            | 24d  |       | ┼     |
| 25a  | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit       |      |       |       |
|      | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                      | 25a  |       | X     |
| b    | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior   |      |       |       |
|      | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?       |      |       |       |
|      | If "Yes," complete Schedule L, Part I  | 25b  |       | X     |
| 26   | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any         |      |       | 1     |
|      | current or former officers, directors, trustees, key employees, highest compensated employees, or                  |      |       |       |
|      | disqualified persons? If "Yes," complete Schedule L, Part II   | 26   |       | X     |
| 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   |       | X     |
| 28   | Was the organization a party to a business transaction with one of the following parties (see Schedule L,          |      |       | -     |
|      | Part IV instructions for applicable filing thresholds, conditions, and exceptions):                                |      |       |       |
| а    | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV            | 28a  |       | X     |
| b    | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete             |      |       |       |
|      | Schedule L, Part IV  | 28b  |       | X     |
| 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  |       | X     |
| 29   | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M           | 29   |       | X     |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified     |      |       |       |
|      | conservation contributions? If "Yes," complete Schedule M  | 30   |       | X     |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31   |       | X     |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"            |      |       |       |
|      | complete Schedule N, Part II   | 32   |       | X     |
| 33   | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations         |      |       |       |
|      | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33   |       | 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     |
| 35a  | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                            | 35a  |       | Х     |
| b    | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a            |      |       |       |
| _    | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2          | 35b  |       |       |
| 36   | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable               |      |       |       |
| 30   | related organization? If "Yes," complete Schedule R, Part V, line 2  | 36   |       | X     |
| 37   | Did the organization conduct more than 5% of its activities through an entity that is not a related organization   | -    |       |       |
| 31   | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       | 37   |       | Х     |
| 38   | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and         | -    |       |       |
| 20   | 19? Note, All Form 990 filers are required to complete Schedule O.   | 38   | Х     |       |
| Par  |  | 1 30 | -11   |       |
| ai   | Check if Schedule O contains a response or note to any line in this Part V   |      |       |       |
|      | Check is deficable of contains a response of note to any line in ano rate visit in the                             | -    | Yes   | No    |
| 4 -  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable                                       |      | . 60  | 140   |
| 1a   |  |      | : : ; |       |
| b    |  |      |       |       |
| C    | Did the organization comply with backup withholding rules for reportable payments to vendors and                   | 10   | 224   | * ,   |
|      | reportable gaming (gambling) winnings to prize winners?  | 1c   | 000 ( | 2010  |

|     | 2a         | Easter the course of course   |      |               | Yes             | 1  |
|-----|------------|---|------|---------------|-----------------|----|
|     | <b>6</b> d | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax   | Γ    |               |                 | 1  |
|     | b          | Statements, filed for the calendar year ending with or within the year covered by this return 2a                                | 12   |               |                 | 1  |
|     |            | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                  |      | 2b            | X               |    |
|     | 3a         | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                       | ٠. ٢ |               | 14,77           | 1  |
|     | b          | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                   |      | 3a            |                 |    |
|     | 4a         | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O                     | [    | 3b            |                 |    |
|     | -          | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,         | Г    |               |                 |    |
|     | b          | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?              |      | 4a            |                 | 2  |
|     |            | If "Yes," enter the name of the foreign country:  |      |               | 1100            |    |
|     | 5a         | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).             | -    |               |                 | 1  |
|     | b          | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                           | . :  | 5a            |                 | 2  |
|     | c          | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                |      | ib di         |                 | >  |
|     |            | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   | . 3  | ic            |                 | Т  |
|     | <i>3</i> G | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the                          |      |               |                 | -  |
|     | b          | organization solicit any contributions that were not tax deductible as charitable contributions?                                | . 8  | a             | 1               | X  |
|     |            | If "Yes," did the organization include with every solicitation an express statement that such contributions or                  |      |               |                 |    |
| 7   |            | gifts were not tax deductible?  | . 6  | b             |                 |    |
| ,   | 2          | Organizations that may receive deductible contributions under section 170(c).   |      |               |                 | 7  |
|     | a          | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods                     |      |               |                 |    |
|     |            | and services provided to the payor?   | . 7  | a             |                 | X  |
|     | b i        | f "Yes," did the organization notify the donor of the value of the goods or services provided?                                  | . 71 | 5             | $\neg \uparrow$ |    |
|     | C !        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was                        |      | +             | +               |    |
|     |            | equired to file Form 8282?  | 70   | :             |                 | X  |
|     | d i        | f "Yes," indicate the number of Forms 8282 filed during the year  | 1.   |               | +               | 41 |
|     | 9 L        | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                 | 76   |               | _               | X  |
| 1   | , i        | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                    | 7f   |               |                 | X  |
|     | 9 11       | the organization received a contribution of qualified intellectual property did the organization file Form 8899 as required?    | 7g   | $\top$        |                 | X  |
| ١   | 1 11       | the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1998-02 | 7h   |               |                 | X  |
| 8   | 5          | ponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the                             |      | 1             | 7               |    |
|     | S          | ponsoring organization have excess business holdings at any time during the year?   | 8    |               |                 |    |
| 9   | 8          | ponsoring organizations maintaining donor advised funds.  | 7.7  | +-            | +               |    |
| a   | D          | id the sponsoring organization make any taxable distributions under section 4966?   | 9a   | 1             |                 |    |
| , b | ם          | id the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                | 9b   | +             | +               |    |
| 10  |            | ection 501(c)(7) organizations. Enter:  |      | +             | 4 1             | ٠. |
| a   | in         | tration fees and capital contributions included on Part VIII, line 12   | 0.75 | 1             | 1               |    |
| b   | G          | oss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                                       |      |               |                 |    |
| 11  |            | ection 501(c)(12) organizations. Enter  |      |               |                 |    |
| a   | Ģı         | oss income from members or shareholders   | 4.   |               |                 |    |
| b   | Gr         | oss income from other sources (De not net amounts due or paid to other sources  |      |               |                 | 5  |
|     | ag         | ainst amounts due or received from them.)   |      |               |                 |    |
| 12a | Se         | ction 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                        | 12a  |               |                 | 9  |
| b   | 11 "       | Yes," enter the amount of take exempt interest received or accrued during the year  | 120  |               | 1               |    |
| 13  | Se         | ction 501(c)(29) qualified nonprofit health insurance issuers.  |      |               |                 |    |
| a   | ls t       | he organization licensed to issue qualified health plans in more than one state?  | 13a  | > -           |                 |    |
| -   | No         | te. See the instructions for additional information the organization must report on Schedule O                                  | 100  |               | +-              |    |
| b   | Ent        | er the amount of reserves the organization is required to maintain by the states in which                                       |      |               | 1:              | 4  |
|     | the        | organization is licensed to issue qualified health plans  |      |               |                 | ė. |
| C   |            | er the amount of reserves on hand   | 7.   |               |                 |    |
| 14a | Did        | the organization receive any payments for indoor tanning services during the tax year?  | 14a  | ***********   | X               |    |
| b   | ff "Y      | es," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O                            | 14b  |               | 1               | -  |
| 15  | is tr      | e organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or                        |      |               | -               |    |
|     | exc        | ess parachute payment(s) during the year  | 15   |               | v               |    |
|     | If "Y      | es," see instructions and file Form 4720, Schedule N.   | -    | -             | X               | ~  |
| 16  | is th      | e organization an educational institution subject to the section 4968 excise tax on net investment income?                      | 16   |               | X               |    |
|     | If "Ye     | es," complete Form 4720, Schedule O.  | +    | $\overline{}$ |                 | *  |
| FEA |            |   |      | 1             | g 2             |    |

16

15

Part VI

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year 10 If there are material differences in voting rights among members of the governing body, or If the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 2 X any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a X **7a** one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, 7h X stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following: Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule Q X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form \$90 to all members of its governing body before filing the form? 11a 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a X Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? b 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 Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official a 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain in Schedule O) Another's website Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: 20 MICHAEL W HOWARD (314)664-1008, 2832 ARSENAL, SAINT LOUIS, MO 63118-2317 Form 990 (2018)

| Form | 990 | 120 | 181 |  |
|------|-----|-----|-----|--|
|      |     |     |     |  |

