#### 990 Form

(Rev. January 2020)

## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2019

Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

Form 990 (2019)

A	For th	e 2019 calendar y	ear, or tax year begin	ning	07-01	, 2019, and	d ending	06	5-30 <b>,20</b> 20
В	Check if	applicable:	C Name of organization F	IVE STAR SENIOR CENT	ER			D Emplo	oyer identification number
Ш	Address	change	Doing business as 5	STAR SENIOR CENTER					43-1091237
	Name c	hange	Number and street (or F	O. box if mail is not delivered to street a	ddress)	R	oom/suite	E Teleph	none number
	Initial re	tum	2832 ARSENAL						(314) 664-1008
	Final ret	urn/terminated	City or town, state or pro	ovince, country, and ZIP or foreign postal	code			G Gross	
	Amende	ed return	SAINT LOUIS, M	io 63118-2317				s	458,939
	Applicat	ion pending		rincipal officer: ANN AUER			H(a) Isthis a		or subordinates? Yes X No
			SAME AS C ABOV				H(b) Are all		
ı	Tax-exer	npt status: X 501		) <b>(</b> insert no.) 4947(a)(1)	or 527				t. (see instructions)
J	Website	: ► N/A		, , , , , , , , , , , , , , , , , , ,					number
K	Form of	organization: X Cor	poration Trust As	sociation Other	1 Ve	ar of formation:			al domicile: MO
P	art I	Summary	· <u> </u>	<u> </u>	1 - 10	or or romacon.	1570	Jeans Of legi	al donkolle. MO
*1.542.	1	Briefly describe t	he organization's missi	on or most significant activities:	PROVID	E CONGRE	P.TATE MEATS	HOME	E DELIVERED MEALS
a				ES TO OLDER ADULTS	TN DESTONA	ATED SER	VICE AREAS	DRAW	The MITTER TON
Governance				ALTH SCREENINGS, REC					
Ë				LOCAL SENIORS.		<b>WA</b>	TILLED, EXI	31117 111	ILES AND IAA
o N	2			discontinued its operations or d	lisposed of men	e than 25% (	of its net assets		
	3			ning body (Part VI, line 1a)		The second second		3	11
Activities &	4			of the governing body (Part VI,	line 1b	29th		1	11
itie	5			calendar year 2019 (Part V, line		Va		5	10
춫	6		olunteers (estimate if n			368		6	12
Ă	7a		•	art VIII, column (C), line 12				<del>-</del>	
					19992			7a	0
		Net amelated bac	siness taxable income i	10111 01111 990-1, IIIIE 39				7b	0
	8	Contributions and	grants (Part VIII, line		Prior Year	222	Current Year		
ē	9		revenue (Part VIII, line			1.		,333	451,451
Revenue	10	_	•			<u>-</u>	6	,819	7,372
ě	11			Total Andrews		-	<del> </del>	201	116
Œ	12			es 5, 6d, 8c, 9c, 10c, and 11e)	P 40\				0
-				nust equal Part VIII, column (A),		****	386	,353	458,939
	13 14			**************************************		• • • • •			0
			r for members (Part IX,			• • • • •			0
es	15			benefits (Part IX, column (A), lir	•		260	,276	292,959
Expenses	16a		raising fees (Part IX, c				Silvero secondario estructura escu		0
ă X			expenses (Part IX, colu			0			e-resp. this exit
Ш	17		Part IX, column (A), liñ				131	,648	161,507
	18	rotal expenses. A	Add lines 13-17 (must e	qual Part IX, column (A), line 25	5)		391	,924	454,466
	19	Revenue less exp	enses. Subtract line 1	5 from line 12	• • • • • • •		(5	,571)	4,473
SO							Beginning of Currer	nt Year	End of Year
See	20	Total assets (Part	SECOND STATE OF THE PARTY OF TH				463	,924	434,652
Net Assets or	21	Total liabilities (Pa					54	,461	20,716
			d balances. Subtract li	ne 21 from line 20 · · · · ·			409	,463	413,936
A. P. S. L.	rt II	Signature E	.756 <u>0</u> 100						
true,	correct, a	es of perjuny, i declare the and complete, Declaration	at I have examined this return on of preparer (other than office	n, including accompanying schedules and cer) is based on all information of which	d statements, and t preparer has anv kn	o the best of my owledge.	knowledge and belief	f, it is	
		A. A.	10-101	0	•				11/2/
Sig	n	Signature of of	A WOH	owns				X	4/29/2021
Her								Date	
uei	<u>c</u>		W HOWARD, EXE	C DIRECTOR / NON-VOT	ING EX-OF	FIC			
-		Type or print no		B					
Dai	d	Print/Type preparer's		Preparer's signature	Date		Check	<b>X</b> #   F	PTIN
Pai		DONALD F P	RICE	Dimed L. Ptro	e 47	27-202	self-emp	loyed	P01437977
	parer	_	PRICE AC	CTG & TAX SERVICE			Firm's EIN		
USE	Only	Firm's address	3665 HUM				Phone no.		
		1		uis MO 63116				314-6	64-2694
				wn above? (see instructions)	* * * * * * *				· · · X Yes 🗌 No
For I	aperw	ork Reduction Ac	t Notice, see the sep	arate instructions.					Form 990 (2019)

