



**CITY OF COSTA MESA
2020-2021 COMMUNITY DEVELOPMENT BLOCK GRANT
PUBLIC SERVICE GRANT APPLICATION**

Application is due 3:00 PM January 28, 2020

Late Applications will not be accepted

Submit 1 original application & supplemental documentation to:

Mike Linares

Housing & Community Development

77 Fair Drive, Costa Mesa CA 92628

AND

Email the completed unsigned application form in MS-Word format to: mike.linares@costamesaca.gov

To be considered for funding a complete application & documents listed below must be submitted by the due date/time. Hard copy & electronic copy must be submitted by the due date/time.

Check each item included in your application package & CD-ROM/USB drive. Ensure an authorized representative signs the application certification. Ensure all required text fields & applicable boxes are completed or checked (*click on applicable box to insert text or check mark; "Tab" from field to field; avoid using hard returns within text boxes*). Text fields are limited in space so ensure responses are concise.

**Do not submit testimonials, letters of support, or program literature
MODIFIED APPLICATIONS WILL NOT BE ACCEPTED**

Organization Name: Community SeniorServ, Inc., dba Meals on Wheels OC

Program Name: Lunch Café Program

CDBG Amount Requested: \$15,000

- Application
- Attachment A: Past & Projected Accomplishments
- Attachment B: Proposed Budget
- Attachment C: CDBG Funded Personnel
- Attachment D: Costa Mesa CDBG Outcomes Worksheet
- Signed Conflict of Interest Questionnaire

Submit the following materials as PDF files on a CD-ROM or USB Drive – Do not submit hard copies

- Proposed Program Application or Intake Sheet
- IRS Tax Exempt Documentation (remove all passwords)
- Current Board of Directors Roster
- Most Recent Financial Audit & 990 Tax Filing (remove all passwords)

1. APPLICANT GENERAL INFORMATION

A. Organization Legal Name: Community SeniorServ, Inc., dba Meals on Wheels OC

B. Address: 1200 N. Knollwood Circle, Anaheim, CA 92801

C. Program Name: Lunch Café Program

D. CDBG Amount Requested: \$15,000

E. Check the **ONE** category that best describes the proposed program

- | | |
|---|---|
| <input checked="" type="checkbox"/> Elderly/Frail Elderly Services | <input type="checkbox"/> Youth Services |
| <input type="checkbox"/> Physically/Developmentally Disabled Services | <input type="checkbox"/> Crime Awareness |
| <input type="checkbox"/> Persons with HIV/AIDS Services | <input type="checkbox"/> Homeless Services |
| <input type="checkbox"/> Fair Housing Services | <input type="checkbox"/> Substance Abuse Services |
| <input type="checkbox"/> Severe Mental Illness Services | <input type="checkbox"/> Child Care Services |
| <input type="checkbox"/> Other Public Service (specify) _____ | <input type="checkbox"/> Health Services |

F. Is this application submitted by a coalition of organizations?

- Yes No (If "Yes," ensure Section 7 of the Application is completed)

G. Is this application submitted by a faith-based organization?

- Yes No

H. Location of where service will be provided (i.e., specify if program is citywide, a street address, a school site, etc.): Costa Mesa Senior Center, 19th Street, Costa Mesa, CA 92627

I. Person to contact regarding this application & program administration:

Name: Delena Gutierrez Email Address: dgutierrez@mealsonwheelsoc.org

Telephone: (714) 823-3290 Fax: (714) 821-0197

J. Federal Tax ID Number: 95-2771715

K. DUNS Number: 08-497-5739

K. Official Authorized to Sign Contracts & Expend Funds:

Name: Holly Hagler

Title: President & CEO

2. APPLICATION SUMMARY (This summary will be used in reports to the City Council & the public)

Provide a brief summary of the proposed program, how will the program address a priority service need in Costa Mesa, and how CDBG grant funds will be used. If you are submitting a coalition application, discuss the role of coalition partners & how program & admin efforts will be coordinated. The primary goal of Community SeniorServ, Inc. dba Meals on Wheels Orange County (heareafter Meals on Wheels OC) is to nourish the wellness, purpose and dignity of older adults and their families in the community. We do this by providing nutritional, home and care services structured around a continuum of care, including Lunch Café, Home Delivered Meals, Case Management, and Care Coordination. The Lunch Café Program addresses the need of providing services to the low-income elderly. Meals on Wheels OC has over 50 years of experience providing food and nutrition services to older adults in Orange County. Meals on Wheels OC partners with 23 community lunch sites and cities to serve approximately 833,529 meals a year for Congregate and Home Delivered Meals Programs, serving 10,294 seniors annually. The Lunch Café Program provides a hot, nutritious lunch on a donation basis to seniors 60+ years of age. The CDBG funds will be utilized to purchase raw food.