FIVE STAR SENIOR CENTER

43-1091237

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

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

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

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

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

| (A) Name and Title                  | (B) Average hours per week (list am hours for related organizations below dotted line) | or director | ox, un | check produced check | erson<br>lirecti | than one<br>is both a<br>or/trustee | n ()      | compensation<br>from<br>the | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-------------------------------------|--|-------------|--------|---|------------------|-------------------------------------|-----------|-----------------------------|--|--|
| (1) ANN AUER                        | 6.00   |             | 18     |   |                  |                                     |           |                             |  |  |
| PRESIDENT / DIRECTOR                |  | X           | 4_     | X   |                  |                                     | _         | 0                           | 0  | 0  |
| (2) JOHN CARAKER DIRECTOR           | 2.00   | х           |        |   |                  |                                     |           | _                           |  |  |
| (3) DON OWENS                       | 2.00   | 1^          | +      | +   |                  |                                     | $\dashv$  | 0                           | 0  | 0  |
| VICE-PRESIDENT / DIRECTOR           | - 2.00   | X           |        | Х   |                  |                                     |           |                             |  |  |
| (4) JOE DOMIAN                      | 4.00   | 1           | +      | 1-1   |                  |                                     | -         | - 0                         | 0  | 0  |
| TREASURER / DIRECTOR                |  | X           |        | x   |                  |                                     | ĺ         | o                           | 0  |  |
| (5) DIANE MAGEE                     | 4.00   |             | T      |   | $\neg$           |                                     | $\dashv$  |                             |  | 0  |
| SECRETARY / DIRECTOR                |  | Х           |        | X   |                  |                                     | 1         | 0                           | 0  | 0  |
| (6) JACKIE ROBINSON                 | 2.00   |             |        |   | $\neg$           |                                     | $\top$    |                             |  | 0  |
| DIRECTOR                            |  | X           |        |   |                  |                                     |           | o                           | 0  | 0  |
| (7) COROL GALGANI                   | 2.00   |             |        |   |                  |                                     | $\top$    |                             |  |  |
| DIRECTOR                            |  | X           |        |   |                  |                                     |           | 0                           | 0  | . 0  |
| (8) LINDA JABLINSKI                 | 2.00   |             |        |   |                  |                                     | $\neg$    |                             |  |  |
| DIRECTOR                            |  | Χ           |        |   |                  |                                     |           | 0                           | 0  | 0  |
| (9) BETTY STIERN                    | 2.00   |             |        |   |                  |                                     |           |                             |  |  |
| DIRECTOR                            |  | X           |        | $\perp$   | $\perp$          |                                     | $\perp$   | 0                           | 0  | 0  |
| 10)MARGARET CZAPLA                  | 2.00   |             |        |   |                  |                                     |           |                             |  |  |
| DIRECTOR / CLIENT                   |  |             | X      | _   | $\dashv$         |                                     |           |                             | 0  | 0  |
| 11)MICHAEL W HOWARD                 | 50.00  |             |        |   |                  |                                     |           |                             |  |  |
| EXEC DIRECTOR / NON-VOTING EX-OFFIC |  |             |        | +   | X                | -                                   | +         | 58,467                      | 0  | 0  |
| 12)                                 |  |             |        |   |                  |                                     |           |                             |  |  |
| 13)                                 |  |             | 1      | $\top$  | +                |                                     |           |                             |  |  |
| 14)                                 |  | $\exists$   |        |   | 1                |                                     | $\dagger$ |                             |  |  |

|          | 990 (2018) FIVE STAR SENIOR (  VIII Section A. Officers, Directors, Trustees,  |  |          | 410               |                        |  |                              |             | 4= 1 /                           | 43-109   | 1237           | Р  | Page (              |
|----------|--|--|----------|-------------------|------------------------|--|------------------------------|-------------|----------------------------------|--|----------------|--|---------------------|
| 1 44     | t VII   Section A. Officers, Directors, Trustees,  (A)  Name and title   | (B) Average hours per week (list any hours for related organizations below dotted line)  | (do n    | ot che<br>unles   | Pos<br>eck m<br>s pers | c)<br>sition<br>ore the<br>son is<br>ector | nan one<br>both er           | )           | (D) Reportable compensation from | (E) Reportable compensation from related organizations (W-2/1099-MISC) | t cor          | (F) Estimated amount of other mpensation from the reganization of related ganization | f<br>on<br>on<br>od |
|          |  |  |          |                   |                        |  | 2                            |             |                                  |  |                |  |                     |
| (15)     |  |  |          |                   |                        |  |                              |             |                                  |  |                |  |                     |
| (16)_    |  |  |          |                   |                        |  |                              |             |                                  |  |                |  |                     |
| (17)_    |  |  |          |                   |                        |  |                              |             |                                  |  |                |  |                     |
| (18)     |  |  |          |                   |                        |  |                              | 3           |                                  |  |                |  |                     |
| (19)     |  |  |          |                   |                        |  | -31-5                        | 1           | ê.                               |  | -              |  |                     |
| (20)     |  |  |          |                   |                        |  | A 34                         |             |                                  |  | -              |  |                     |
| (21)     | 4  |  |          |                   | 7.                     | g <sup>ar</sup>                            |                              |             | \$                               |  | <del> </del> - |  |                     |
| (22)     |  |  |          |                   | ું<br>વૃક્             | L,   | - 15 A                       |             |                                  |  |                |  |                     |
|          |  |  | **       |                   | 7.                     | 4.1  |                              | 1           |                                  |  |                |  |                     |
| (23)_    |  |  | W.       | ić <sub>iji</sub> | :<br>:<br>:            | N.   |                              |             |                                  |  |                |  |                     |
| (24)     | and and and take the title easy ten for the date the first ten and and the date the date the take the date.  | (%)<br>  (%)<br>  (%)  |          | 3.                |                        |  |                              |             |                                  |  |                |  |                     |
| (25)     |  | 32   | 415 A    |                   |                        |  |                              |             |                                  |  | 1              |  |                     |
| 1b       | S. 27  | <del></del>  |          |                   |                        |  |                              | <b>&gt;</b> |                                  |  |                |  |                     |
| c        | Total from continuation sheets to Part VII, Section  |  |          | • • •             | • •                    | • •  |                              |             |                                  |  |                |  |                     |
| <u>d</u> | Total (add lines 1b and 1c)  |  | above    | ) wh              | no re                  | ceiv                                       | ed mo                        | one th      | 58,467                           |  |                |  | 0                   |
| _        |  | S <sub>o</sub>   | 4,000    | .,                | .0.10                  | · · · · ·                                  | Ou ////                      |             | 1417 4100,000 01                 | 0  | )              |  |                     |
|          |  |  |          |                   |                        |  |                              |             |                                  |  |                | Yes  | No                  |
| 3        | Did the organization list any former officer, director, of   |  |          | ee,               | or hi                  | ghe  | st corr                      | pen         | sated                            |  |                | 1,77   | i, e ili            |
|          | employee on line 1a? If "Yes," complete Schedule J fi  |  |          |                   |                        |  |                              | • •         |                                  |  | 3              |  | X                   |
| 4        | For any individual listed on line \$2, is the sum of reportant of the sum of the | Control of the Contro |          |                   |                        |  | 300000000 <del>3</del> 00000 |             |                                  |  |                |  | ,                   |
|          | Fig. 200   |  |          |                   |                        |  |                              |             |                                  |  | 4              |  | X                   |
| 5        | Did any person listed on line 1a receive or accrue co  |  |          |                   |                        |  |                              |             | n or individual                  |  | 3.2            |  |                     |
|          | for services rendered to the organization? If "Yes," co  | mplete Schedu  | ule J fo | or su             | ch p                   | erso                                       | חא                           |             |                                  |  | 5              |  | X                   |
| Secti    | on B. Independent Contractors  |  |          |                   |                        |  |                              |             |                                  |  |                |  |                     |
| 1        | Complete this table for your five highest compensate<br>compensation from the organization. Report compen<br>year.   |  |          |                   |                        |  |                              |             |                                  |  |                |  |                     |
|          | (A)  |  |          |                   |                        |  | -                            |             | (B)                              | T  |                | (C)  |                     |
|          | Name and business address  |  |          |                   |                        |  |                              |             | Description of se                | arvices  |                | ensation   |                     |
|          |  |  |          |                   |                        |  |                              |             |                                  |  |                | -  |                     |
| -        |  |  |          | -                 | -                      |  |                              |             | -                                |  |                |  |                     |
|          |  | *  |          |                   |                        |  |                              |             |                                  |  |                |  | —                   |
|          |  |  |          |                   |                        |  |                              |             |                                  |  |                |  |                     |
| 2        | Total number of independent contractors (including b   |  |          | e list<br>•       | ed a                   | bov  | e) wh                        | 0           |                                  |  |                |  |                     |