	m 990 (2019) FIVE STAR SENIOR CENTER 43-1091237 Page 2
	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 OLDER ADULTS IN
	DESIGNATED SERVICE AREAS. PROVIDE NUTRITION EDUCATION, EDUCATION, HEALTH SCREENINGS, 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
_	services? · · · · · · · · · · · · · · · · · · ·
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$447,779 including grants of \$) (Revenue \$ 7,372)
	PROVIDE CONGREGRATE MEALS, HOME DELIVERED MEALS AND TRANSPORTATION SERVICES TO OLDER ADULTS IN
	DESIGNATED SERVICE AREAS. PROVIDE NUTRITION EDUCATION, EDUCATION, HEALTH SCREENINGS, RECREATION,
	SHOPPING TRIPS, FIELD TRIPS AND TAX PREPARATION ASSISTANCE TO LOCAL SENIORS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	) (Nevertue 5
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 447,779
EΑ	Form <b>990</b> (2019)

Part IV

**Checklist of Required Schedules** 

Yes No is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," x Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . x Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 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 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, 8 ¥ Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 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 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI 11 VII. VIII. IX. or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 102 If Yes, complete Schedule D, Part VI 11a b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . . . . . . 11b x c Did the organization report an amount for investments - program related in Part X line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule Part VIII X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e x Did the organization's separate or consolidated manual statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . . . . . . . . 12b ж 13 X Did the organization maintain an office, employees, or agents outside of the United States? 14a 14a X Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 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? 19 19 x 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H x b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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 .....

22.224.792			T	_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	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			
	employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			]
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		ļ
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		ļ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		ļ
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?			ĺ
26	If "Yes," complete Schedule L, Part I	25b		X
20	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%.		<u> </u>	ł
	controlled entity or family member or any of these persons? If "Yes," complete Schedule Part II	20	ĺ	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	26		X
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part		16	X
	IV instructions, for applicable filing thresholds, conditions, and exceptions)	-5456		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			100
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If Yes," complete Schedule L, Part IV	28b		x
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			<del></del>
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		ж
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1 2	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			
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 50.1(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2			
37		36		X
31	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		Х
00	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	20		
Par		38	Х	
	Check if Schedule O contains a response or note to any line in this Part V			
	2 2	1	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4	163	140
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		05/15/20
=FA			990 (2	010

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return 2a If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a Х b 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, 4a a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . 5a 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? h X c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as charitable contributions? 6a X If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X If "Yes," did the organization notify the donor of the value of the goods or services provided? b 7b C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с d 53.5 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e x Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f 7f X 7<u>g</u> a If the organization received a contribution of qualified intellectual property, slid the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes or other vehicles, did the organization file a Form 1098-C? h 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a h Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 . . . . . . . . . . а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter 11 Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources b against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a If "Yes." enter the amount of tex-exempt interest received or accrued during the year h Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which h the organization is licensed to issue qualified health plans C 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.

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

Section A	Governing Rody and Management		
	Check if Schedule O contains a response or note to any line in this Part VI		X
	response to line ba, bu, or rob below, describe the directinistances, processes	es, or changes in Schedule O. See Instructions.	