3. COMMUNITY NEED

Provide data relevant to the need for the proposed program in Costa Mesa. Ensure information is specific to Costa Mesa. Specifically address how the proposed program will impact the community need or City objectives, and how a service gap will be eliminated or demonstrably reduced. The Café Lunch Program provides seniors, 60+ years old, in Costa Mesa with a nutritious meal along with an inviting environment encouraging socialization and participation in other center activities. It also connects participants to community resources as needed. The purpose is to help alleviate poor nutrition among the vulnerable elderly population, especially prevalent among those who live alone and/or on limited incomes. According to the 2016 Orange County Older Adult Profile, older adults are the fastest growing age group in the United States and Orange County. Responding to the needs of this growing population is important. According to the 2017 Orange County Senior Living Needs Survey that was conducted by the Orange County Aging Service Collaborative, 54% of respondents expressed concern with socialization and 43% expressed concern with financial assistance. Overall, senior participation in the program allows socialization and alleviates loneliness, depression and anxiety which are common challenges facing seniors. Clients also receive education on nutrition topics specifically related to senior health. Also, the Lunch Café Program helps relieve financial stress as the meals are donation based and no individual is denied services due to their inability to donate. The Lunch Café Program impacts the community greatly by providing a safety net of health and nutrition services in addition to enhancing independence and dignity and overall well-being in the community.

4. ORGANIZATION CAPACITY & EXPERIENCE

- A. State your organization's experience to carry out the proposed program. Include information regarding length of time providing service, professional qualification of staff (i.e., license, academic credentials, etc.) & other relevant information. With 52 years of experience serving older adults, Meals on Wheels OC has an annual budget of approximately \$15 million and serves 833,529 meals a year to 10,294 seniors. Meals on Wheels OC has achieved the highest level of food safety and handling by Hazard Analysis Critical Control (HACCP) through the State of California. Meals on Wheels OC staff are highly experienced professionals providing quality programs and services to seniors in Orange County. Meals on Wheels OC's Board of Directors consists of experts in the field of senior aging, finance, fundraising, legal, investments, IT, marketing/sales, strategic planning, food/kitchen, and health care/mental health. Holly Hagler, the Chief Executive Officer with a Master's Degree in Management, Marketing & Finance, manages the overall operations of Meals on Wheels OC programs. Giovanni Corzo, the Vice President of Home & Care Services with a Master's Degree in Healthcare Administration and over 20 years of experience in the field of aging, manages all home and care services. Delena Gutierrez, Executive Director of Social Services with a B.A. in Psychology, manages the Social Services Department including the Senior Center Lunch Café and Home Delivered Meals Programs. Shirley Bojorquez, the Social Services Senior Manager with a B.S. in Human Services and anticipated Masters in Public Administration in May 2020, manages the HDM Program, Case Management and In-Home B services. Anna Hamada, Registered Dietician with B.S. in Nutritional Sciences oversees all aspects of nutrition and safety. Sergio Espinoza, Congregate Manager, holds a B.S. in Human Services and oversees the Lunch Cafe Program sites. Meals on Wheels OC staff members have a wide range of experience, education, and specialized skills that are utilized in fulfilling our mission and the organization utilizes over 600 volunteers annually. Paid staff and volunteers assist with the HDM and Lunch Café Programs in Costa Mesa.
- B. Summarize your organization's experience administering CDBG public service grant funds. For over 20 years, Meals on Wheels OC has received and successfully utilized CDBG funding from various other cities in Orange County. Presently, the agency receives CDBG funding from 7 cities in Orange County and disperses monies from funding to provide services to seniors 60 years and older. The CDBG funds will be used to purchase raw food to provide meals and nutrition services at the Congregate Lunch Program in the Costa Mesa Senior Center. Meals on Wheels OC receives great marks on annual audits conducted by City Administrators. Meals on Wheels OC looks forward to providing seniors with the opportunity to enjoy themselves during the Congregate Lunch Program, promoting healthy well-being and aging with dignity.