Part VIII Statement of Revenue

|   | Check if Schedule O contains a response of   | r note to any line in  | this Part VIII                          |  |   |  |
|---|--|--|---|--|---|--|
|   |  |  | (A)<br>Total revenue                    | Related or<br>exempt<br>function<br>revenue  | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from ter under sections |
| क् क  |  | 1a   | Jane Herri                              | S Parameter  | an Master Charle                        | 512-514                                      |
| iran<br>Oun   | b Membership dues  | 1b   |   | <b>计</b> 医囊肿病  |   |  |
| A A E   | C Fundraising events   | 1c   |   |  |   |  |
| F   |  | ld   |   |  |   |  |
| S.E.  |  | le 307,654   |   |  | <b>等快速有效</b>                            |  |
| utio  | f All other contributions, gifts, grants,  |  |   |  |   | 在14年2月2日                                     |
| g ö   |  | f 71,679   | )                                       |  | 1.44.44.30                              |  |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | Noncash contributions included in lines 1a-1f: \$  | <u> </u>   |   |  | 可能與此類                                   |  |
|   | h Total Add lines 1a-1f  |  | 379,333                                 |  |   |  |
| 2   |  | Business Code  | 1.11                                    |  |   | er dan dan dari                              |
| Vera  | 2a PROGRAM INCOME  | 624210   | 6,81                                    | 9 6,81   | .9                                      |  |
| Program Service Revernue                                  | b  | -  |   |  |   |  |
| 25  | 6  | -  |   |  |   |  |
| Se  |  | .  |   |  |   |  |
| gran  | 6 All other process  | -  | 4                                       | 75   |   |  |
| P   | f All other program service revenue  | •  |   |  |   |  |
|   | g Total. Add lines 2a-2f   | The same of the sa | 6,81                                    |  |   |  |
|   | 3 Investment income (including dividends, interest, and other similar amounts)   | _  | 500                                     |  |   |  |
|   | 4 Income from investment of tax-exempt bond proc   |  | 20:                                     | 20   | 1                                       |  |
|   | 5 Royalties  |  |   |  |   |  |
|   |  | 4 003  |   |  |   |  |
|   | 6a Gross rents (i) Real  | (li) Personal  | 1                                       |  |   |  |
|   | b Less: rental expenses · · · ·  | 1000   | 1 |  |   |  |
|   | c Rental income or (loss)  |  |   |  |   |  |
| -   | d Net rental income or (loss)  |  | 1                                       |  | 1                                       | P 18 DHain                                   |
|   | 7a Gross amount from sales of (i) Securities   | (ii) Other   |   | No. 11.11 22 30.   |   |  |
|   | assets other than inventory  | 1990   |   |  |   |  |
|   | b Less: cost or other basis  | AND SAN  |   |  |   |  |
| 1   | and sales expenses   |  |   |  |   |  |
|   | c Gain or (loss)   |  |   |  |   |  |
| _   |  | ▶  |   |  |   |  |
| venue   | 8a Gross income from fundraising   | 1"   |   | 1  | Carlotte Commen                         |  |
| 376   | events (not including \$   |  |   |  |   |  |
| 7   | of contributions reported on line 1c)  |  | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - |  | Gr. Artis.                              |  |
| Other Re  | See Part IV, line 18 · · · · · · · · · · · · · · · · · ·   |  | 表情的的。                                   |  |   |  |
| >   | b Less: direct expenses  |  |   |  | <b>全于24.2012</b> 色                      |  |
|   |  |  |   | i seriali  |   |  |
|   | 9a Gross income from gaming activities.  |  |   |  |   | Mary Africa I                                |
|   | See Part IV, line 19 a   |  |   |  |   |  |
|   | b Less; direct expenses b  |  |   | of the Karley  |   |  |
|   | c Net income or (loss) from gaming activities  | • • • • • •  |   |  |   |  |
| 1   | 0a Gross sales of inventory, less returns and allowances   |  |   |  |   | A File Deliver                               |
|   | h ( - 100 m)   |  |   |  |   |  |
| }   | a Matingard Residence  |  |   | The state of the s |   |  |
| -   | Miscellaneous Revenue  | Business Code  |   |  |   |  |
| 11  | The state of the s | Business Code  | 450 (CARACA)                            | *** *** *** *** *** *** *** *** *** **   | provided the second particles           | restante vary                                |
|   | b  |  |   |  |   |  |
| Ì   | С  |  |   | -  |   |  |
|   | d All other revenue  |  |   |  |   |  |
|   | e Total. Add lines 11a-11d   |  | 1.                                      |  |   |  |
| 12  | Total revenue. See instructions  |  | 386,353                                 | 7 000  |   |  |
|   |  |  | 200,333                                 | 7,020  | O                                       | n  |

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b. 7b. (A) Total expenses (C) (D) Program service Fundraising 8b. 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . . . Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members . . 4 Compensation of current officers, directors, 58,462 58,462 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages . . . . . . . . . . . . . . . . 182,277 182,277 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 100 10 19,537 19,537 11 Fees for services (non-employees): a b Legal 6,519 C 6,519 d Professional fundraising services. See Part IV, line 17 8 2 100 f Other. (If line 11g amount exceeds 10% of line 25, columnia (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion . . . . 13 Office expenses . . . . . 8,355 8,355 14 Information technology . . . . 735 735 15 Occupancy 16 37,239 37,239 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1820 . . . . . Conferences, conventions, and meetings ... 19 1,938 1,938 20 1,405 1,405 Payments to affiliates ........... 21 Depreciation, depletion, and amortization 22 32,360 32,360 23 Insurance 25,663 25,663 24 Other expenses. Itemize expenses not 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 ().) TRANSPORTATION SERVICES a 17,434 17,434 b C d All other expenses . 25 Total functional expenses. Add lines 1 through 24e 391,924 382,732 9,192 0 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 following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

|          |     | Check if Schedule O contains a response or note to any line in this Part X   |  |       |  |
|----------|-----|--|--|-------|--|
|          |     |  | (A)<br>Beginning of year               | T     | (B)<br>End of year                     |
|          | 1   | Cash - non-interest-bearing  |  | 2 1   |  |
|          | 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 officers, directors,   | 15/10/2010 1 X                         |       |  |
|          |     | trustees, key employees, and highest compensated employees.  |  |       |  |
|          |     | Complete Part II of Schedule L   |  | 5     |  |
|          | 6   | Loans and other receivables from other disqualified persons (as defined under section  | As a service of the service of         | J     | 10, 100 - 100                          |
|          | 1   | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and  |  |       |  |
|          |     | sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary   |  |       |  |
|          |     | organizations (see instructions). Complete Part II of Schedule L   |  | 6     |  |
|          | 7   | Notes and loans receivable, net  |  | 7     |  |
| Assets   | 8   | Inventories for sale or use  |  |       |  |
| 188      | 9   | Prepaid expenses and deferred charges  | •                                      | 8     | -                                      |
|          | 10a | 10 60-00 BOOK SOUTH STANDARD SOUTH SOUTH STANDARD SOUTH SOUTH SOUTH SOUTH STANDARD SOUTH S | •                                      | 9     |  |
|          | 100 | 3  |  | 130   |  |
|          | b   |  | 7.7                                    |       |  |
|          |     | 391,241  | 380,928                                | 10c   | 348,568                                |
|          | 11  | Investments - publicly traded securities   |  | 11    |  |
|          | 12  | Investments - other securities. See Part IV, line 11   |  | 12    |  |
|          | 13  | Investments - program-related. See Part IV, line 11  | • 3                                    | 13    |  |
|          | 14  | Intangible assets  | . 42                                   | 14    |  |
|          | 15  | Other assets. See Part IV, line 11   | •                                      | 15    |  |
|          | 16  | Total assets. Add lines 1 through 15 (must equal line 34)  | 460,510                                | 16    | 463,924                                |
|          | 17  | Accounts payable and accrued expenses  | 3,169                                  | 17    | 2,017                                  |
|          | 18  | Grants payable   |  | 18    |  |
|          | 19  | Deferred revenue   |  | 19    |  |
|          | 20  | Tax-exempt bond liabilities  |  | 20    |  |
|          | 21  | Escrow or custodial account liability. Complete Part IV of Schedule D  |  | 21    | * ** ********************************* |
| S        | 22  | Loans and other payables to current and former officers, directors,  | 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |       | · · · · · · · · · · · · · · · · · · ·  |
|          |     | trustees, key employees, highest compensated employees, and  |  | 200   | Harris St. V. B                        |
| Liaumues |     | disqualified persons. Complete Part II of Schedule L   |  | 22    | ar desa Brasilia di Alama<br>T         |
| 1        | 23  | Secured mortgages and notes payable to unrelated third parties   | 42,307                                 | 23    | 20 510                                 |
| -        | 24  | Unsecured notes and loans payable to unrelated third parties   | 42,501                                 | 24    | 30,512                                 |
| 1        | 25  | Other liabilities (including federal income tax, payables to related third   |  |       |  |
| 1        |     | parties, and other liabilities not included on lines 17-24). Complete Part X   | 1                                      |       |  |
| 1        |     | of Schedule D  |  | 25    |  |
|          | 26  | Total liabilities. Add lines 17 through 25   | 45 496                                 |       | 21,932                                 |
|          |     | Organizations that follow SFAS 117 (ASC 958), check here   and   | 45,476                                 | 26    | 54,461                                 |
|          |     | complete lines 27 through 29, and lines 33 and 34.   |  |       |  |
|          | 27  | Unrestricted net assets  |  | 7 2 4 |  |
|          |     | Temporarily restricted net assets  |  | 27    |  |
|          |     | Permanently restricted net assets  |  | 28    |  |
| -        |     |  |  | 29    |  |
|          |     | Organizations that do not follow SFAS 117 (ASC 958), check here De American and complete lines 30 through 34.  |  |       |  |
|          |     | - Au   |  |       |  |
|          |     |  | 421,582                                | 30    |  |
|          |     | Paid-in or capital surplus, or land, building, or equipment fund   |  | 31    |  |
|          |     | Retained earnings, endowment, accumulated income, or other funds   | (6,548)                                | 32    | 409,463                                |
| - 1      |     | Total net assets or fund balances  | 415,034                                | 33    | 409,463                                |
| $\perp$  | 34  | Total liabilities and net assets/fund balances   | 460,510                                | 34    | 463,924                                |

| Form | 990 (2018) FIVE STAR SENIOR CENTER   | 43-109123 | 7                                       | Р    | age 1 |
|------|--|-----------|---|------|-------|
| Pa   | rt XI Reconciliation of Net Assets   |           | *************************************** |      |       |
|      | Check if Schedule O contains a response or note to any line in this Part XI                                    |           |   |      | - 🗌   |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)  | . 1       |   | 386, | 353   |
| 2    | Total expenses (must equal Part IX, column (A), line 25)   | . 2       |   | 391, | 924   |
| 3    | Revenue less expenses. Subtract line 2 from line 1   | - 3       |   | (5,  | 571)  |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | . 4       |   | 115, | 034   |
| 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 O)   | - 9       |   | -    | 0     |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line                 |           |   |      |       |
|      | 33, column (B))  | . 10      |   | 109, | 463   |
| Pa   | rt XII Financial Statements and Reporting  |           |   |      |       |
|      | Check if Schedule O contains a response or note to any line in this Part XII                                   |           |   |      | . П   |
| -    |  |           |   | Yes  | No    |
| 1    | Accounting method used to prepare the Form 990:   Cash  Cash  Other MODIFIED ACCR                              | UAL       | 7 7                                     |      |       |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain in          |           |   |      |       |
|      | Schedule O.  |           |   | 4.3  |       |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                |           | 2a                                      |      | X     |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or         |           |   |      | 1     |
|      | reviewed on a separate basis, consolidated basis, or both:   |           |   |      |       |
|      | Separate basis Consolidated basis Both consolidated and separate basis   |           |   |      |       |
| b    | Were the organization's financial statements audited by an independent accountant?                             |           | 2b                                      |      | Х     |
| -    | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a        |           |   | -    | 1     |
|      | separate basis, consolidated basis, or both:   |           | 1                                       |      |       |
|      | Separate basis Consolidated basis Both consolidated and separate basis   |           |   |      |       |
| _    | If TVan" to line 2a or 2b, does the agreementation have a committee that acclumes representative for oversight |           |   |      |       |

of the audit, review, or compilation of its financial statements and selection of an indapendent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Schedule O.

