#### 990 Form

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2017

Department of the Treasury Internal Revenue Service

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

Open to Public

Form 990 (2017)

Inte	the state of the last of	evenue Service	▶ Go	to www.irs.gov/Form9	90 for instruction	s and ti	he latest info	rmation	Spen to Fublic
A	For	the 2017 calend	dar year, or tax year b	eginning			, 2017, and e		Inspection
B	Chec	k if applicable:	C Name of organization F	IVE STAR SENIOR	CENTER		, ,	ug	06-30 ,2018
	Addre	ess change		STAR SENIOR CEN					D Employer Identification n
	Name	change		O. box if mail is not delivered to:				Room/suite	43-1091237
	Initial	return	2832 ARSENA					Rodnysute	E Telephone number
	Final	return/terminated		wince, country, and ZIP or foreign	nostal code			1	(314) 664-1008
	Amen	ded return		MO 63118-2317	postal code				G Gross receipts
	Applic	ation pending	F Name and address of pri		15	-			\$ 403,415
_	•		SAME AS C AE		ER			H(a) Is this a group ratu	m for subordinates? Yes X N
1	Tax-ex	rempt status:		) <b>4</b> (insert no.)	1	7		H(b) Are all subordin	ales included? Yes N
		te: N/A	001(0)(0)	) (insert no.)	4947(a)(1) or	527		If "No," attac	ch a list. (see instructions)
ĸ			Corporation Trust	Annual Day		T .		H(c) Group exempti	on number
Pa	art I	Summar		Association Other		L Year	of formation: 1	.976 M State of k	egal domicile: MO
السنا	1			ission or most significant	- 17 47				
_	- 1 -					DAIDE	CONGREGA	ATE MEALS, HO	ME DELIVERED
2	Ì	NITTO TITTO	J PRICE TION TO	ON SERVICES TO O	LDER ADULTS	IN DE	SIGNATED	SERVICE AREA	S. PROVIDE
E	1	AND MAY I	DEDUCATION, EL	OUCATION, HEALTH	SCREENINGS,	RECE	REATION,	SHOPPING TRIP	S, FIELD TRIPS
<b>6</b>	2	Chack this ba	REPARATION ASS	SISTANCE TO LOCAL	L SENIORS.	739.:-	14.		
Activities & Governance	3	Number of year	tine members of the	tion discontinued its opera	ations or disposed	of more	than 26% of	its net assets.	
<b>මේ</b>	4	Number of vo	ung members of the go	everning body (Part VI, line	e 1a)				
ě	-	Number of the	rependent voting memb	pers of the governing body	(Part VI. line 16)			4	8
Š	3	Total number (	of individuals employed	in calendar year 2017 (P	art V, line 2a)			5	
Ac	0	lotal number (	of volunteers (estimate	if necessary)		1000		6	
	78	Iotal unrelated	t business revenue from	m Part VIII, column (C), lir	ne 12 5	40.5		78	
	+-	Net unrelated	business taxable incom	ne from Form 990-T, line 3	14 · · · · · · · · · · · · · · · · · · ·		·	· · · · · · · · 7t	
	_							Prior Year	Current Year
60	8		and grants (Part VIII, lin					391,19	
Revenue	9		ce revenue (Part VIII, li					10,20	
×e	10	Investment inc	ome (Part VIII, column	(A), lines 3, 4, and 7d)			-	20,20	1
æ	11	Other revenue	(Part VIII, column (A),	lines 5, 6d, 8c, 9c, 10c, a	nd 11e)			3	108
	12	Total revenue -	add lines 8 through 11	(must equal Part VIII, cel	umn (A), line 12)		🗀	401,49	0 100 115
	13	Grants and sim	nilar amounts paid (Par	1 IX, column (A), lines 1-3	)			401,49	9 403,415
	14	Benefits paid to	or for members (Part	IX, column (A), line 4)					0
an)	15	Salaries, other	compensation, employ	ee benefits (Part IX, colur	nn (A), lines 5-10)			224.24	
Expenses	16a	Professional fur	ndraising fees (Part IX,	column (A), line 11e)			-	234,86	252,567
bed	b			olumn (D), line 25) >		14 1	00	. 1. 1. 1. 1. 1. 1. 1.	14,100
ŭ	17	Other expenses	s (Part IX, column (A), I	ines 11a-11d 11f-24e)		14,1	00	e it sind of the sole	
	18	Total expenses.	Add lines 13-17 fritis	equal Part IX, column (A	) line 25)			141,090	
	19	Revenue less e	xpenses. Subtract line	46'4 "				375,959	201,000
5.8		# . A	War War and	842		• • • •		25,540	(4,538)
Net Assets or Fund Balances	20	Total assets (Pa	ift X, line 16)				Be	ginning of Current Year	End of Year
200	21		Part X, line 26)					482,329	467,058
SE L	22		nd balances. Subtract	line 21 from line 20				56,209	45,476
Part	Н	Signature	Block	mic 21 hom file 20 1 1			• • • • •	426,120	421,582
Under	penaltie	s of penury. I declare	that I have evamined this ret-	um, including accompanying sche	diagonal statements				
true, co	итесі, а	nd complete. Declara	tion of preparer (other than of	ficer) is based on all information	of which preparer has ar	nia to the Ty knowle	dge,	edge and belief, it is	
		M	11 01/0	1/2		*************			
Sign	- 1	Signature of t	officer	11 alvano				/	0-9-18
Here		МТСИВЕТ	I II UOMADD SWI	30 DYDDODOD /				Date	
			L W HOWARD, EXE	EC DIRECTOR / NO	N-VOTING EX-	OFFIC	<b>:</b>	*	
		1		T					
Paid		Print/Type preparer		Preparer's signature	ED -	Date		Check X if P	TIN
Prepa	arer	DONALD F		Vonald /	the	10.	-9-18	self-employed	P01437977
Use C		Firm's name	ENICE BU	CTG & TAX SERVI	Œ		Fir	m's EIN	
nac r	anty	Firm's address	3665 HUM				Ph	one no.	
	150	<u> </u>	Saint Lo	ouis MO 63116					4-2694
way the	IKS (	uscuss this return	n with the preparer sho	wn above? (see instruction	ons)				· · X Yes No
ror Par	Derwo	rk Reduction A	ct Notice, see the sep	arate Instructions					ER .40 [] 140