C. If you have received CDBG funding from the City of Costa Mesa in past years, complete the table below for most recent years.

YEAR FUNDS RECEIVED	CDBG GRANT AMOUNT	NAME OF FUNDED PROGRAM
1920	\$10,388	Congregate Lunch/Lunch Café
1819	\$15,000	Congregate Lunch/Lunch Café
1718	\$12,500	Congregate Lunch/Lunch Café

D. If previously funded by Costa Mesa CDBG, has your agency ever failed to expend all grant funds that were awarded? Yes No

If "Yes," explain reasons: _____

E. If previously funded by Costa Mesa CDBG, has your agency ever failed to meet established contractual accomplishment goals? Yes No

If "Yes," explain reasons: During FY 18-19 the goals were not met due to ineligibility for CDBG criteria such participants attending the Café lunch Program in the Costa Mesa Senior Center were between 60 and 61 years of age. Also, many of the Lunch Café participants came from neighboring cities and were not residents of the City of Costa Mesa. Overall, Meals on Wheels OC served more seniors and provided more meals to the Costa Mesa Café Lunch Program during FY 18-19 than previous years.

F. If you have not received CDBG funding from Costa Mesa in the past 3 years, list 3 references for 3 grant fund providers that have funded the proposed program: NA

GRANT PROVIDER	GRANT PROVIDER CONTACT NAME TELEPHONE # & EMAIL	GRANT AMOUNT	DATES COVERED BY GRANT FUNDS
		\$	
		\$	
		\$	

G. Compliance with OMB Circular A-133 (Single Audit):

1. In any of the past 3 years, has your agency expended more than \$750,000 in federal funds during a fiscal year? Yes No

2. During this year(s), did your agency prepare a Single Audit compliant with OMB Circular A-133? Yes No If "Yes" please provide a copy of most recent Single Audit. If "No" please explain why a Single Audit was not prepared. _____

5. PROGRAM INFORMATION

A. Complete the following budget summary for the proposed program.

- | | |
|---|---------------------|
| 1. 2020-2021 Costa Mesa CDBG Grant Funds Requested: | <u>\$15,000</u> |
| 2. Total 2020-2021 Program Budget:
(The total budget for same program that may be offered at multiple jurisdictions) | <u>\$3,202,978</u> |
| 3. Total 2020-2021 Agency Budget: | <u>\$13,534,000</u> |

B. Detail how requested CDBG funds will be utilized (e.g., staff salaries, benefits; program supplies; insurance; direct client assistance, etc.)? Ensure that **Attachment B “Proposed Program Budget”** is reflective of this outline. CDBG Funds will be used for raw food costs only.

C. What is the per unit cost to delivery of the proposed program? \$13.00/person

D. How does this cost per unit of service compare to other similar services? There is no other agency in Costa Mesa offering the Lunch Café Program for seniors. Our program is offered on a donation-basis and no individual is turned away due to their inability to donate.

E. Does the proposed program serve Veterans? (Note: Up to 10 additional rating points may be awarded to this application based on the percentage of Veterans served.) Yes No
If “Yes,” what is the total percentage of Veteran clients served by the program? 24.00%

F. Provide the following information regarding full-time, part-time, contract & volunteer staff that will be utilized to provide the proposed service. (If CDBG funds are requested for any personnel costs, **Attachment C “CDBG Funded Personnel”** must be completed).

Full-Time Staff: 12
 Contract Staff: 11

Part-Time Staff: 20
 Volunteers: 300

G. What percentage of the organization’s total budget is spent on fundraising & overall administration? 9.00%

H. Provide the following information regarding the number of unduplicated clients that will be served by the proposed program:

1. Total number of unduplicated clients, **regardless of city of residence** that will be service by the program between 7/1/20 & 6/30/21? 9,000 Individuals
2. Total number of unduplicated **Costa Mesa clients** that will be served with requested CDBG funds between 7/1/20 & 6/30/21? 130 Individuals
3. What is the **total** proposed program budget for FY 2020-2021? \$3,202,978.00
4. What % of the total program budget will be used to serve unduplicated Costa Mesa residents? 6.00%

I. Budget Leveraging

1. Will CDBG or other grant funding be requested for this program from any other city or the County?
 Yes No ‡

If “Yes” how much & will these grant funds be used to assist Costa Mesa Residents?