Form 990 (2018)

### SCHEDULE A

**Public Charity Status and Public Support** 

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

OMB No. 1545-0047 2018

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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

Name of the organization Employer identification number

| FIVE STAR SENIOR CENTER  |                |              | 43-109   | 1237                             |
|--|----------------|--------------|--|----------------------------------|
| Part I Reason for Public Charity Status (All organizations must  | t complet      | te this p    | art.) See instruct   | ions.                            |
| The organization is not a private foundation because it is: (For lines 1 through 12, check or  |                |              |  |                                  |
| 1 A church, convention of churches, or association of churches described in section  |                | )(A)(i).     |  |                                  |
| 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or  |                |              |  |                                  |
| 3 A hospital or a cooperative hospital service organization described in section 170   |                |              |  |                                  |
| 4 A medical research organization operated in conjunction with a hospital described  | d 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.   | ated by a g    | ovemmen      | tal unit described in  | <del></del>                      |
| section 170(b)(1)(A)(iv). (Complete Part II.)  |                |              |  |                                  |
| 6 A federal, state, or local government or governmental unit described in section 17   | 70(b)(1)(A)    | (v).         |  |                                  |
| 7 An organization that normally receives a substantial part of its support from a go   |                |              | m the general nublic   |                                  |
| described in section 170(b)(1)(A)(vi). (Complete Part il.)   |                | a            | m the general popula   |                                  |
| A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)   |                |              |  |                                  |
| An agricultural research organization described in section 170(b)(1)(A)(ix) operation  | ted in coniu   | nction witt  | a land grapt college   |                                  |
| or university or a non-land-grant college of agriculture (see instructions). Enter the   | e name 📶       | and etai     | a of the college   |                                  |
| university:  | e name, u      | y, and Star  | e of the college of  |                                  |
| An organization that normally receives: (1) more than 33 1/3% of its support from  |                |              |  |                                  |
|  |                |              |  | S                                |
| receipts from activities related to its exempt functions - subject to certain exception  | )ns, and (2)   | no more      | man 33 1/3% of its   |                                  |
| support from gross investment income and unrelated business taxable income the   | ess section    | 511 tax) ii  | om businesses  |                                  |
| acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete An organization organized and operated exclusively to test for public safety. See   |                |              |  |                                  |
| E de la constant de l |                |              |  |                                  |
| Comment of the period of the period in   | the function   | s of, or to  | carry out the purpose  | S                                |
| of one or more publicly supported organizations described in section 509(a)(1) or  | section 509    | 9(a)(2). Se  | e section 509(a)(3).   |                                  |
| Check the box in lines 12a through 12d that describes the type of supporting orga  | nization an    | d complete   | e lines 12e, 12f, and 1  | 2g.                              |
| a Type I. A supporting organization operated, supervised, or controlled by its sup   | ported orga    | anization(s  | ), typically by giving   |                                  |
| the supported organization(s) the power to regularly appoint or elect a majorit  | y of the dire  | ectors or tr | ustees of the  |                                  |
| supporting organization. You must complete Part IV, Sections A and B.  |                |              |  |                                  |
| b Type II. A supporting organization supervised or controlled in connection with it  |                |              |  |                                  |
| control or management of the supporting organization vested in the same per-   | sons that o    | ontrol or m  | anage the supported  |                                  |
| organization(s). You must complete Part IV, Sections A and C.  |                |              |  |                                  |
| c Type III functionally integrated. A supporting organization operated in connec   | ction with, a  | nd function  | nally integrated with,   |                                  |
| its supported organization(s) (see instructions). You must complete Part IV, S   |                |              |  |                                  |
| d Type III non-functionally integrated. A supporting organization operated in co   | onnection w    | ith its supp | orted organization(s)  |                                  |
| that is not functionally integrated. The organization generally must satisfy a dis   | tribution red  | quirement    | and an attentiveness   |                                  |
| requirement (see instructions). You must complete Part IV, Sections A and D  | , and Part     | V.           |  |                                  |
| e Check this box if the organization received a written determination from the IR:   |                |              | ne II Type III   |                                  |
| functionally integrated, or Type III non-functionally integrated supporting organi   | zation         |              | po n, spe m  |                                  |
| f Enter the number of supported organizations  |                |              | Market and other size of the s |                                  |
| g Provide the following information about the supported organization(s).   |                |              |  | · · · · L                        |
| (I) Name of supported organization (ii) EIN (iii) Type of organization   | (iv) is the or |              |  |                                  |
| (ii) and (iii) type of organization  | listed in your | •            | (v) Amount of monetary<br>support (see   | (vi) Amount of                   |
| (described on lines 1-10   | docume         | -42          |  | other support (see               |
|  | uccusii6       | srn?         | instructions)  | other support (see instructions) |
| (described on lines 1-10   |                |              | instructions)  |                                  |
| (described on lines 1-10   | Yes            | No           | instructions)  |                                  |
| (described on lines 1-10   |                |              | instructions)  |                                  |
| (described on lines 1-10   |                |              | instructions)  |                                  |
| (described on lines 1-10   |                |              | instructions)  |                                  |
| (described on lines 1-10   |                |              | instructions)  |                                  |
| (described on lines 1-10   |                |              | instructions)  |                                  |
| (described on lines 1-10   |                |              | instructions)  |                                  |
| (described on lines 1-10   |                |              | instructions)  |                                  |
| (described on lines 1-10   |                |              | instructions)  |                                  |
| (described on lines 1-10   |                |              | instructions)  |                                  |

Page 2

90 or 990-EZ) 2018 FIVE STAR SENIOR CENTER 43-1091237 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec   | ction A. Public Support  |  |                           |          |   | ·  |                      |
|-------|--|--|---------------------------|----------|---|--|----------------------|
| Cale  | ndar year (or fiscal year beginning in)  | (a) 2014                               | (b) 2015                  | (c) 2016 | (d) 2017  | (e) 2018   | (f) Total            |
| 1     | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")                                 | 355,196                                | 460,721                   | 401,405  | 403,307   | 386,153  | 2,006,782            |
| 2     | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                    |  |                           |          |   |  |                      |
| 3     | The value of services or facilities furnished by a governmental unit to the organization without charge                            |  |                           |          |   | 5-500 PRO 10 10 00 00 00 00 00 00 00 00 00 00 00 |                      |
| 4     | Total. Add lines 1 through 3   | 355,196                                | 460,721                   | 401,405  | 403,307   | 386,153  | 2,006,782            |
| 5     | The portion of total contributions by  |  |                           |          | To the second of  |  |                      |
|       | each person (other than a  |  |                           |          |   |  |                      |
|       | governmental unit or publicly  |  |                           |          |   |  |                      |
|       | supported organization) included on  |  |                           |          |   |  |                      |
|       | line 1 that exceeds 2% of the amount   |  |                           |          |   |  |                      |
|       | shown on line 11, column (f)   |  |                           |          |   |  | 4,854                |
| 6     | Public support. Subtract line 5 from line 4  | 1 1 1 1 1 1 1 1 1                      | the state of the state of |          |   | 2-1-2-1-2-1                                      | 2,001,928            |
| Sec   | tion B. Total Support  | ************************************** |                           | - A1700  |   |  |                      |
| Caler | ndar year (or fiscal year beginning in)  | (a) 2014                               | (b) 2015                  | (c) 2016 | (d) 2017  | (e) 2018   | (f) Total            |
| 7     | Amounts from line 4  | 355,196                                | 460,721                   | 401,405  | 403,307   | 386,153  | 2,006,782            |
| 8     | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources     | 82                                     | 17                        | 94       | 108   | 201  | 502                  |
| 9     | Net income from unrelated business activities, whether or not the business is regularly carried on                                 |  |                           |          |   |  |                      |
| 10    | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                    |  |                           |          |   |  |                      |
| 11    | Total support. Add lines 7 through 10 .  |  |                           |          |   |  | 2,007,284            |
| 12    | Gross receipts from related activities, etc. (se   | ee instructions)                       |                           |          |   | 12   |                      |
| 13    | First five years. If the Form 990 is for the org<br>organization, check this box and stop here<br>tion C. Computation of Public Su | anization's first, sec                 |                           |          |   |  | ▶□                   |
| 14    | Public support percentage for 2018 (line 6, co   |  | ~~~                       |          |   | 14 9   | 9.73 %               |
| 15    | Public support percentage from 2017. Schedu  |  |                           |          |   |  |                      |
| 16a   | 33 1/3% support test - 2018. If the organizat  |  |                           |          | L   |  | 9.98 %               |
| roa   | box and stop here. The organization qualifies  |  |                           |          |   |  | ▶ 🏹                  |
| h     | 33 1/3% support test - 2017. If the organization   |  |                           |          |   |  | · · ·                |
|       | this box and stop here. The organization qua   |  |                           |          | CONTRACTOR |  | ь п                  |
| 17a   | 10%-facts-and-circumstances test - 2018.   |  |                           |          |   |  | , , , <sub>,</sub> , |
| 114   | 10% or more, and if the organization meets th  |  |                           |          |   |  |                      |
|       | Part VI how the organization meets the "facts  |  |                           |          |   |  |                      |
|       | organization   |  |                           |          |   |  | ▶ □                  |
| b     | 10%-facts-and-circumstances test - 2017.   |  |                           |          |   |  |                      |
| ~     | 15 is 10% or more, and if the organization me  |  |                           |          |   |  |                      |
|       | Explain in Part VI how the organization meets  |  |                           |          |   |  |                      |
|       |  |  |                           |          |   |  |                      |
| 8     | Private foundation. If the organization did no   |  |                           |          |   |  | · U                  |
|       | instructions   |  |                           |          |   |  | » П                  |