Part IV

Form 990 (2017)

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Yes Mo 1 X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 2 X Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 candidates for public office? If "Yes," complete Schedule C, Part I 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 X 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, 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 6 X 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 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 X 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 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 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. Did the organization report an amount for land, buildings, and equipment in Part X, line 107 /f "Yes," complete Schedule D, Part VI 11a 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 Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c X d Did the organization report an amount for other assets in Part % line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part D. e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under EIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 111 X Schedule D, Parts XI and XII 12a 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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 13 Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate reversues 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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 15 X 16 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on X 17 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 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X EEA

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
Acres de la Constantina del Constantina de la Co	\$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 25e	24a	1	X
ь	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			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
ь	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			
	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, of 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 the of the following parties (see Schedule L,	-25	1,100	
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
2	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			
J	Schedule L. Part IV	28b		X
С	An entity of which a current or former officer, director; trustee, or key employee (or a family member thereof)			
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
<b>U</b> 1	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
V.	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	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,			
<b>V</b> 1	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	<b>401</b>		71
9	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ļ	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
30	related organization?/f "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			- /1
91	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			43
-	19? Note All Form 990 filers are required to complete Schedule O.	38	x	

Part V

Check if Schedule O contains a response or note to any line in this Part V Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 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? X If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial 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 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any laxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(s). 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 Х If "Yes," did the organization notify the donor of the value of the goods or services provided? b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 78 Did the organization, during the year, pay premitims, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? q If the organization received a contribution of cars, boats, airplants, 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 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations, Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form \$90, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources 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? 122 If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... 12b b Section 501(c)(29) qualified nonprofit health insurance issuers. 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 the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" 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 Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain 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 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 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? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 X 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a The governing body? 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 O Section B. Policies (This Section B requests Information about policies not required by the Internal Revenue Code.) X 10a 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? 10h 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 118 Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 128 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 15a 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X 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 16b 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 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection, Indicate how you made these available. Check all that apply. X Another's website X Upon request Other (explain in Schedule O) Own website Describe in 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. 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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EEA