NAME OF AGENCY	CDBG/GRANT AMOUNT REQUESTED	AMOUNT THAT WILL SERVE CM RESIDENTS
City Funding	\$19,078	\$15,000
	\$	\$
	\$	\$
	\$	\$
	\$	\$

‡ Ensure that these amounts are also listed in “ATTACHMENT B PROPOSED 2020-2021 PROGRAM BUDGET.”

2. Will grant funding be requested for this program from any other funder to serve Costa Mesa residents? Yes No

If "Yes" how much & will these grant funds be used to assist Costa Mesa Residents?

NAME OF FUNDER	GRANT AMOUNT REQUESTED	AMOUNT THAT WILL SERVE CM RESIDENTS
Title III Funding	\$190,784	\$15,000
Title III Funding	\$999,999	\$60,000
Title III Funding	\$999,999	\$60,000
Safety Net Grants	\$11,717	\$703
	\$	\$

- J. Is this a new program? Yes No If this is **not** a "New" program, how will this program be expanded from current program efforts? The Lunch Cafe Program at the Costa Mesa Senior Center continually expands by doing monthly special events as outreach to new seniors that may not be aware of the donation-based lunch program. It has been the most effective outreach plan in having new seniors join the program and become familiar with our nutritional resource in the city. We also include participants in decision-making efforts as we take their feedback into consideration when planning for continued services moving forward.
- K. Will requested CDBG funds be used as "seed money" to create additional funding opportunities? Yes No
- L. Will requested CDBG funds be used to match funding requested for another funder? Yes No If "Yes," provide information regarding the other grant source & match requirements. _____

6. HUD REQUIREMENTS

Provide the following information regarding the number of individuals to be served by the proposed program & your agency from 7/1/2020 through 6/30/2021:

- A. Number of unduplicated Costa Mesa residents the program will serve **with requested CDBG funds?**
130 Individuals.

What % of these individuals will be of low/moderate income? 97%

*Note: HUD requires that each organization providing services to individuals with CDBG public service grant funds document the size, race/ethnicity & income of assisted households. Income documentation is not required for programs that exclusively serve a “**presumed beneficiary**” population; however, documentation of presumed beneficiary status is required. Presumed beneficiaries include: abused children, seniors (over 62 years of age), battered spouses, severely disabled adults, homeless persons, illiterate persons, persons with HIV/AIDS, migrant farm workers.*

- B. Does the proposed program application/intake form collect all HUD-required information?
Yes No If “Yes,” how is this information documented?

a. Self-Certification (HUD requires full income documentation for 10% to 20% of program beneficiaries)

b. Analysis of household income documents such as tax returns/pay checks

c. Program serves **presumed beneficiary** category List category Seniors

If “No,” how will this information be collected & reported to the City? _____

- C. Submit a copy of the current or proposed program application/intake form with your application submission package.

- D. If the proposed service assists the homeless, what percentage of clients are “chronic homeless?”
____% Not Applicable

*HUD defines **chronically homeless** as:*

(1) An individual who:

(i) Is homeless & lives in a place not meant for human habitation, a safe haven, or in an emergency shelter &

(ii) Has been homeless & living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 1 year or on at least 4 separate occasions in the last 3 years, where each homeless occasion was at least 15 days &

(iii) Can be diagnosed with 1 or more of the following conditions: substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;

(2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days & met all of the criteria in paragraph (1) before entering that facility; or

(3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1), including a family whose composition has fluctuated while the head of household has been homeless.

- E. All CDBG-funded activities are required to provide **output** (i.e. number of individuals served) & **outcome** (i.e. anticipated benefit to program recipients) data. All CDBG-funded activities must meet one of HUD's "objectives" & "outcomes."

OBJECTIVE - Check the box (**only one**) that best applies to the proposed program:

- Suitable Living Environment – The activity is designed to benefit the community, families, or individuals by address issues in their living environment.
- Decent Affordable Housing – The activity is designed to cover a wide range of housing opportunities that meet individual family or community needs.
- Creating Economic Opportunities – The activity will generate economic development, commercial revitalization or job creation.