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

FIVE STAR SENIOR CENTER

Organization type (check one):

### Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2018

Employer identification number

43-1091237

| Filers of:                                | Section:   |  |
|---|--|--|
| Form 990 or 990-EZ                        | 501(c)( 3 ) (enter number) organization  |  |
|   | 4947(a)(1) nonexempt charitable trust not treated as a private foundation  |  |
|   | 527 political organization   |  |
| Form 990-PF                               | 501(c)(3) exempt private foundation  |  |
|   | 4947(a)(1) nonexempt charitable trust treated as a private foundation  |  |
|   | 501(c)(3) taxable private foundation   |  |
|   |  |  |
|   | is covered by the General Rule or a Special Rule,  |  |
| Note: Only a section 501(c) instructions. | )(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See  |  |
| General Rule                              |  |  |
|   |  |  |
| For an organization                       | n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000  |  |
| contributor's total co                    | or property) from any one contributor. Complete Parts I and II. See instructions for determining a   |  |
| contributor s total c                     | ONLINDUZIONS.  |  |
| Special Rules                             |  |  |
| For an organization                       | described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the  |  |
| regulations under se                      | ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line  |  |
| 13, 16a, or 16b, and                      | I that received from any one contributor, during the year, total contributions of the greater of (1)   |  |
| \$5,000; or (2) 2% of                     | f the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.  |  |
|   |  |  |
| ☐ For an organization                     | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one  |  |
| contributor, during th                    | ne year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific,   |  |
| "N/A" in column (h)                       | nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III. |  |
| WA III COIGIIII (B) I                     | instead of the continuous riame and address), II, and III.   |  |
| For an organization                       | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one  |  |
| contributor, during the                   | e year, contributions exclusively for religious, charitable, etc., purposes, but no such   |  |
| contributions totaled                     | more than \$1,000. If this box is checked, enter here the total contributions that were received   |  |
| during the year for an                    | n exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the   |  |
| General Rule applies                      | s to this organization because it received nonexclusively religious, charitable, etc., contributions   |  |
| totaling \$5,000 or mo                    | are during the year  |  |
| Caution: An organization that             | isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,  |  |
| 990-EZ, or 990-PF), but it mus            | est answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its   |  |
| Form 990-PF, Part I, line 2, to           | certify that it doesn't meet the filing requirements of Schedule 8 (Form 990, 990-EZ, or 990-PF).  |  |
|   |  |  |

Name of organization

FIVE STAR SENIOR CENTER

Employer identification number

43-1091237

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Total contributions Name, address, and ZIP + 4 Type of contribution No. Person HAROLD/VICTORIA EGGNER CHARITABLE 1\_\_\_ Payroll Noncash 15 UPPER BARNES ROAD 7,000 (Complete Part II for SAINT LOUIS, MO 63124 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person X 2 ST LOUIS COMMUNITY FOUNDATION Payroll Noncash 30,000 2 OAK KNOLL (Complete Part II for noncash contributions.) SAINT LOUIS, MO 63105 (a) (d) (b) Total contributions Name, address, and ZIP + 4 Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 Total contributions No. Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) a ferritaria. (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** 11.5 Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions.)

### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

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

2018

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

|         | ne of the organization  |   | Employer identification number        |
|---------|---|---|---------------------------------------|
| F       | VE STAR SENIOR CENTER   |   | 43-1091237                            |
| P       | art I Organizations Maintaining Donor Advis                       | ed Funds or Other Similar Funds or Accou  | 1 43-1091237                          |
| ******* | Complete if the organization answered "Ye                         | es" on Form 990, Part IV, line 6.   |                                       |
|         |   | (a) Donor advised funds   | (b) Funds and other accounts          |
| 1       | Total number at end of year                                       |   |                                       |
| 2       | Aggregate value of contributions to (during year)                 |   |                                       |
| 3       | Aggregate value of grants from (during year)                      |   |                                       |
| 4       | Aggregate value at end of year                                    |   |                                       |
| 5       | Did the organization inform all donors and donor advisors         | in writing that the assets held in donor advised  |                                       |
|         | funds are the organization's property, subject to the organ       | nization's exclusive legal control?   | Yes                                   |
| 6       | Did the organization inform all grantees, donors, and done        | or advisors in writing that grant funds can be used   | 2                                     |
|         | only for charitable purposes and not for the benefit of the       | donor or donor advisor, or for any other purpose  |                                       |
|         | conferring impermissible private benefit?                         | · · · · · · · · · · · · · · · · · · ·   | Yes                                   |
| Pa      | Conservation Easements.   |   |                                       |
|         | Complete if the organization answered "Ye                         | es" on Form 990, Part IV, line 7.   |                                       |
| 1       | Purpose(s) of conservation easements held by the organiz          | zation (check all that apply).  |                                       |
|         | Preservation of land for public use (e.g., recreation or          | education) Preservation of a historical   | y important land area                 |
|         | Protection of natural habitat                                     | Preservation of a certified h   | istoric structure                     |
|         | Preservation of open space  |   |                                       |
| 2       | Complete lines 2a through 2d if the organization held a qua       | alified conservation contribution in the form of a cons   | ervation                              |
|         | easement on the last day of the tax year.                         | and the same of | Held at the End of the Tax Year       |
| a       | Total number of conservation easements                            |   | - 2a                                  |
| b       |   |   | 2b                                    |
| C       | Number of conservation easements on a certified historic s        |   | 2c                                    |
| d       | Number of conservation easements included in (c) acquire          | d after 7/25/06, and not on a   |                                       |
|         | historic structure listed in the National Register                |   | 2d                                    |
| 3       | Number of conservation easements modified, transferred,           | released, extinguished, or terminated by the organiza   | ation during the                      |
| 21      | tax year  |   | 3                                     |
| 4       | Number of states where property subject to conservation ea        |   |                                       |
| 5       | Does the organization have a written policy regarding the pe      | eriodic monitoring, inspection, handling of   |                                       |
|         | violations, and enforcement of the conservation easements         |   | · · · · · · · · · · · · · · · · · · · |
| 6       | Staff and volunteer hours devoted to monitoring, inspecting,      | handling of violations, and enforcing conservation e  | asements during the year              |
| _       |   | **  |                                       |
| 7       | Amount of expenses incurred in monitoring, inspecting, han        | dling of violations, and enforcing conservation easen   | nents during the year                 |
|         | P \$  |   |                                       |
| 8       | Does each conservation easement reported on line 2(d) abo         | ove satisfy the requirements of section 170(h)(4)(B)(i  | )                                     |
|         | and section 170(h)(4)(B)(ii)?                                     |   |                                       |
| 9       | in Part XIII, describe how the organization reports conservat     | tion easements in its revenue and expense statemen  | t and                                 |
|         | palance sheet, and include, if applicable, the text of the footr  | note to the organization's financial statements that de   | scribes the                           |
|         | organization's accounting for conservation easements.             |   |                                       |
| Parl    |   | ns of Art, Historical Treasures, or Othe  | er Similar Assets.                    |
|         | Complete if the organization answered "Yes                        | on Form 990, Part IV, line 8.   |                                       |
| 8       | f the organization elected, as permitted under SFAS 116 (AS       | GC 958), not to report in its revenue statement and ba  | alance sheet                          |
| ,       | vorks of art, historical treasures, or other similar assets held  | for public exhibition, education, or research in furthe   | rance of                              |
|         | ublic service, provide, in Part XIII, the text of the footnote to | its financial statements that describes these items.  |                                       |
| b 1     | the organization elected, as permitted under SFAS 116 (AS         | C 958), to report in its revenue statement and balance  | ce sheet                              |
| ٧       | rorks of art, historical treasures, or other similar assets held  | for public exhibition, education, or research in further  | rance of                              |
|         | ublic service, provide the following amounts relating to these    |   |                                       |
|         |   | ********************  |                                       |
|         | Assets included in Form 990, Part X                               |   | ▶ \$                                  |
| If      | the organization received or held works of art, historical trea   | asures, or other similar assets for financial gain, prov  | ide the                               |
| fc      | llowing amounts required to be reported under SFAS 116 (A         |   |                                       |
|         | evenue included on Form 990, Part VIII, line 1                    |   | · · · · Þ \$                          |
| b A     | esets included in Form 990, Part X                                |   | · · · · <b>&gt;</b> \$                |