361	cuon A. Governing Body and Management				
			- onotate in N	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	11			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain on Schedule O.		- 10 T		
b	, and an	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
•	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct				
4	supervision of officers, directors, or trustees, or key employees to a management company or other person?	• •	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	• •	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	• •	5		X
6	Did the organization have members or stockholders?		6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		_		i
h	one or more members of the governing body?		7a	Х	
D	Are any governance decisions of the organization reserved to (or subject to approval by) members				
8	stockholders, or persons other than the governing body?	• •	7b		<u> </u>
•	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
	The governing body? · · · · · · · · · · · · · · · · · · ·				
b	Each committee with authority to act on behalf of the governing body?		8a	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		8b	X	
•	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				
Sec	tion B. Policies (This Section B requests information about policies not required by the internal Revenue Code.)		9		X
	(**** Control of the				
10a	Did the organization have local chapters, branches, or affiliates?	[	10a	Yes	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	• • •	IVa		X
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		i iu		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe in Schedule O how this was done		12c		
13	Did the organization have a written whistleblower policy?	[	13		x
14	Did the organization have a written document retention and destruction policy?		14		X
5	Did the process for determining compensation of the following persons include a review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a	The organization's CEO, Executive Director, of top management official	"	15a	Chia Takada	X
b	Other officers or key employees of the organization	[	15b		х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				100
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	9			
	with a taxable entity during the year?		16a	complete and and	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		39.		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	4			
<b>.</b>	organization's exempt status with respect to such arrangements?		16b		
	tion C. Disclosure				
7	List the states with which a copy of this Form 990 is required to be filed				
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.				
•	Own website X Another's website X Upon request Other (explain on Schedule O)				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,				
^	and financial statements available to the public during the tax year.				
0	State the name, address, and telephone number of the person who possesses the organization's books and records				
	MICHAEL W HOWARD (314)664-1008, 2832 ARSENAL, SAINT LOUIS, MO 63118-2317				

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-orm	990	<b>1201</b>	9)

FIVE STAR SENIOR CENTER

43-1091237

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

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

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

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

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related		n com	ens	ated	any	current offi	cer, director, or trus	stee.	
					(C)		<b>\</b>		
(A)	(B)	1		Po	sition	1	(D)	(E)	(F)
Name and title	Average	(do	not ch c unle	neck r ss be	nore t rson i	n than one is both an	Reportable	Reportable	Estimated amount
	hours	offi	cer an	d a d	irecto	(Atustee)	compensation	compensation	of other
	per week						from the	from related organizations	compensation
	(list any hours for	or and	30	g	2	Figure High empl	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and
	related	director	nstitutiona	ice.	ne n	ples me	,		related organizations
	organizations	<b>1</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2		i p	8.8			
	below	or director	trustee		8	nper			
	dotted line)		8			pensated		()	
		NC2	-		The second	١ م			
				ĺ					
(1) ANN AUER	₹6.00								
PRESIDENT / DIRECTOR	****	X		X			0	0	0
(2) JOHN CARAKER	2.00	11(4)34							
DIRECTOR		х					0	o	0
(3) DON OWENS	2.00								
VICE-PRESIDENT / DIRECTOR	***	x		х			0	0	0
(4) JOE DOMIAN	4.00								
TREASURER / DIRECTOR	40	x		х			0	0	0
(5) DIANE MAGEE	4.00								
SECRETARY / DIRECTOR		x		x			0	0	0
(6) JACKIE ROBINSON	2.00								
DIRECTOR * * *		х					0	0	0
(7) COROL GALGANI	2.00								
DIRECTOR		х					0	0	0
(8) LINDA JABLINSKI	2.00								
DIRECTOR		x			ĺ		0	0	0
(9) BETTY STIERN	2.00								
DIRECTOR		x		ļ			0	0	0
(10) JOAN DOUGHERTY	2.00								
DIRECTOR		x					0	0	0
(11)MARGARET CZAPLA	2.00								
DIRECTOR / CLIENT			X				o	0	0
(12)MICHAEL W HOWARD	50.00								
EXEC DIRECTOR / NON-VOTING EX-OFFIC					x		62,000	0	0
(13)									
				Ì					
(14)									
			[						

	990 (2019) FIVE S t VII Section A. Officers, Dir	TAR SENIOR				LUia		4.0			4	3-109	1237 Page 9
	Section A. Onicers, Di	ectors, musices	, Key Ellipi	oyees,	ano			st Con	npen	Isated Employees	(continue	<u>a)</u>	T
	(A) Name and title		(B) Average hours per week	box	unle	Po eck n	son i	than one is both a r/trustee	an	(D)  Reportable compensation from the organization	Report compens from rel	able sation ated	(F) Estimated amount of other compensation from the
			(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099		organization and related organizations
<u>(15)</u>													
<u>(16)</u>													
(17)													
(18)									4				;
<u>(19)</u> _								A					
(20)												**	
(21)						-							
(22)													
(23)				<b>*</b>					-3				
(24)_				7									
(25)													
1b c	Subtotal Total from continuation sheets	**************************************	n Δ			•	•		• •				
ď		·····	FE CHES				•			62,000		0	0
	Total number of individuals (including reportable compensation from the	organization 🕨								an \$100,000 of			Yes No
3	Did the organization list any forme employee on line 1a? If "Yes," con	npl <mark>ete</mark> Schedule J	for such ind	ividual									3 x
4	For any individual listed on line tagorganization and related organization individual	ons greater than \$	ortable comp 6150,000? If	"Yes,"	com	plete	Sc.	hedule	e J fa	or such			
5	Did any person listed on line 1a rec for services rendered to the organi	ceive or accrue co	mpensation f	rom ar	y un	relat	ed c	organiz	zation				5 X
Secti	on B. Independent Contra	ictors									2		, _ A_
1	Complete this table for your five hig compensation from the organization											ar.	
		(A) and business address								(B) Description of service			(C) Compensation
2	Total number of independent contra					ted a	abov	/e) wh	0		No.		
	received more than \$100,000 of co	inhenearion trotti t	ne organizat	ION	<u> </u>						[1	100 (100)	