OUTCOMES - Check the box (**only one**) that best applies to the proposed program.

- Availability/Accessibility – The activity makes services, infrastructure, housing or shelter available/accessible to low- & moderate-income people, including individuals with disabilities.
- Affordability – The activity provides affordability in a variety of ways for low- & moderate-income people (includes creation or maintenance of affordable housing, basic infrastructure hook-ups or services).
- Sustainability (Promoting Livable or Viable Communities) – The activity aims to improve the community or neighborhoods, helps to make them livable or viable by providing benefits to low & moderate-income people, or by removing/eliminating slums/blighted areas.

7. COALITION APPLICATION INFORMATION

NOTE: A coalition is defined as two or more agencies (at least one of which is applying for CDBG public service grant funds) with the goal of addressing an identifiable community need, eliminating duplication of services & reducing grant administration. Evidence of a formal Memorandum of Understanding or agreement between coalition agencies must be provided.

Coalition points may also be awarded to those applications that can demonstrate they work in partnership with the City to implement homeless or neighborhood improvement initiatives.

CHECK BOX IF NOT APPLICABLE (NOTE: UP TO 10 RATING POINTS ARE AVAILABLE FOR COALITION APPLICATIONS)

A. List coalition members:

Lead Agency:
Member:
Member:
Member:
Member:

B. Describe the target population to be served by the coalition.

C. Describe the services each member of the coalition will provide to coalition clients & how services will be coordinated, tracked & reported. *(If seeking points as a City initiatives partner, list services to be provided & how services will be coordinated with City efforts.)*

D. How is the effectiveness & success of coalition efforts measured? Provide data regarding coalition effectiveness/success.

E. How many clients will be served by coalition efforts during the 2020-2021 Program Year with requested CDBG funds?

8. CERTIFICATION

I hereby certify that I am authorized to submit this application for CDBG public service grant funding provided by the City of Costa Mesa ("City") by the Board of Directors of Community SeniorServ, Inc. ("Agency"). If grant funds are granted, funds will be used solely to benefit low- and moderate-income Costa Mesa residents. Agency understands that general liability, auto liability insurance, and workers compensation insurance are required and will be provided per terms of a grant agreement to be executed between the City and the Agency. Agency understands that grant funds are provided on a reimbursement basis and will provide appropriate documentation to substantiate expenditures submitted for reimbursement. Grant funds will be administered pursuant to an agreement and are consistent with applicable federal regulations. If the Agency fails to serve eligible Costa Mesa residents during the term of the contract, or fails to substantially attain projected accomplishments (defined as at least 75% of projected number of persons to be served), Agency may be required to repay all or a portion of funds already disbursed to the Agency by the City and/or forego receipt of additional grant funds. Agency also certifies that it is in compliance with all local zoning/land use regulations and possesses all required licenses and permits to operate/provide program.

Name: Holly Hagler

Title: President & CEO

Signature

Date

ATTACHMENT A

PAST & PROJECTED CDBG-FUNDED PROGRAM ACCOMPLISHMENTS

Program Name: Lunch Café

Do not use percentages
List actual number of unduplicated Costa Mesa residents served in past years or estimate number of unduplicated Costa Mesa residents to be served with requested CDBG funds

INCOME CATEGORY	2017-2018 ACTUAL NUMBER OF CM PERSONS SERVED	2018-2019 ACTUAL NUMBER OF CM PERSONS SERVED	2019-2020 PROJECTED NUMBER OF CM PERSONS TO BE SERVED	2020-2021 PROJECTED NUMBER OF CM PERSONS TO BE SERVED
MODERATE-INCOME 80% + MEDIAN INCOME	4	6	2	2
LOW-INCOME 50%-80% MEDIAN INCOME	4	3	3	3
VERY LOW-INCOME 30%-50% MEDIAN INCOME	24	16	17	17
EXTREMELY LOW- INCOME 0%-30% MEDIAN INCOME	153	119	108	108
TOTAL	185	144	130	130 §

§ Total "Projected to be Served" should equal number of unduplicated Costa Mesa Residents to be served with CDBG grant funds listed previously in your application.