FIVE STAR SENIOR CENTER

43-1091237

Form 990 (2017)

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

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.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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(A)				Pr	ositio					
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Name and Title	Average hours per	ba	ox, uni	ess pe	rson	is both an Minutee)		Reportable	Reportable	Estimated
	week (list any	1 5	icei a		H BCAL	жиниее)		from	compensation from related	amount of other
	hours for related	0 =	T =	16	1	J	-	the the	organizations	compensation
	organizations	or director	1500	Officer	e ye	灵흥	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	ctor	Q.	1		2 E	9	(**************************************		and related
	line)	or director	Institutional musice	1		Highest compensated employee				organizations
	1000	-	8			nsa	- 1			1
			学	120	**	2	- 1			
		1 3	1.							
(1) ANN AUER	6.00		1,				7			
PRESIDENT / DIRECTOR	¥	X		X		1 1		o	0	
(2) JOHN CARAKER	2.00	24					$\top$			00
DIRECTOR		X						o	0	0
(3) DON OWENS	2.00						T			<u> </u>
VICE-PRESIDENT / DIRECTOR	arte for	X		X				o	0	0
(4) JOE DOMIAN	4.00						T			
TREASURER / DIRECTOR	<i></i> /∕•	X		X				0	0	0
(5) DIANE MAGEE	4.00									
SECRETARY / DIRECTOR		Х		X	$\dashv$		1	0	0	0
DIRECTOR	2.00_	х						0	0	0
(7) JACKIE ROBINSON	2.00			$\top$			$\top$	7	0	0
DIRECTOR		Х						o	0	0
(8) COROL GALGANT	2.00			T	1		7			
DIRECTOR		X						o	0	0
(9) MARGARET CZAPLA	2.00						T			
DIRECTOR CLIENT			X				$\perp$	0		0
(10)MICHAEL W HOWARD	50.00	1					-			
EXEC DIRECTOR / NON-VOTING EX-OFFIC (11)			4	$\perp$	X		$\perp$	60,800	0	0
111										
(12)		-	+	+	+		$\perp$			
12/					-	-				
(13)		$\dashv$	1	$\dagger$	$\dagger$		$\dagger$			
(14)		+	+	+	+	+	$\vdash$			
				$\perp$						

(A) Name and title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	institutional trustes	Officer	Kay amployee	Highest compensated employee	Former	the organization (W-2/1099-M1SC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)										
(16)										
(17)										
(18)							*			
(19)						1970	Žn.			
(20)					3.74 (1.74)					
(21)				3	45					
(22)		3	13 (J)	Ė						
(23)		7.	Vije	i i i je						
(24)										
(25)									30.00 (St. 100mm) (1001)	
1b Sub-total c Total from continuation sheets to Part VII, Sec							<b>&gt;</b>			
d Total (add lines 1b and 1c)								60,800	0	0
2 Total number of individuals (including but not limite									<u> </u>	
reportable compensation from the organization									0	
										Yes No
3 Did the organization list any former officer, direct employee on line 1a? If "Yes," complete Schedule			oloye	e, or	hig	hest c	omp	ensated		
4 For any individual listed on line 1a, is the sum of n			ก สก	d oth	ner r	vimne	neati	on from the		3 X
organization and related organizations greater that										
individual										4 X
5 Did any person listed on line 1a receive or accrue							catio	or individual		
for services rendered to the organization? If "Yes, Section B. Independent Contractors	" complete Sch	edule .	) for	suci	pe	rson				5 X
Complete this table for your five highest compensi	ated independer	t contr	racto	rs th	at re	reive	d mo	ne than \$100 000	·f	
compensation from the organization. Report comp										
(A) Name and business addre								(B)		(C)
I YOU IS ONLY SHOULD CHARLE								Description of a	ROLL MCD	Compensation
										.,
2 Total number of independent contractors (including received more than \$100,000 of compensation fro	70		e lis	ted a	bov	e) wh	0	***************************************		