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Form 990 (2019) FIVE STAR SENIOR CENTER
Statement of Revenue

		Check if Schedule O contains a response of	or not	e to any line in this	Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns	1a	-			100000000000000000000000000000000000000	
v	b	Membership dues	1b				1. E. S.	900
Contributions, Gifts, Grants and Other Similar Amounts	C		1c		†	126.00		
ק ק	d		1d		-			Land
An An						74		
<u> </u>	е	• ` '	1e	368,650			4.0	
Si E	ı	, and a second of the second o						2.1
utio er (		and similar amounts not included above	1f	82,801				
들	g	Noncash contributions included in						
o bu		lines 1a-1f	1g	\$			150	
O 8	h	Total. Add lines 1a-1f			451,451			
				Business Code	-0-/-0-		Section 1	
41	2a	PROGRAM INCOME		624210	7,372	7 270		
į	b		-	024210	1,312	7,372	-	
e P		***************************************	-				-	
S E	C		_ }		<b>A</b>			
e Z	d		}		***			
Program Service Revenue	е				No.	A		
<u>.</u>	f	All other program service revenue	[		478676			
	g	Total. Add lines 2a-2f · · · · · · · · · · · ·			7,372	1.0		
	3	Investment income (including dividends, interes other similar amounts)		d 🛌	116	116		
	4	Income from investment of tax-exempt bond pro		łe	120	110		
	5	Royalties		A CONTRACTOR OF THE PARTY OF TH				
1	_	·		194				
ĺ	0-	(i) Real		(ii) Personal	2.55			
	6a				17 20 120		6,797	
		Less: rental expenses 6b	_4					
	C	Rental income or (loss) 6c					100	
	d	Net rental income or (loss)		· · · · · · · · · · · · · · · · · · ·				
	7a	Gross amount from (i) Securities		(ii) Other	36-712	73.4		
		sales of assets		1000				500 T
	b	other than inventory Less: cost or other basis	1					
e e	IJ	and sales expenses 7b				41.6		
e e	c	Gain or (loss) 7c	A.	Abo.				
Revenue		Net gain or (loss)	-	· <b>&gt;</b>				
erF		Gross income from fundraising	Sa.					
Othe	oa				2			
0		events (not including \$				5.4		
)		of contributions reported on line						
		A. 200 100 L	8a		and the second	19 17 18 18 18 18 18 18 18 18 18 18 18 18 18		
		· A	8b				Commence of	All Control of the Co
	C	Net income or (loss) from fundraising events		• • • • •				
	9a	Gross income from gaming				Section 1		Salar Francisco
		activities, See Part IV, line 19	9a					
	b	Less: direct expenses	9b		100			3.3
			$\neg \neg$					
	ıva	Gross sales of inventory, less returns and allowances	400					
	L		10a					
			10b				(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
	С	Net income or (loss) from sales of inventory	• • •				8 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Sugar Mary & Sugar Residence and the Sugar
				Business Code	Market Carlotte	18 (4.1 3 a 1845)	(\$4000 Sec. )	The second
	11a	<u> </u>	_					
in in	b		_					
Revenue	C							
n r	d	All other revenue	. [					
=	е	Total. Add lines 11a-11d	<del>.</del>			rear species.		
	12	Total revenue. See instructions		>	458.939	7 488	0	Λ