ATTACHMENT B
PROPOSED 2020-2021 PROGRAM BUDGET

Program Name: Lunch Café

BUDGET CATEGORY	CDBG	OTHER	TOTAL
Agency Administration Staff Salaries & Benefits	\$	\$397,877.00	\$397,877.00
Program Staff Salaries & Benefits	\$	\$1,187,071.00	\$1,187,071.00
Program Supplies	\$	\$135,991.00	\$135,991.00
Rent/Lease	\$	\$	\$
Communications	\$	\$56,849.00	\$56,849.00
Utilities	\$	\$41,499.00	\$41,499.00
Insurance	\$	\$34,994.00	\$34,994.00
Professional Services (Specify) Raw Food	\$15,000.00	\$417,720.00	\$432,720.00
Other (Specify) Building & Equipment	\$	\$43,093.00	\$43,093.00
Other (Specify) Contract Labor	\$	\$225,841.00	\$225,841.00
Other (Specify) Vehicle Gas/Maint. & Travel	\$	\$62,793.00	\$62,793.00
Other (Specify) Other & In-Kind	\$	\$584,250.00	\$584,250.00
TOTAL	\$15,000.00	\$3,187,978.00	\$3,202,978.00

List Source of "Other" Program Funds to be use to Assist CM Residents

SOURCE OF OTHER PROGRAM FUNDS	AMOUNT OF OTHER PROGRAM FUNDS	FUNDS SECURED FOR FY 19-20 WITH A CONTRACT?
Title III	\$2,011,715.00	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other City Funds	\$175,784.00	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Senior Donations	\$319,015.00	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Safety Net Grants	\$156,909.00	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
In-Kind	\$524,555.00	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
TOTAL	\$3,187,978.00	

ATTACHMENT C CDBG FUNDED PERSONNEL

CHECK BOX IF NOT APPLICABLE

LIST ONLY POSITIONS FOR WHICH YOU ARE REQUESTING CDBG FUNDING

AGENCY ADMINISTRATION

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO COSTA MESA CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

PROPOSED PROGRAM STAFF

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO COSTA MESA CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

PROPOSED PROGRAM CONTRACT STAFF

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO COSTA MESA CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

ATTACHMENT D

COSTA MESA CDBG OUTCOMES WORKSHEET

This sheet is designed to help applicants for Costa Mesa CDBG funding better plan their program and identify their desired program goals and outcomes. It will not factor into the application process, but rather, can be used to help applicants think about their program.

Program Goal	Program Activities	Program Output	Indicator	Program Outcome	Target Population(s)
<i>Goals:</i> This is an overarching objective of what you are trying to achieve with your program. It should be as specific and clear as possible.	<i>Activities:</i> This describes the who, what, when & where of your program. What tasks/activities will be done in pursuit of the desired goal.	<i>Outputs:</i> This describes the intermediate step of what effort(s) your team exerted in pursuit of the outcome. This is often easily quantifiable (# of classes held, # of meals served, # of participants engaged, etc.)	<i>Indicators:</i> This measures progress “measures” or “benchmarks.” It answers the question: Are we on track to reach the outcome?	<i>Outcomes:</i> This describes the end result and impact on the target population. It answers the question: What would we expect to see as a result of the efforts (change in knowledge, behavior or community)?	Please identify which of the following high-priority populations your outcomes serve <ul style="list-style-type: none"> – Homeless Services/ Fair Housing – Youth Services – Disabled Services – Elderly/ Frail, Senior Services
Goal 1: Provide nutrition services to frail seniors	Provide nutritious lunch meals that have been analyzed by a Registered Dietitian	Serve 130 unduplicated participants through the Lunch Café Program	Data Tracking of number of seniors served through the Lunch Café Program	Increase nutrition/health of seniors	Elderly/frail, Senior Services
Goal 2: Alleviate isolation in seniors	Provide social environment and special celebrations	Monthly celebration of holidays, birthdays, and special events	Data Tracking of number of seniors served through the Lunch Café Program	Increase socialization in seniors	Elderly/frail, Senior Services
Goal 3: Provide seniors access to community engagement and resources	Encourage senior center activities and resource	Daily activity classes and resources provided by the senior center	Weekly announcement of center activities	Community engagement and awareness of community resources	Elderly/frail, Senior Services



CONGREGATE MEAL PROGRAM CLIENT REGISTRATION FORM

SITE ONLY
<input type="checkbox"/> 62 & Over (CDBG)
Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No
By: _____
Print Staff Name
<input type="checkbox"/> Eligible Volunteer
<input type="checkbox"/> Eligible Spouse
<input type="checkbox"/> Eligible Disabled

PLEASE "PRINT" ALL INFORMATION ON THIS FORM

This information is being collected for total program purposes and does not have any bearing on your participation. All information will remain confidential. This program is funded in part by the U.S. Department of Housing and Urban Development (HUD).