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or Revenue excluded from tax Unrelated business exempt function Contributions, Gifts, Grants and Other Similar Amounts b Membership dues . . 16 Fundraising events Related organizations . . . . . . . . 1d Government grants (contributions) . . 1e 274,899 All other contributions, gifts, grants, and similar amounts not included above 120,373 Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f ...... Business Code Program Service Revenue 2a PROGRAM INCOME 624210 8,035 8,035 f All other program service revenue . . . . . . g Total. Add lines 2a-2f 8,035 Investment income (including dividends, interest, and other similar amounts) ...... Income from investment of tax-exempt bond proceeds (ii) Personal b Less: rental expenses · · · . c Rental income or (loss) . . . d Net rental income or (loss) 7a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) . . . . . Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on fine 1c) c Net income or (loss) from fundraising events 9a Gross income from gaming activities. b Less: direct expenses . . . . . . . . . b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances . . . . . . . . a b Less: cost of goods sold . . . . . . . b c Net income or (loss) from sales of inventory Miscellaneous Revenue 11a d All other revenue . . e Total. Add lines 11a-11d Total revenue. See instructions . . . . . . . . . . . . . . . . 403,415

Statement of Functional Expenses Part IX

Seci	tion 501(c)(3) and 501(c)(4) organizations must complete all co		zations must complete	column (A).	
	Check if Schedule O contains a response or note to a			<b>*************************************</b>	
Do r	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 5	9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				TO BE WARREN
	and domestic governments. See Part IV, line 21			Strate As the strain	The second Mark
2	Grants and other assistance to domestic				1,400,000,000
	individuals. See Part IV, line 22			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			2	A STATE OF THE STA
5	Compensation of current officers, directors,				
•	trustees, and key employees			<u> </u>	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	000 475	200 455		
7		233,477	233,477		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)		A.		
9	section 401(k) and 403(b) employer contributions)  Other employee benefits		3547		
10	Payroll taxes	10.000	19,090		
11	Fees for services (non-employees):	19,090		<del> </del>	
a	Management				Í
b	Legal	****			
c	Accounting	6,353		6,353	<del>                                     </del>
d	Lobbying	0,555	***	0,333	
e	Professional fundraising services. See Part IV, line 17	14,100		100	14,100
f	Investment management fees	17.00	<u> </u>		14,100
Q	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)				]
12	Advertising and promotion	7. A.			
13	Office expenses	7,824	7,824		
14	Information technology	1,417		1,417	
15	Royalties	-7			
16	Occupancy	42,306	42,306		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	946		946	
20	Interest	1,845	1,845		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	32,360	32,360		
23	Insurance	28,311	28,311		
24	Other expenses. Itemize expenses not covered				San
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a	TRANSPORTATION SERVICES	19,924	19,924		
b	10000				
C					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e .	407,953	385,137	8,716	14,100
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   if following SOP 98-2 (ASC 958-720)				

Part X

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 1 Cash - non-interest-bearing 69,041 1 86,130 2 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 6 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 Assets 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D · · · · 10a 850,601 Less: accumulated depreciation . . . . . . . . . . 10b b 10c 413,288 380,928 Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 482,329 467,058 Accounts payable and accrued expenses 17 17 2,547 3,169 18 18 19 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 53,662 23 42,307 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 26 26 56,209 Organizations that follow SFAS 117 (ASC 958), check here and 45,476 Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 426,120 Paid-in or capital surplus, or land, building, or equipment fund 421,582 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 33 426,120 421,582 Total liabilities and net assets/fund balances