|     | ule D (Form 990) 2018 FIVE STAR SENIO  | RCENTER  |  |                         | 43-109                       | 1237 Page 2                             |
|-----|--|--|--|-------------------------|------------------------------|---|
| Pa  | rt III Organizations Maintaining Co  |  |  |                         |                              | ets (continued)                         |
| 3   | Using the organization's acquisition, accession, an  | id other records, ch   | eck any of the followi   | ng that are a sig       | nificant use of its          |   |
|     | collection items (check all that apply):   | . —  |  |                         |                              |   |
| 8   | Public exhibition  |  | n or exchange progra   | ams                     |                              |   |
| b   | Scholarly research   | e [] Oth   | er   |                         |                              |   |
| C   | Preservation for future generations  |  |  |                         |                              |   |
| 4   | Provide a description of the organization's collection   | ins and explain how  | v they further the orga  | inization's exemp       | ot purpose in Part           |   |
|     | XIII.  |  |  |                         |                              |   |
| 5   | During the year, did the organization solicit or rece  |  |  |                         |                              | п., п.,                                 |
| D-  | assets to be sold to raise funds rather than to be m   |  | f the organization's co  | ollection?              |                              | · Yes No                                |
| ra  | rt IV Escrow and Custodial Arrange   |  | - F 000 D  | t N/ line O e           |                              |   |
|     | Complete if the organization ans   | swered Yes o   | n Form 990, Par  | t IV, line 9, o         | r reported an amou           | int on Form                             |
|     | 990, Part X, line 21.  |  |  |                         |                              |   |
| 1a  | Is the organization an agent, trustee, custodian or  | 1,50   |  |                         |                              | Пу. Пи.                                 |
|     |  |  | * * * * * * * * * * * * *  |                         |                              | - · [] Yes [] No                        |
| b   | If "Yes," explain the arrangement in Part XIII and co  | omplete the following  | ng table:  |                         |                              |   |
|     |  |  |  |                         |                              | nount                                   |
| C   | Beginning balance  |  |  | 8 15.                   | 1c                           |   |
| đ   |  |  |  | .4%                     | 1d                           |   |
| 6   |  |  |  | 1236<br>1236            | 10                           |   |
| f   | Ending balance   |  |  |                         | 1f                           | Пу Пи                                   |
| 2a  | Did the organization include an amount on Form 99  |  |  | 100                     |                              | · · · L Yes L No                        |
|     | If "Yes," explain the arrangement in Part XIII. Chec   | k nere if the explan   | ation has been provid  | ed on Part Alli         |                              | • |
| ra  |  | word "Vaa" o   | n Form 860 Por   | N line 40               |                              |   |
|     | Complete if the organization ans   |  |  | 1                       | . 1                          |   |
|     | Designation of completeless  | (a) Current year   | (b) Prior year   | (c) Two years ba        | ck (d) Three years back      | (e) Four years back                     |
| 1a  | Beginning of year balance  |  | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | 1 4                     |                              |   |
| b   | Contributions  |  | The same of the sa | 17.7                    |                              |   |
| ¢   | Net investment earnings, gains, and losses   | ş-Avş  | No. 194  |                         |                              |   |
|     |  | # T  | •00  |                         |                              |   |
| d   | Grants or scholarships   | ## ## ## ## ## ## ## ## ## ## ## ## ##   |  |                         |                              |   |
| e   | Other expenditures for facilities and  |  | 3  |                         |                              |   |
|     | programs   |  |  |                         |                              |   |
| •   | Administrative expenses  |  |  |                         |                              | <del> </del>                            |
| 9   | End of year balance  | ricand balance (line   | 1a calumn (a)) bala  |                         |                              | <u> </u>                                |
| 2   | Provide the estimated percentage of the current year   | the state of the s | e ig, column (a)) neid   | d3.                     |                              |   |
| a   | Board designated or quasi-endowment  | <u> </u>   |  |                         |                              |   |
| D   | Permanent endowment   Temporarily restricted endowment   | , a  |  |                         |                              |   |
| C   |  | 70   |  |                         |                              |   |
|     | The percentages on lines 2a, 2b, and 2c should eq.  Are there endowment funds not in the possession of |  | that are hold and adm  | iniatorad for the       |                              |   |
| 3a  | organization by:   | A trie organization (  | nat are nelo ano aun   | instered to the         |                              | Yes No                                  |
|     |  |  |  |                         |                              |   |
|     | (i) unrelated organizations (ii) related organizations   |  |  |                         |                              | - 3a(i)                                 |
|     |  |  | - Cobadula DO  |                         |                              | - 3a(ii)                                |
| b   | If "Yes" on line 3a(ii), are the related organizations I   |  |  |                         |                              | - 3b                                    |
| 200 | Describe in Part XIII the intended uses of the organity Land, Buildings, and Equipme                   |  | nt runos.  |                         |                              |   |
| di  | Complete if the organization ans   |  | Form 000 Part  | IV line 11a             | See Form DON Do              | rt Y line 10                            |
|     |  |  |  | 7                       |                              |   |
|     | Description of profilerty  | (a) Cost or othe   |  | r other basis<br>other) | (c) Accumulated depreciation | (d) Book value                          |
|     |  | (ulvestine   |  |                         | ooprevenut!                  |   |
| 8   | Land   |  |  | 22,150                  | 000 1                        | 22,150                                  |
| b   | Buildings  |  |  | 544,146                 | 360,152                      | 283,994                                 |
| C   |  |  |  |                         |                              |   |

73,513

d Equipment ......