Site Name:

Registration Date:

Client ID #:	
First Name:	
Last Name:	
*Birth Date:	
Home Phone #:	
Title III B Eligibility: Are you age 60 or over?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Veteran:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Branch:	
Residential Address:	
Street:	
City:	
*Zip Code:	
*Rural?	<input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Decline to State
*Living Arrangement	<input type="checkbox"/> Lives Alone <input type="checkbox"/> Doesn't Live Alone <input type="checkbox"/> Decline to State
Female Head of Household	<input type="checkbox"/> Yes <input type="checkbox"/> No
A <u>female</u> who maintains a household for themselves, a dependent or non-dependent relative, and provides more than half of the dependent's financial support.	
Disable	<input type="checkbox"/> Yes <input type="checkbox"/> No
A physical, mental or emotional condition lasting longer than 6 months or more that makes it difficult to perform basic physical activities; such as walking, climbing stairs, reaching, lifting or carrying.	

*Gender/Identity	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Female to Male <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Genderqueer/Gender Non-binary <input type="checkbox"/> Other: _____ <input type="checkbox"/> Declined to State
Sex at Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Declined to State
Sexual Orientation	<input type="checkbox"/> Straight/Heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay/Lesbian/Same-Gender Loving <input type="checkbox"/> Questioning/Unsure <input type="checkbox"/> Other: _____ <input type="checkbox"/> Declined to State
*Ethnicity:	<input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Declined to State
*Race: (Please Check ONE)	
<input type="checkbox"/> White <input type="checkbox"/> Black/ African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other Race <input type="checkbox"/> Multiple Race (check all that apply)	
Asian:	
<input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Japanese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Cambodian <input type="checkbox"/> Filipino <input type="checkbox"/> Asian Indian <input type="checkbox"/> Other Asian	
Hawaiian/Other Pacific Islander:	
<input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Declined to State	
Hispanic: (CDBG)	
<input type="checkbox"/> Mexican <input type="checkbox"/> Cuban <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other Hispanic/Latino	
TURN OVER	

*Federal Poverty Level (FPL)	<input type="checkbox"/> At or below Federal Poverty Level = Level 1 below <input type="checkbox"/> Above Federal Poverty Level = Level 2-5 below <input type="checkbox"/> Declined to State
-------------------------------------	--

Monthly Income Levels	Check ONE	# Persons in Household:			
		1 Person	2 People	3 People	4 People
*FPL	<input type="checkbox"/> 1	\$0 - \$1,041	\$0 - \$1,409	\$0 - \$1,778	\$0 - \$2,146
30%	<input type="checkbox"/> 2	\$1,042 - \$2,079	\$1,410 - \$2,375	\$1,779 - \$2,671	\$2,147 - \$2,967
50%	<input type="checkbox"/> 3	\$2,080 - \$3,463	\$2,376 - \$3,958	\$2,672 - \$4,454	\$2,968 - \$4,946
80%	<input type="checkbox"/> 4	\$3,464 - \$5,542	\$3,959 - \$6,333	\$4,455 - \$7,125	\$4,947 - \$7,913
Over 80%	<input type="checkbox"/> 5	\$5,543 and above	\$6,334 and above	\$7,126 and above	\$7,914 and above
	<input type="checkbox"/> Declined to State				<i>Income Levels eff: 4/24/19</i>

*Nutritional Assessment: (Circle an answer for each question)	No	Yes
Declined to State:	<input type="checkbox"/>	
I have an illness or condition that made me change the kind and/or amount of food I eat?	0	2
I eat fewer than 2 meals per day?	0	3
I eat few fruits or vegetables, or milk products?	0	2
I have 3 or more drinks of beer, liquor, or wine almost every day?	0	2
I have tooth or mouth problems that make it hard for me to eat?	0	2
I do not always have enough money to buy the food I need?	0	4
I eat alone most of the time?	0	1
I take 3 or more different prescribed or over-the-counter drugs per day?	0	1
Without wanting to, I have lost or gained 10 pounds in the past 6 months?	0	2
I am not always physically able to shop, cook, and/or feed myself?	0	2
Total Score Today:		
<i>(If equal to or greater than 6, the client is at high nutritional risk.)</i>		

Emergency Contact:	Name: _____ Relationship: _____ Phone: () _____
--------------------	---

I certify this information provided is true to the best of my knowledge. If necessary, I will provide the information required to verify this information given.