467,058

482,329

		43-10	91237		Pa	age 12
Pa	rt XI Reconciliation of Net Assets					_
	Check if Schedule O contains a response or note to any line in this Part XI					-
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		4	03,4	115
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		4	07,9	953
3	Revenue less expenses. Subtract line 2 from line 1	. 3			(4,	538)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	- 4		4	26,1	120
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		4	21,	582
Pa	rt XII Financial Statements and Reporting					
	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  Cash  Other MODIFIED ACCR	JAL			1, 11	100
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				. 44.	
	Schedule O.					1
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			5.,		
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis			1.1		
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:		1			
	Separate basis Consolidated basis Both consolidated and separate basis					1. 1.
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				-3.3	
	of 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 in				4 4	100
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo at audit or audits as set forth in			1		
	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					
	required audit or audits, explain why in Schedule Q and describe any steps taken to undergo such audits		]	3b		
EEA			F	orm	990 (	2017)

### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

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

OMB No. 1545-0047 2017

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number FIVE STAR SENTOR CENTER

P	art I	Reason for Public C	harity Statue (	All organizations mu	nt a	1-4- 11 1	43-109	1237			
	-		henry Status (	The organizations mu	st comp	lete this	part.) See instruc	ctions.			
1	П	A church convention of church	n because it is: (For	lines 1 through 12, check	only one b	ox.)					
2	H	A church, convention of church	es, or association of	churches described in se	ction 170	(b)(1)(A)(i)	•				
3	H	A school described in section	70(0)(1)(A)(II). (Att	ach Schedule E (Form 99)	or 990-E	<b>Z)</b> .)					
Escribed in section 170(b)(1)(A)(iii)											
4		A medical research organization hospital's name, city, and state:	operated in conjun	ction with a hospital descr	ibed in se	ction 170(l	b)(1)(A)(iii). Enter the				
_											
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
		section 1/U(D)(1)(A)(IV). (Com	plete Part II.)								
6	$\Box$	A federal, state, or local governi	nent or government	al unit described in sectio	n 170(b)(	MA)(v)					
7	X	An organization that normally red	eives a substantial i	part of its support from a o	OVernmen	al unit or fo	om the general multi-				
		described in section 170(b)(1)(	A)(vi). (Complete Pa	art (i.)		or arme or m	our me deneral brining				
8		A community trust described in s	ection 170(b)(1)(A	(vi). (Complete Part II.)							
9		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	be seen	Angunction	with a land-grant colle	ege			
		university:		(occ instructions). Enter i	ne name,	city, and sta	ate of the college or				
0		An organization that normally rec	eives: (1) more than	33 1/30/ of its support from		Vye.					
		receipts from activities related to	its exempt functions	Subject to sectain assess	u countier	ions, mem	bership fees, and gros	s			
		receipts from activities related to	botelong bare amor	- subject to certain except	ions, and i	2) no more	than 33 1/3% of its				
		support from gross investment in	bung 20 4075 Co.	business taxable income	less section	n 511 tax)	from businesses				
	П	acquired by the organization after	perated evaluation but	section 509(a)(2). (Con	plete Pari	JII.)					
2	Ħ.	An organization organized and or	erated exclusively t	o test for public safety. Se	e section	509(a)(4).					
		An organization organized and op	erated exclusively to	r the benefit of to perform	the functi	ons of, or to	carry out the purpose	es .			
		of one or more publicly supported	organizations desc	nbed in section 509(a)(1)	or section	n 509(a)(2)	See section 509(a)(	3).			
		Official the box in lines 12a through	1 120 mai describes	the type of supporting ord	anization a	alomos bu	to lines 120 125 and 1	0-			
	a	'ye' i. A supporting organiza	tion operated, supe	rvised, or controlled by its	Supporter	nragnizati	no(e) the institution of the	a			
		use supported organization(s)	the power to regular	ty appoint or elect a major	ity of the d	irectors or t	trustees of the				
		supporting organization. You	must complete Pai	It IV. Sections A and B.							
	р [	- 1	ation supervised or o	controlled in connection wi	th its supp	orted organ	nization(s), by having				
		control of management of the	supporting organization	tion vested in the same pe	rsons that	control or r	manage the supported				
	г	organization(s). Tou must co	mplete Part IV, Sec	ctions A and C.							
	c L		ed. A supporting or	ganization operated in con	nection wi	th, and fund	ctionally interrated wit	h			
	-	_ its supported digaristation(8) (	see instructions). Ye	ou must complete Part II	Section	EA A and	1 5				
(	4	J Type III non-functionally into	grated. A supporting	g organization operated in	connection	n with ite c	unported consiliation	(a)			
		that is not functionally integrate	d. The organization	generally must satisfy a di	stribution	Pauiraman	t and an attention	(S)			
	200	requirement (see instructions)	You must comple	te Part IV. Sections A an	d D and	Cquii Gi i je ji	and an attentiveness				
é		Check this box if the organization	on received a writter	determination from the IS	C that it in	att v.	- u				
		functionally integrated, or Type	Ill non-functionally in	ntegrated supporting organ	izotion	a type i, i	ype II, Type III				
f	E	nter the number of supported orga	nizations		ILZAUOTI.						
g	P	rovide the following information at	with the supported of	manization(s)			* * * * * * * * * * * *				
11183	(I) Na	ame of supported organization	(II) EIN	(iii) Type of organization	1						
		SA\$ 1	(,	(described on lines 1-10		organization our governing	(v) Amount of monetary	(vi) Amount of			
				above (see instructions))		nent?	support (see instructions)	other support (see instructions)			
			- Company			Т		metrocalorie)			
		- 19 A		+	Yes	No					
						ļ					
			1	1		The second secon					