# Form 990 (2019) FIVE STAR SENIOR CENTER Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must complete all col	umns All other organiz	rations must complete o	olumn (A)	
	Check if Schedule O contains a response or note to a		auons musi complete c	olamii (A).	
Do	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21				100000000000000000000000000000000000000
2	Grants and other assistance to domestic	·		200	
~	individuals. See Part IV, line 22			200	
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and			2 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	and the second second
4	foreign individuals. See Part IV, lines 15 and 16				1
4	Benefits paid to or for members			Sum	
5	Compensation of current officers, directors,				
	trustees, and key employees	62,000	62,000		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	209,487	209,487		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	21,472	21,472		
11	Fees for services (nonemployees):			-	
а	Management	48			
b	Legal		A - A - A - A - A - A - A - A - A - A -		
C	Accounting	<b>*5,596</b>		5,596	
d	Lobbying · · · · · · · · · · · · · · · · · · ·	*	•		
е	Professional fundraising services. See Part IV, line 17			New York	
f	Investment management fees	- 20			
g	Other. (If line 11g amount exceeds 10% of line 25, column			11-	
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	S. 29			
13	Office expenses	15,160	15,160		
14	Information technology	13,100	13,100		
15	Royalties				
16	Occupancy	57,139	57,139		
17	Travel	31,139	37,139		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1 001		4 004	
20	Interest	1,091	050	1,091	
21	Payments to affiliates	952	952		
22	Depreciation, depletion, and amortization	20.250			
23	Insurance	32,360	32,360		
24	Other expenses. Itemize expenses not covered	28,627	28,627		
•	above (List miscellaneous expenses no time 24e. If			18	
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	- P. 49		14.4	
•					
a	TRANSPORTATION SERVICES	20,582	20,582		
b					·
C					
d	AB 0				
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e-	454,466	447,779	6,687	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs	1			
	from a combined educational campaign and	ļ	İ		
	fundraising solicitation. Check here	İ			
	following SOP 98-2 (ASC 958-720)		1		

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	· · · · · · · · · · · · · · · · · · ·		[
	4		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	115,356	1	108,336
	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 any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%	12		<u></u>
		controlled entity or family member of any of these persons	Burn Faller Haust Dauges Demokraf 1 was die dem Hauffall der 100 ont jake 1989 (2014) die geben der in	5	Section and Control of the Section Section Section Section Section Section Section Section Section Section Sec
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	C Transaction to the production of the expression of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control o	6	
w	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 749,917	44		
	b	Less: accumulated depreciation 10b 423, 601	348,568	10c	326,316
	11	Investments - publicly traded securities		11	5437520
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	i N	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	463,924	16	434,652
	17	Accounts payable and accrued expenses	2,017	17	2,452
	18	Grants payable	2,02.	18	2,132
Î	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 any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons	- 1 1 1 1 1 1 1 1.	22	
	23	Secured mortgages and notes payable to unrelated third parties	30,512	23	18,264
,	24	Unsecured notes and loans payable to unrelated third parties	30,512	24	10,204
İ	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
ĺ		of Schedule D · · · · · · · · · · · · · · · · · ·	21,932	25	
ŀ	26	Total liabilities. Add lines 17 through 25	54,461	26	20,716
		Organizations that follow FASB ASC 958, check here			20,7,10
Ses		and complete lines 27, 28, 32, and 33.			
and	27	Net assets without donor restrictions		27	
Bal	28	Net assets with donor restrictions		28	
ğ		Organizations that do not follow FASB ASC 958, check here			
F		and complete lines 29 through 33.	786		
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid in or capital surplus, or land, building, or equipment fund		30	
155	31	Retained earnings, endowment, accumulated income, or other funds	409,463	31	413,936
et /	32	Total net assets or fund balances	409,463	32	413,936
Z	33	Total liabilities and net assets/fund balances	463,924	33	434,652
			103,322		434,032

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Form	gan	£2019\	

FIVE STAR SENIOR CENTER

43	1	n	91	2	2	7

Page 12

Pa	n 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	458	8,939
2	Total expenses (must equal Part IX, column (A), line 25)	2	454	4,466
3	Revenue less expenses. Subtract line 2 from line 1	3		4,473
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		9,463
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	10	413	3,936
Pa	rt XII Financial Statements and Reporting			7555
	Check if Schedule O contains a response or note to any line in this Part XII			🗆
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Control Other MODIFIED ACCRUA	L	100	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	_		7.5
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled as			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Doth consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	instal Bondoza
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on			100
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		A DESCRIPTION OF SECUL	THE DESIGNATION OF THE
	Single Audit Act and OMB Circular A-133?		3a	x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			1 -
	required audit or audits, explain why on Schedule Q and describe any steps taken to undergo such audits		3b	

EEA

Form **990** (2019)

#### SCHEDULE A

(Form 990 or 990-EZ)

#### Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Employer identification number

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

FIVE STAR SENIOR CENTER 43-1091237 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 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) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income dess section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part 11) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees 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 its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part W, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type Ill non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E)