42,424

348,568

31,089

| (a) Description of security or category (including name of security)   | (b) Book value   | (c) Method of va  |                   |
|--|--|---|-------------------|
| (1) Financial derivatives  |  | Cost or end-of-year m   | arket value       |
| (2) Closely-held equity interests  |  |   |                   |
| (3) Other  |  |   |                   |
| (A)  |  |   |                   |
| (B)  |  |   |                   |
| (C)  |  |   |                   |
| (D)  |  |   | -                 |
| (E)  |  |   |                   |
|  |  |   |                   |
| (F)  |  |   |                   |
| (G)  |  |   |                   |
| (H)  |  |   |                   |
| otal. (Column (b) must equal Form 990, Part X, col. (B) line 12.)  |  |   |                   |
| Part VIII Investments - Program Related.   |  |   |                   |
| Complete if the organization answ  | ered "Yes" on Form 990, P  | art IV, line 11c. See Form 99   | 0, Part X, line   |
| (a) Description of investment  | (b) Book value   |   |                   |
|  |  | (c) Method of valu  |                   |
| (1)  |  | The state of the s  |                   |
| (2)  | n's  | Section 1990  |                   |
| (3)  | 1. 1915 N  |   |                   |
| (4)  |  |   |                   |
| (5)  | 444  |   |                   |
| (6)  |  | \$ The state of the | 14-1110-11111     |
| (7)  | 16-10-10-10-10-10-10-10-10-10-10-10-10-10-   |   |                   |
| (8)  | 9 9  |   |                   |
|  |  |   |                   |
| al. (Column (b) must equal Form 990, Part X, cot. (b) line 13.)  |  |   |                   |
| al. (Column (b) must equal Form 990, Part X cot. (b) line 13.)    Art IX   Other Assets.   Complete if the organization answer   | ered "Yes" on Form 990, Pa   |   |                   |
| al. (Column (b) must equal Form 990, Part X col. (b) line 13.)    art IX   Other Assets.   Complete if the organization answer   | ened "Yes" on Form 990, Pa   |   | ), Part X, line 1 |
| at. (Column (b) must equal Form 990, Part X cot. (b) line 13.)    Art IX   Other Assets.   Complete if the organization answers  | ered "Yes" on Form 990, Pa   |   | ), Part X, line 1 |
| at. (Column (b) must equal Form 990, Part X cot. (b) line 13.)    Art IX   Other Assets.   Complete if the organization answers  | ened "Yes" on Form 990, Pa   |   | ), Part X, line 1 |
| al. (Column (b) must equal Form 990, Part X col. (b) line 13.)    Complete if the organization answers   | ened "Yes" on Form 990, Pa   |   | ), Part X, line 1 |
| al. (Column (b) must equal Form 990, Part X col. (b) line 13.)  Other Assets.  Complete if the organization answers  (a)  (a)  (b) must equal Form 990, Part X col. (b) line 13.)  (a)  (b) must equal Form 990, Part X col. (b) line 13.)   | ened "Yes" on Form 990, Pa   |   | ), Part X, line 1 |
| al. (Column (b) must equal Form 990, Part X col. (b) line 13.)  Other Assets.  Complete if the organization answer (a)  1)  2)  3)  4)   | ened "Yes" on Form 990, Pa   |   | ), Part X, line 1 |
| al. (Column (b) must equal Form 990, Part X col. (b) line 13.)    Art IX   Other Assets.   | ened "Yes" on Form 990, Pa   |   | ), Part X, line 1 |
| al. (Column (b) must equal Form 990, Part X col. (8) line 13.)  Art IX Other Assets.  Complete if the organization answers (a)  (a)  (b) line 13.)  (c) line 13.)  (a)  (b) line 13.)  (c) line 13.)  (d) line 13.)   | ened "Yes" on Form 990, Pa   |   | ), Part X, line 1 |
| at (Column (b) must equal Form 990, Part X col. (8) line 13.)  Therefore Assets.  Complete if the organization answer (a)  (a)  (b)  (c)  (c)  (d)  (d)  (d)  (d)  (d)  (d   | ened "Yes" on Form 990, Pa   |   | ), Part X, line 1 |
| at (Column (b) must equal Form 990, Part X col. (8) line 13.)  Therefore Assets.  Complete if the organization answer (a)  (a)  (b)  (c)  (c)  (d)  (d)  (d)  (d)  (d)  (d   | ned "Yes" on Form 990, Pa  |   | ), Part X, line 1 |
| at (Column (b) must equal Form 990, Part X col. (8) line 13.)  Other Assets.  Complete if the organization answer (a)  (a)  (b)  (c)  (a)  (c)  (c)  (d)  (d)  (d)  (d)  (d)  (d   | ned "Yes" on Form 990, Pa  |   | ), Part X, line 1 |
| at (Column (b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answer (a)  (a)  (b)  (c)  (d)  (d)  (d)  (d)  (d)  (e)  (e)  (e   | ened "Yes" on Form 990, Pa   | rt IV, line 11d. See Form 990   | ), Part X, line 1 |
| at (Column (b) must equal Form 990, Part X col. (8) line 13.)  Other Assets.  Complete if the organization answer (a)  (a)  (b)  (c)  (a)  (c)  (c)  (d)  (d)  (d)  (d)  (d)  (d   | ened "Yes" on Form 990, Pa   | rt IV, line 11d. See Form 990   | ), Part X, line 1 |
| al. (Column (b) must equal Form 990, Part X, col. (B) line 13.)  Complete if the organization answer  (a)  (b)  (c)  (d)  (d)  (d)  (e)  (e)  (f)  (f)  (f)  (f)  (f)  (f  | ened "Yes" on Form 990, Paring the seription and the seription are also be seription and the series are also be seription and the series are also be series and the series are also be series and the series are also be series are also be series and the series are also be series ar | rt IV, line 11d. See Form 990   | ), Part X, line 1 |
| at (Column (b) must equal Form 990, Part X col. (8) line 13.)  Other Assets.  Complete if the organization answer  (a)  (a)  (b)  (b)  (c)  (c)  (c)  (d)  (d)  (d)  (d)  (d   | ened "Yes" on Form 990, Pa   | rt IV, line 11d. See Form 990   | ), Part X, line 1 |
| at (Column (b) must equal Form 990, Part X col. (8) line 13.)  There is the organization answer (a)  The complete if the organization answer (a)  The column (b) must equal Form 990, Part X, col. (B) line 15.)  The complete if the organization answer (a)  The complete if the organization answer (b)  The complete if the organization answer (a)  The complete if the organization ans | red "Yes" on Form 990, Particle of "Yes" on Form 990, Particle | rt IV, line 11d. See Form 990   | ), Part X, line 1 |
| at (Column (b) must equal Form 990, Part X col. (8) line 13.)  There is the organization answer (a)  The complete if the organization answer (a)  The column (b) must equal Form 990, Part X, col. (B) line 15.)  The complete if the organization answer (a)  The complete if the organization answer (b)   | ened "Yes" on Form 990, Paring the seription and the seription are also be seription and the series are also be seription and the series are also be series and the series are also be series and the series are also be series are also be series and the series are also be series ar | rt IV, line 11d. See Form 990   | ), Part X, line 1 |
| at (Column (b) must equal Form 990, Part X col. (8) line 13.)  There is the organization answer (a)  The complete if the organization answer (a)  The column (b) must equal Form 990, Part X, col. (B) line 15.)  The complete if the organization answer (a)  The complete if the organization answer (b)  The complete if the organization answer (a)  The complete if the organization answer (b)  | red "Yes" on Form 990, Particle of "Yes" on Form 990, Particle | rt IV, line 11d. See Form 990   | ), Part X, line 1 |
| at (Column (b) must equal Form 990, Part X col. (b) line 13.)  There is the organization answer (a)  (a)  (b)  (c)  (c)  (d)  (d)  (d)  (d)  (e)  (e)  (e)  (f)  (f)  (f)  (g)  (g)  (g)  (g)  (g  | red "Yes" on Form 990, Particle of "Yes" on Form 990, Particle | rt IV, line 11d. See Form 990   | ), Part X, line 1 |
| at (Column (b) must equal Form 990, Part X col. (8) line 13.)  There is the organization answer (a)  The complete if the organization answer (a)  The column (b) must equal Form 990, Part X, col. (B) line 15.)  The complete if the organization answer (a)  The complete if the organization answer (b)  The complete if the organization answer (a)  The complete if the organization answer (b)  | red "Yes" on Form 990, Particle of "Yes" on Form 990, Particle | rt IV, line 11d. See Form 990   | ), Part X, line 1 |
| at (Column (b) must equal Form 990, Part X col. (b) line 13.)  There is the organization answer (a)  (a)  (b)  (c)  (c)  (d)  (d)  (d)  (d)  (e)  (e)  (e)  (f)  (f)  (f)  (g)  (g)  (g)  (g)  (g  | red "Yes" on Form 990, Particle of "Yes" on Form 990, Particle | rt IV, line 11d. See Form 990   | ), Part X, line 1 |
| at (Column (b) must equal Form 990, Part X col. (b) line 13.)  There is the organization answer (a)  (a)  (b)  (c)  (c)  (d)  (d)  (d)  (d)  (e)  (e)  (e)  (f)  (f)  (f)  (g)  (g)  (g)  (g)  (g  | red "Yes" on Form 990, Particle of "Yes" on Form 990, Particle | rt IV, line 11d. See Form 990   | ), Part X, line 1 |
| at (Column (b) must equal Form 990, Part X col. (b) line 13.)  There is the organization answer (a)  (a)  (b)  (c)  (c)  (d)  (d)  (d)  (d)  (e)  (e)  (e)  (f)  (f)  (f)  (g)  (g)  (g)  (g)  (g  | red "Yes" on Form 990, Particle of "Yes" on Form 990, Particle | rt IV, line 11d. See Form 990   | ), Part X, line 1 |
| at (Column (b) must equal Form 990, Part X col. (b) line 13.)  There is the organization answer (a)  (a)  (b)  (c)  (c)  (d)  (d)  (d)  (d)  (e)  (e)  (e)  (f)  (f)  (f)  (g)  (g)  (g)  (g)  (g  | red "Yes" on Form 990, Particle of "Yes" on Form 990, Particle | rt IV, line 11d. See Form 990   | ), Part X, line 1 |

#### SCHEDULE U (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.

2018

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

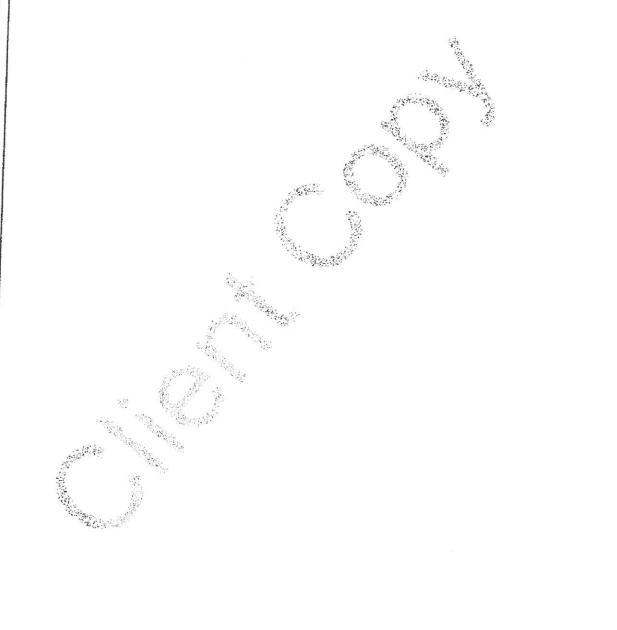
**Open to Public** Inspection Employer identification number

| FIVE STAR SENIOR CENTER  | 43-1091237         |
|--|--------------------|
| 01. Members or stockholder classes and rights (Part VI, line 6)  |                    |
| THE ORGANIZATION HAS CLIENTS (BY VIRTURE OF THEIR AGE AND HOME ADDRESS)  | . THE CLIENTS ARE  |
| ASKED TO DONATE A SUGGESTED AMOUNT FOR EACH UNIT OF SELECTED SERVICES (  | PROGRAM INCOME).   |
| NONE ARE REFUSED SERVICE DUE TO AN INABILITY TO DONATE.  |                    |
|  |                    |
| 02. Member election for additional members (Part VI, line 7a)  |                    |
| CLIENTS NOMINATE AND ELECT 1 OF THEIR NUMBER TO SERVE AS A MEMBER OF TH  | E BOARD OF         |
| DIRECTORS. THE FULL BOARD OF DIRECTORS NOMINATE AND ELECT 9 (NON-CEIENT  | ) PEOPLE TO SERVE  |
| AS INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS. ONE INDEPENDENT POSIT  | ON IS CURRENTLY    |
| VACANT ON THE BOARD. THE FULL BOARD OF DIRECTORS ELECT 4 OF THEIR NUMBER   | R TO SERVE AS THE  |
| PRESIDENT, VICE-PRESIDENT, SECRETARY AND TREASURER (OFFICERS). THE EXECUTED TO SECRETARY AND TREASURER (OFFICERS). |                    |
| APPOINTED BY THE BOARD OF DIRECTORS AND IS A NON-VOTING EX-OFFICIO MEMBI   |                    |
|  |                    |
| 03. Form 990 governing body review (Part VI, line 11)  |                    |
| Ak. 49   |                    |
| THE BOARD OF DIRECTORS REVIEWS A COPY OF THE COMPLETED FORM 990 BEFORE   | IT IS SUBMITTED TO |
| THE IRS.   |                    |
|  |                    |
| 04. Governing documents, etc, available to public (Part VI, line 19)   |                    |
| THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE ON THE FOUNDATION FINDER W   | WEBSITE AND UPON   |
| REQUEST. ANNUAL FINANCIAL STATEMENTS ARE AVAILABLE AS PART OF FORM 990.  |                    |
| PRELIMINARY OPERATING STATEMENTS ARE REVIEWED BY THE BOARD OF DIRECTORS  |                    |
| AVAILABLE TO THE PUBLIC.   |                    |
|  |                    |
|  |                    |
|  |                    |
|  |                    |

| FOR YOUR RECORDS ONLY Federal Supporting Statements  Name(s) as shown on return | 2018 PG01     |
|---|---------------|
|   | Tax ID Number |
| FIVE STAR SENIOR CENTER   | 43-1091237    |