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	tion A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	367,018	355,196	460,721	401,405	403,307	1,987,647				
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										
4	Total. Add lines 1 through 3	367,018	355,196	460,721	401,405	403,307	1,987,647				
5	The portion of total contributions by										
	each person (other than a										
	governmental unit or publicly										
	supported organization) included on										
	line 1 that exceeds 2% of the amount			Programme (1997)							
	shown on line 11, column (f)						60,478				
6	Public support. Subtract line 5 from line 4 · ·			12		Sales in a grant of the	1,927,169				
Sec	tion B. Total Support	Attended to the second	<u> </u>	and the A	1483						
-	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total				
7	Amounts from line 4	367,018		127		403,307	1,987,647				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	108	1988	17		108	409				
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.)	3									
11	Total support. Add lines 7 through 10		1 to 1				1,988,056				
12	Gross receipts from related activities, etc. (s	ee instructions)				12					
13	First five years. If the Form 990 is for the organization, check this box and stop here	f					▶ 🗌				
	tion C. Computation of Public Su						***************************************				
14	Public support percentage for 2017 (line 6, d	20 7 1					96.94 %				
15	Public support percentage from 2016 Sched					·	99.98 %				
16a	33 1/3% support test - 2017. If the organiz	Y. 1									
	box and stop here. The organization qualifi						🏲 🔯				
þ	33 1/3% support test - 2016. If the organization						-				
	this box and stop here. The organization qu						· · · » []				
17a	10%-facts-and-circumstances test - 2017										
	10% or more, and if the organization meets					i					
	Part VI how the organization meets the "fact						_				
		* * * * * * * * *					🕪 📋				
b	10%-facts-and-circumstances test - 2016										
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.										
	Explain in Part VI how the organization meet	s the "facts-and-cin	cumstances" test. T	he organization qu	alifies as a publicly		1 <u></u>				
	1 (						🕨 🗌				
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b, 1	7a, or 17b, check t	this box and see		automitis				
	instructions						▶ □				

### Schedule B (Form 990, 990-EZ

or 990-PF)
Department of the Treasury
Internal Revenue Service

## Schedule of Contributors

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

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

OMB No. 1545-0047

Employer identification number

43-1091237

Name of the organization

FIVE STAR SENIOR CENTER

Organization type (check one):

Filers of: Section: Form 990 or 990-EZ X 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check If your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

Name of organization

Employer identification number

FIVE STAR SENIOR CENTER

43-1091237

Part I	Contributors (see instructions). Use duplicate copies of I	Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1_	HAROLD/VICTORIA EGGNER CHARITABLE  15 UPPER BARNES ROAD  SAINT LOUIS, MO 63124	\$ 6,800	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_2_	DAUGHTERS OF CHARITY  4600 EDMUNSON RD  SAINT LOUIS, MO 63134	\$ 50,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_3_	ST LOUIS COMMUNITY FOUNDATION  2 OAK KNOLL  SAINT LOUIS, MO 63105	\$ 15,000	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
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash 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.