Schedule A (Form 990 or 990-EZ) 2019 FIVE STAR SENIOR CENTER 43-1091237 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	ction A. Public Support						
Ca	lendar year (or fiscal year beginning in)▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				()
	membership fees received. (Do not						
	include any "unusual grants.")	460,721	401,405	403,307	386,153	458,823	2,110,409
2	Tax revenues levied for the	100,122	101,103	103,307	300,133	430,623	2,110,409
	organization's benefit and either paid						
	to or expended on its behalf						
3							·
	furnished by a governmental unit to the						
	organization without charge	]					
4	Total. Add lines 1 through 3	460,721	401,405	403,307	386,153	458,823	2 110 400
5	The portion of total contributions by	100/121	-01,100	403,307	300,133	438,623	2,110,409
	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)	125					72 242
6	Public support. Subtract line 5 from line 4						73,343
	ction B. Total Support	L <sub>i</sub>			<b>10</b>	1	2,037,066
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	460,721	401,405		386,153	458,823	2,110,409
8	Gross income from interest, dividends,					100,023	2,110,103
	payments received on securities loans,						
	rents, royalties and income from						
	similar sources	17	94	108	201	116	536
9	Net income from unrelated business		<b>1</b>		201	110	330
	activities, whether or not the business			1			
	is regularly carried on						
10	Other income. Do not include gain or	488					<del></del>
	loss from the sale of capital assets		İ				
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10.		Salara e e				2,110,945
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for the or	rganization's fir	st, second, thir	rd, fourth, or fif	th tax year as	a section 501(c	:)(3)
	organization, check this box and stop here						<u> </u>
Sec	ction C. Computation of Public Suppor	t Percentage					
14	Public support percentage for 2019 (line 6, c	olumn (f) divide	ed by line 11, c	olumn (f))		14	96.50 %
15	Public support percentage from 2018 Schede	ule A, Part II, Iir	ne 14			15	99 98 %
16a	33 1/3% support test - 2019. If the organiza	ation did not che	eck the box on	line 13, and lin	ne 14 is 33 1/3	% or more, che	eck this
	box and stop here. The organization qualified	es as a publicly	supported orga	anization			▶ 🛣
b	33 1/3% support test - 2018. If the organiza	tion did not che	eck a box on lir	ne 13 or 16a, a	and line 15 is 3	3 1/3% <mark>or m</mark> or	e. check
	this box and stop here. The organization qu	alifies as a pub	licly supported	organization.			▶ 🔲
17a	10%-facts-and-circumstances test - 2019.	If the organizat	tion did not che	eck a box on lir	ne 13, 16a, or	16b, and line 1	4 is
	10% or more, and if the organization meets t	the "facts-and-c	ircumstances"	test, check this	s box and <b>sto</b>	here. Explain	in
	Part VI how the organization meets the "facts						
_	organization						▶ 🔲
b	10%-facts-and-circumstances test - 2018.	If the organizat	ion did not che	eck a box on lir	ne 13, 16a, 16I	o, or 17a, and I	ine
	15 is 10% or more, and if the organization m	eets the "facts-	and-circumsta	nces" test, che	ck this box and	stop here.	
	Explain in Part VI how the organization meet						
	supported organization						; ▶ 🔲
8	Private foundation. If the organization did n						
	instructions						▶ □

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

Department of the Treasury Internal Revenue Service

Name of the organization

FIVE STAR SENIOR CENTER

## **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

2019

**Employer identification number** 

43-1091237

Organization type (check one):						
Filers of:	ilers of: Section:					
Form 990 or 990-EZ	501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> 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					
Check if your organization is covere	d by the General Rule or a Special Rule.					
<b>Note:</b> Only a section 501(c)(7), (8), instructions.	or (10) organization can check boxes for both the General Rule and a Special Rule. See					
General Rule  X For an organization filing F	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000					
	1867					
or more (in money or property) from any one contributor. Complete Paris I and II. See instructions for determining a contributor's total contributions.						
Special Rules						
For an organization described in section 504(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the						
	ns 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line					
	t received from any one contributor, during the year, total contributions of the greater of (1) amount on (1) Form 990 Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
\$0,000, or \$2,72.70 or the	amount on 913 of the 350 grant with, line 111, of (ii) Point 990-122, line 1. Complete Parts I and it.					
For an organization desc	cribed in section 501(o)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one					
contributor, during the ye	ear, total contributions of more than \$1,000 exclusively for religious, charitable, scientific,					
literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
For an organization desc	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one					
contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such						
contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received						
during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the						
General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions						
totaling \$5,000 or more o	totaling \$5,000 or more during the year · · · · · · · · · · · · · · · · · · ·					
Caution: An organization that isn't	covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,					
	iswer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its					
Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