FORM 990 - SCHEDULE D - PART VI - LINE 1E STATEMENT #D1E INVESTMENTS - OTHER

|                              |                         | The Committee of the Co |        |               |
|------------------------------|-------------------------|--|--------|---------------|
| DESCRIPTION<br>OF INVESTMENT | COST/BASIS (INVESTMENT) | COST/BASIS<br>(OTHER)  | DEPR   | BOOK<br>VALUE |
| VAN / BUS                    | 0                       | 73,513   | 31,089 | 42,424        |
| TOTAL                        | 0                       | 73,513   | 31,089 | 42,424        |



| (a) (b) (c) 2014 2015 2016 7,500 6                     | (a) (b) (c) (d) 2014 2015 2016 201  | ABLE 7,500 7,500 6,900  |
|--|---|---|
| Name (a) (b) (c) 2014 2015 2016 COMMUNITY FOUNDATION 6 | (a)   (b)   (c)   (d)   (d) | Name (a) (b) (c) (d)  7,500 7,500 6,900  115 COMMUNITY FOUNDATION                         |
| COMMUNITY FOUNDATION  7,500 7,500 6                    | COMMUNITY FOUNDATION  7,500 7,500 6,900   | DIS COMMUNITY FOUNDATION  7,500 7,500 6,900   |
| COMMUNITY FOUNDATION  7,500 7,500 6                    | COMMUNITY FOUNDATION 1,500 7,500 6,900 1  | JVICTORIA EGGNER CHARITABLE 7,500 7,500 6,900 118 COMMUNITY FOUNDATION  1.500 7,500 6,900 |
| COMMUNITY FOUNDATION                                   | COMMUNITY FOUNDATION  | TIS COMMUNITY FOUNDATION  |
|  |   |   |
|  |   |   |

|                         |                             | 3             |  |  |
|-------------------------|-----------------------------|---------------|--|--|
|                         | Federal Filing Instructions | 2018          |  |  |
| Name as shown on return |                             | Tax ID Number |  |  |
| FIVE STAR SENIOR CENTER | <u> </u>                    | 43-1091237    |  |  |

Date to file by:

05-15-2020

Form to be filed:

Form 990 and supplemental forms and schedules

Sign and date:

An officer must sign and date Form 990

on page 1.

Address to file:

If you are not e-filing, mail to:

Department of the Treasury Internal Revenue Service Center

Ogden, UT 84201-0027

Refund:

Neither a refund nor a balance due

Other instructions:

If the return is not filed by the due date (including any extension granted), attach a

statement giving the reason for not filing on time.

990

### Tax Exempt **Diagnostic Summary**

2018

Name

FIVE STAR SENIOR CENTER

Employer Identification #

43-1091237

Demographics

Mailing Address:

2832 ARSENAL

SAINT LOUIS, MO 63118-2317

Resident State:

MO

**Diagnostics** 

Preparer: DONALD F PRICE Invoice:

Phone: (314)664-1008

Date: 02-06-2020

### Return Information

| Item on Return       | 2018     | 2017 Federal   |  |  |
|----------------------|----------|----------------|--|--|
| Item on Neton        | Federal  | (If available) |  |  |
| Total Revenue        | 386,353  | 401,499        |  |  |
| Total Expenses       | 391,924  | 390,059        |  |  |
| Net Excess (Deficit) | (5,571)  | 11,440         |  |  |
| Net Assets or Fund   |          |                |  |  |
| Balances             | 409, 463 | 415,034        |  |  |

#### State/City Information

State/City Taxable

Total Revenue Expenses

UBIT

Total Tax

Refund/ (Balance Due)



Form 8868

Application for Automatic Extension of Time To File an Exempt Organization Return

(Rev. January 2019)

Department of the Treasury Internal Revenue Service File a separate application for each return.
 Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.lrs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions. Type or Employer identification number (EIN) or print FIVE STAR SENIOR CENTER 43-1091237 Number, street, and room or suite no. If a P.O. box, see instructions. File by the Social security number (SSN) due date for filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions. SAINT LOUIS, MO 63118-2317 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 Application Return Application Return is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990 T top poration 07 Form 990-BL Form 1091-A 08 Form 4720 (individual) 03 Form 20 (other than individual) 09 Form 990-PF Form 5224 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 11 Form 990-T (trust other than above) Form 887 12 The books are in the care of MICHAEL W HOWARD, 2832 ARSENAL SAINT LOUIS, MO 63118-2317 Telephone No. ► 314-664-1008 FAX No. ▶ If the organization does not have an office or place of business that United States, check this box If this is for a Group Return, enter the organization's four digit Group Extemption Number (GEN) . If this is for the whole group, check this box and attach a list with the names and EINs of all members the extension is for request an automatic 6-month extension of the until , 20 20 , to file the exempt organization return 05-15 for the organization named above. The exension setor the organization's return for: calendar year 20 X tax year beginning , 20 18, and ending 06-30 , 20 19 2 If the tax year entered is line 1 state less than 12 months, check reason: Initial return Final return Change in accounting parted 3a If this application is for Parms 980-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 3a b If this approaction is for Forms 900-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated lax payments made. Include any prior year overpayment allowed as a credit. 3b c Balance die. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPs (Sectronit) Federal Tax Payment System). See Instructions. 3c Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

· larred

(Rev. January 2019)

EEA

Department of the Treat Internal Revenue Service

## Application for Automatic Extension of Time To File an **Exempt Organization Return**

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8670, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the ele

|        | of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.  | iocii c                     | INC         |                 |
|--------|---|-----------------------------|-------------|-----------------|
| Au     | tomatic 6-Month Extension of Time. Only submit original (no copies needed).   |                             |             |                 |
| Allo   | orporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, are    | nd tru                      | sts         |                 |
| mus    | use Form 7004 to request an extension of time to file income tax returns.  Enter filer's identifyin                             | g nu                        | mber, se    | ee instructions |
| Тур    | 1   | ntification number (EIN) or |             |                 |
| prin   | FIVE STAR SENIOR CENTER 43-10912  | 237                         |             |                 |
| File b | the Number, street, and room or suite no. If a P.O. box, see instructions. Sogial security no                                   | umbe                        | r (SSN)     |                 |
|        | ate for 2832 ARSENAL  |                             |             |                 |
| filing | LIEV TOWN OF DOST Office state and ZID code For a foreign address one inchristians  |                             |             |                 |
| instru |   |                             |             |                 |
| Ente   | r the Return Code for the return that this application is for (file a separate application for each return)                     |                             |             | 01              |
| A      | plication Return Application  |                             |             | Return          |
| Is     | For Code Is For   |                             |             | Code            |
| Fo     | m 990 or Form 990-EZ 01 Form 990-(corporation)  |                             |             | 07              |
| Fo     | m 990-BL 02 Form 104 FA   |                             |             | 08              |
| Fo     | m 4720 (individual) 03 Form 4720 (other than individual)  |                             |             | 09              |
| Fo     | m 990-PF 04 5 Form 5227 5   |                             |             | 10              |
| Fo     | m 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069  |                             |             | 11              |
| Fo     | m 990-T (trust other than above) 06 Form 8870   |                             |             | 12              |
|        |   |                             |             |                 |
| e T    | ne books are in the care of MICHAEL W HOWARD 2832 ARSENAL, SAINT LOUIS, MO 6311   | 8-2                         | 317         |                 |
|        |   |                             |             |                 |
|        | lephone No. ▶ 314-664-1008 FAX No. ▶  |                             |             |                 |
| 0 If   | the organization does not have an office or place of business in the United States, check this box                              |                             |             | ▶ 🗍             |
|        | this is for a Group Return, enter the organization's four figit Group Exemption Number (GEN)                                    | s is                        |             |                 |
|        | e whole group, check this box · · · · · • and a   | ttach                       |             |                 |
| a list | with the names and EINs of all members the extension is   |                             |             |                 |
| 1      | I request an automatic 6-month extension of time intil 05-15 , 20 20 , to file the exempt organization                          | return                      | 1           |                 |
|        | for the organization named above. The extension is he the organization's return for:  |                             |             |                 |
|        | b Colombrance 20  |                             |             |                 |
|        | <ul> <li>□ calendar year 20 or</li> <li>□ tax year beginning</li> <li>□ 7-01 , 20 18 , and ending</li> <li>□ 06~30 .</li> </ul> |                             |             |                 |
|        | tax year beginning 67-01 , 20 18 , and ending 06~30 ,   | 20 _                        | <u>19</u> . |                 |
|        |   |                             |             |                 |
| 2      | If the tax year entered in line, is for less than 12 months, check reason: Initial return Final return                          |                             |             |                 |
|        | Change in accounting period   |                             |             |                 |
| 3a     | If this application is for Forms 990 Bt 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less                             |                             |             |                 |
|        | any nonrefundable stedits, see instructions.  | 3a                          | \$          |                 |
| b      | If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and                                 |                             |             |                 |
|        | estimated tax payments inage. Include any prior year overpayment allowed as a credit.   | 3b                          | \$          |                 |
| C      | Balance due: Subtract line 3b from line 3a. Include your payment with this form, if required, by                                |                             |             |                 |
|        | using EPPS (Electronic Federal Tax Payment System). See instructions.   | 3c                          | \$          |                 |
|        | il fyou see going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Fo            | rm 8                        | 379-EO      | for payment     |
|        | always.   |                             |             |                 |
| or P   | rivacy Act and Paperwork Reduction Act Notice, see instructions.  | For                         | m 8868      | (Rev. 1-2019)   |