2017

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

F	THE COND CENTOD CONTRAD	Employer Identification number
T.	TIVE STAR SENIOR CENTER Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds on Advised Funds or Other Similar Funds or Other Funds or	43-1091237
1		unts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	The state of the s	
2	33. 3 The College of C	
3	55-55-5 Tana of grand north (dailing 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 organization's exclusive legal control?	Yes N
6	and delivery and plantees, delivery, and deliver advisors in writing that grant funds can be used	U
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
(D)	conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·
1	Conservation casements.	<u> </u>
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)  Preservation of a historically	important land area
	Projection of natural nabitat	toric structure
	Preservation or open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	rvation
	easement on the last day of the tax year.	Held at the End of the Tax Year
a	The state of the s	2a
þ	Some system of casellients	2b
¢	Number of conservation easements on a certified historic structure included in (a)	2c
d	and not on a second the moduled in (c) acquired after 7/25/06, and not on a	
121	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	on during the
	tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation ear	sements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easeme	ents during the year
		, , , , , , , , , , , , , , , , , , , ,
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(n)(4)(B)(II)?	····· Yes No
,	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement,	
	oalance sneet, and include, if applicable, the text of the footnote to the organization's financial statements that does	cribes the
	organization's accounting for conservation easements.	
-		r Similar Assets.
a	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and bala	ance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthers	ance of
b I	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance	sheet
,	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthera	nce of
ş	public service, provide the following amounts relating to these items:	
,	(i) Revenue included on Form 990, Part VIII, line 1	> \$
(	(ii) Assets included in Form 990, Part X	
11	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provid	e the
- 10	chowing amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
	Revenue included on Form 990, Part VIII, line 1	· · · » \$
. "	Assets included in Form 990, Part X	