Name of organization Employer identification number

FIVE STAR SENIOR CENTER 43-1091237

	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_1_	ST LOUIS COMMUNITY FOUNDATION		Person 🛣 Payroli 🗌		
	2 OAK KNOLL PARK SAINT LOUIS, MO 63105	\$15,000	Noncash (Complete Part II for noncash contributions.)		
	SAINT HOUIS, MO 63103		Horicasti contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_2_	MARILLAC MISSION FUND		Person x Payroll □		
	4600 EDMUNDSON RD	\$ 30,000	Noncash (Complete Part II for		
	SAINT LOUIS, MO 63134		noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person		
(a)	(b)	(c)	noncash contributions.)		
No.	Name, address, and ZIP + 4	Total contributions	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll 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.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

2019

**Open to Public** Inspection

Mante	of the organization	"	Employer Identification number
	E STAR SENIOR CENTER		43-109 <b>1</b> 237
Pa	nt l Organizations Maintaining Donor Advised F		unts.
	Complete if the organization answered "Yes" 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 writi	ng that the assets held in donor advised	
	funds are the organization's property, subject to the organization'	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advis		
	only for charitable purposes and not for the benefit of the donor of		
			· · · · · · · · · · · · · · · · · · ·
Pa	till Conservation Easements.		
* Common and a	Complete if the organization answered "Yes" or	n Form 990, Part IV, line	
1	Purpose(s) of conservation easements held by the organization (	9987	
	Preservation of land for public use (e.g., recreation or educa		nistorically important land area
	Protection of natural habitat		certified historic structure
	Preservation of open space	, Troses allon of a c	Sertified Historio Straditare
2	Complete lines 2a through 2d if the organization held a qualified or	onservation contribution in the form of a conserva	ation
_	easement on the last day of the tax year.	SHOCK WILLIAM TO THE OF A CONSCIVE	
а	Total number of conservation easements	Assert the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	Held at the End of the Tax Year  2a
b			2b
c	Number of conservation easements on a certified historic structure.		2c
d	Number of conservation easements included in (c) acquired after		20
u		7/25/00, anamot on a	94
3	Number of conservation easements modified, transferred, releas		2d
•	tax year	ed, extriguished, or terminated by the organization	on during the
4	Number of states where property subject to conservation easeme	with its located.	
5	Does the organization have a written policy regarding the periodic		
•	violations, and enforcement of the conservation easements it hold		Пу., Пи.
6	Staff and volunteer hours devoted to monitoring, inspecting hand		
•	b and volunteer riours devoted to mornioring, inspecting mane	illing of violations, and emorcing conservation eas	serients during the year
7	Amount of expenses incurred in monitoring, inspecting handling	of violations, and enforcing concentration concentration	
•	> \$	or violations, and enforcing conservation easeme	ents during the year
8	Does each conservation easement reported on line 2(d) above sa	tion the requirements of costion 4.70(h)(4)(D)(i)	
0	AND AND A		П. П.
9	In Part XIII, describe how the organization reports conservation e	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
9			
	balance sheet, and include; if applicable, the text of the footnote to organization's accounting for conservation easements.	o the organization's financial statements that des	cribes the
Par	t III Organizations Maintaining Collections	of Art Historical Treasures or Oth	or Similar Acceta
	Complete if the organization answered "Yes" o	*	iei Siimidi Assets.
10	If the organization elected as permitted under FASB ASC 958, no	***	
1a	100 Th.		
	of art, historical treasures, or other similar assets held for public e		or public
le.	service, provide in Part XIII the text of the footnote to its financial		
b	If the organization elected, as permitted under FASB ASC 958, to		
	art, historical treasures, or other similar assets held for public exh	ibition, education, or research in furtherance of p	public service,
	provide the following amounts relating to these items:		
		• • • • • • • • • • • • • • • • • • • •	·
_			T
	If the organization received or held works of art, historical treasure	- · · · ·	ide the
	following amounts required to be reported under FASB ASC 958	-	
	Revenue included on Form 990, Part VIII, line 1		•
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