_	dule D (Form 990) 2017 FIVE STAR SENI				43-1091				
Pa	rt III Organizations Maintaining	Collections of A	Art, Historical T	reasures,	or Other Similar Ass	sets (continued)			
3	Using the organization's acquisition, accession,	and other records, ch	neck any of the follow	ring that are a :	significant use of its				
	collection items (check all that apply):								
а	Public exhibition	d Loa	an or exchange progr	rams					
b	Scholarly research	e Ott	ner						
c	Preservation for future generations								
4									
	XIII.	e gartiger (d. e. editod at t. cene en <b>E</b> ar en a 7 to - e a <del>a</del> nda.	,						
5	During the year, did the organization solicit or red	ceive donations of art	historical treasures	or other simile	ar				
	assets to be sold to raise funds rather than to be			30000 massacratic and a construction of the co		Tyes No			
Pa	rt IV   Escrow and Custodial Arran		<u> </u>						
	Complete if the organization at		n Form 990, Pa	rt IV, line 9,	or reported an amou	nt on Form			
	990, Part X, line 21.		Production of the state of the	ctore to the transfer of the second s					
1a	Is the organization an agent, trustee, custodian of	or other intermediary	for contributions or o	ther assets not					
	included on Form 990, Part X?	(55)				· Yes No			
h	If "Yes," explain the arrangement in Part XIII and								
-	11 100)	270,000	, g		Am	ount			
С	Beginning balance				. 1c	odia			
d	Additions during the year				1d				
e	500000000000000000000000000000000000000			<b>*</b>	. 1e				
f	Ending balance				1f				
2a	Did the organization include an amount on Form	990 Part X line 21	for escrow or custod	tal appoint list		· · · Yes No			
b	If "Yes," explain the arrangement in Part XIII. Che					0 - 1			
	rt V Endowment Funds.	cok nere it the explain	audit has been provi	ded off and ou					
	Complete if the organization ar	nswered "Yes" o	n Form 990 Pai	rt IV line 16	å <b>)</b>				
	Complete ii allo organization al	1	i har	(c) Two years		1,15			
40	Posinging of your balance	(a) Current year	(b) Prior year	(c) Iwo years	back (d) Three years back	(e) Four years back			
18	Beginning of year balance			(A)					
р	Contributions	(X3)	<del>  ₩</del>	1 -4		<del> </del>			
С	Net investment earnings, gains, and	18.74	******						
-1	losses	F12	963	-		<del> </del>			
a	Grants or scholarships	1 1		<del></del>					
6	Other expenditures for facilities and								
	programs	(25)	37			-			
Ť	Administrative expenses			-		<del> </del>			
9		(2.00) (1.00)	1	<u> </u>		<u></u>			
2	Provide the estimated percentage of the current		e 1g, column (a)) heli	d as:					
а	Board designated or quasi-endowment	%							
b	Permanent endowment	TO TO THE REAL PROPERTY.							
С	Temporarily restricted endowment	224. %							
	The percentages on lines 2a, 2b, and 2c should s								
3a	Are there endowment funds not in the possession	of the organization t	hat are held and adn	ninistered for th	ne				
	organization by:					Yes No			
	(i) unrelated organizations					3a(i)			
	(ii) related organizations					3a(II)			
b	if "Yes" on 3a(ii), are the related organizations list				* * * * * * * * * * * * * *	3b			
4	Describe in Part XIII the intended uses of the orga		nt funds.						
Par	t VI Land, Buildings, and Equipm				_				
	Complete if the organization an	swered "Yes" or	Form 990, Par	t IV, line 11	a. See Form 990, Par	t X, line 10.			
	Description of property	(a) Cost or other	er basis (b) Cost o	or other basis	(c) Accumulated	(d) Book value			
		(investme	nt) (	other)	depreciation	· · · · · · · · · · · · · · · · · · ·			
1a	Land			22,150	Make the state of the state of	22,150			
b	Buildings			644,146	338,465	305,681			
C	Leasehold improvements - · · · · · · ·								
d	Equipment								
e	Other STMD1E			184,305	131,208	53,097			
otal	Add lines 1a through 1e. (Column (d) must equa	al Form 990, Part X, o				380.928			

FIVE STAR SENIOR CENTER

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

Department of the Treasury

## Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service
Name of the organization
FIVE STAR SENIOR CENTER

Employer identification number

143-1031237
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 THE BOARD OF
DIRECTORS, THE FULL BOARD OF DIRECTORS NOMINATE AND ELECT 9 (NON-CLIENT) PEOPLE TO SERVE
AS INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS. ONE INDEPENDENT POSITON IS CURRENTLY
VACANT ON THE BOARD. THE FULL BOARD OF DIRECTORS ELECT 4 OF THEIR NUMBER TO SERVE AS THE
PRESIDENT, VICE-PRESIDENT, SECRETARY AND TREASURER (OFFICERS). 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 BEFORE IT IS SUBMITTED TO
THE IRS.
04. Governing documents, etc., available to public (Part VI, line 19)
THE ORGANIZATION NAKES ITS FORM 990 AVAILABLE ON THE FOUNDATION FINDER WEBSITE AND UPON
REQUEST. ANNUAL FINANCIAL STATEMENTS ARE AVAILABLE AS PART OF FORM 990. PERIODIC
PRELIMINARY OPERATING STATEMENTS ARE REVIEWED BY THE BOARD OF DIRECTORS BUT ARE NOT
AVAILABLE TO THE PUBLIC.

FOR YOUR RECORDS ONLY Federal Supporting Statements	2017 PG01		
Name(s) as shown on return	FEIN		
FIVE STAR SENIOR CENTER	43-1091237		

FORM	990	-	SCHEDULE	D	-	PART	VI	-	LINE	1E	

STATEMENT #D1E

INVESTMENTS - OTI	IER
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DESCRIPTION OF INVESTMENT	COST/BASIS (INVESTMENT)	COST/BASIS (OTHER)	DEPR	BOOK VALUE
VAN / BUS	0	184,305	131,208	53,097
TOTAL	0	184,305	131,208	53,097