Control of the last of the	lule D (Form 990) 2019 FIVE STAR SENIOR (	CENTER			43-109	1237	Page 2
10000 C	rt III Organizations Maintaining Co					Assets (CC	intinued)
3	Using the organization's acquisition, accession, and	other records, check any o	of the following that mak	e significar	t use of its		
	collection items (check all that apply):		П				
a	Public exhibition	d	Loan or exchange	programs			
b	Scholarly research	е	Other				
C	Preservation for future generations						
4	Provide a description of the organization's collections	s and explain how they furt	her the organization's ex	cempt purp	ose in Part		
	XIII.						
5	During the year, did the organization solicit or receive		· ·				_
- TORS	assets to be sold to raise funds rather than to be ma		nization's collection?			· Yes	☐ No
Ha	TESCROW and Custodial Arrange			_			
	Complete if the organization answ	vered "Yes" on Form	990, Part IV, line	9, or rep	orted an amo	ount on Fo	rm
	990, Part X, line 21.					31	
1a	Is the organization an agent, trustee, custodian or other					_	
			• ((0))(0)() • (9 * * * *) • • •			· · 🗌 Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII and con	nplete the following table:					
					Ar	nount	
C	99			1c			
d	Additions during the year			· 1d			
е	Distributions during the year			- 1e			
f				· 1f			
2a	Did the organization include an amount on Form 990	, Part X, line 21, for escrov	v or custodial account lia	ability?		. Yes	☐ No
	If "Yes," explain the arrangement in Part XIII. Check	here if the explanation has	been provided on Part.)	<u>ζ</u> ΙΙΙ .			
Pa	t V Endowment Funds.						
	Complete if the organization answ	vered "Yes" on Form	990, Part IV, line	10.			
	(a	Current year (b) Pri	or year 🔭 💢 (c) Two year	s back	d) Three years back	(e) Four y	ears back
1a	Beginning of year balance	A 1977-18					
b	Contributions						
C	Net investment earnings, gains, and						
	losses · · · · · · · · · · · · · · · · · ·						
d	Grants or scholarships						
е	Other expenditures for facilities and						
	programs						
f	Administrative expenses						
g	End of year balance			-			
2	Provide the estimated percentage of the current year	end balance (line 1g, colur	mn (a)) held as:		-		
а	Board designated or quasi-endowment	<sup>₹</sup>					
b	Permanent endowment						
C	Term endowment						
	The percentages on lines 2a, 2b, and 2c should equa	al 100%.					
3a	Are there endowment funds not in the possession of	the organization that are he	eld and administered for	the			
	organization by:					- T	res No
	(i) Unrelated organizations			* * / * / * / * / * / * / * / * / * / *		. 3a(i)	
	(ii) Related organizations					- 3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizations list	ted as required on Schedul	e R?			. 3b	
4	Describe in Part XIII the intended uses of the organiz					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Par	t VI Land, Buildings, and Equipmer						
	Complete if the organization answ		990, Part IV, line	11a. See	Form 990. F	art X. line	10.
	Description of property	(a) Cost or other basis	(b) Cost or other basis		cumulated	(d) Book v	
		(investment)	(other)		eciation	(w) DOOK V	and C
1a	Land		22,150			2	2 150
b	Buildings		644,146		381,838		2,150
C	Leasehold improvements		044,140		201,030	26	2,308
d	Equipment						
e	Other STEMD1E		02 621	-	A1 763		1 050
	Add lines 1a through 1e. (Column (d) must equal Fo	orm 990 Part X column (F	83,621		41,763	•	1,858
	is anough to Committee (a) must oqual i	ooo, i uit A, coluilill (E	-y, mio 100.j · · · · ·			32	6,316

#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

2019

Open to Public

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.

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 ADD	RESS). THE CLIENTS ARE
ASKED TO DONATE A SUGGESTED AMOUNT FOR EACH UNIT OF SELECTED SERVI	CES (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 THE BOARD OF
DIRECTORS. THE FULL BOARD OF DIRECTORS NOMINATE AND ELECT & (NON CI	LIENT) PEOPLE TO SERVE
AS INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS. ONE INDEPENDENT	SITON IS CURRENTLY
VACANT ON THE BOARD, THE FULL BOARD OF DIRECTORS ELECT 4 OF THEIR N	NUMBER TO SERVE AS THE
PRESIDENT, VICE-PRESIDENT, SECRETARY AND TREASURER (OFF CERS). THE	EXECUTIVE DIRECTOR IS
APPOINTED BY THE BOARD OF DIRECTORS AND IS A NON-VOTING EX-OFFICIO	MEMBER OF THE BOARD.
03. Form 990 governing body review (Part VI, line 11)	
THE BOARD OF DIRECTORS REVIEWS A COPY OF THE COMPLETED FORM 990 BEF	FORE 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 FIN	IDER WEBSITE AND UPON
REQUEST. ANNUAL FINANCIAL STATEMENTS ARE AVAILABLE AS PART OF FORM	990, PERIODIC
PRELIMINARY OPERATING STATEMENTS ARE REVIEWED BY THE BOARD OF DIRECT	TORS BUT ARE NOT
VAILABLE TO THE PUBLIC.	