Client Signature

Date

****SITE MANAGERS:** If the participant "declines to state" any information on this form, the site manager must "DTS and initial those fields."
***Bold & italic** items are for CARS informational purposes.

Internal Revenue Service
P.O. Box 2508
Cincinnati, Ohio 45201

Department of the Treasury

Date: JUN 22 2007

Community SeniorServ Inc
1200 N Knollwood Cir
Anaheim, CA 92801

Person to Contact - ID#:
Ms K. Wilmer 52-05885
Contact Telephone Numbers:
877-829-5500 Phone
Federal Identification Number:
95-2771715

Dear Sir or Madam:

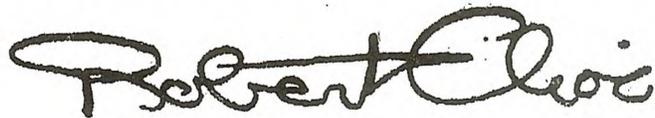
By our determination dated November, 1971, you were held to be exempt from Federal Income Tax under the provisions of section 501(c)(3) of the Internal Revenue Code.

You recently furnished us information that the Senior Meals And Services merged with Feedback Foundation on November 8, 2006. And that the organization changed it's name to Community SeniorServ Inc effective 16, 2007. Based on the information submitted, we have determined that the merger does not affect your exempt status. The organization will continue using Employer Identification Number 95-2771715.

Please let us know about any further changes in your character, purposes, method of operation, name or address.

If you have any questions regarding this matter, please contact the person whose name and telephone number appear in the heading of this letter.

Sincerely,



Robert Choi
Director, Exempt Organizations
Rulings and Agreements



2019 – 2020 Board of Directors

Chair

Stuart M. Moss, MBA

Managing Director, Keystone Capital Markets, Inc.

Past Chair

Randy A. Platt, C.A.-RCFE

Co-Founder, Chairman & CEO
Care Partners At Home & Transitional Medicine

Vice Chair

Scott Heinila

Regional Director, Producers Choice Network

Secretary

Dick Atnip

President, Atnip Co.

Treasurer

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CFO, Jaya Apparel Group, LLC

Board Members

Gary Coburn

COO, Avanti Restaurant Solutions

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Holly Hagler

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Jane Roth

Chief Financial & Administrative Officer

Gio Corzo

VP Home & Care Services

Darla Olson

VP Advancement

Form **990**

OMB No. 1545-0047

Return of Organization Exempt From Income Tax

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 7/01, **2017, and ending** 6/30, **2018**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C **COMMUNITY SENIORSERV, INC.**
 1200 N. KNOLLWOOD CIRCLE
 ANAHEIM, CA 92801

D Employer identification number
 95-2771715

E Telephone number
 714-220-0224

G Gross receipts \$ 13,119,904.

F Name and address of principal officer: HOLLY HAGLER
 SAME AS C ABOVE

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If 'No,' attach a list. (see instructions)

I Tax-exempt status 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: WWW.COMMUNITYSENIORSERV.COM

H(c) Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1967 **M State of legal domicile:** CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO NOURISH THE WELLNESS, PURPOSE AND DIGNITY OF SENIORS AND THEIR FAMILIES IN OUR COMMUNITY.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	14
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	123
6 Total number of volunteers (estimate if necessary)	6	747
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,673.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-28,772.

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	7,200,814.	7,087,089.
9 Program service revenue (Part VIII, line 2g)	4,611,642.	5,590,342.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	79,611.	26,430.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	68,730.	30,360.
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,960,797.	12,734,221.

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,543,151.	4,980,030.
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) ▶	400,176.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,168,142.	7,505,778.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,711,293.	12,485,808.
19 Revenue less expenses. Subtract line 18 from line 12	249,504.	248,413.

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	8,872,834.	8,684,728.
21 Total liabilities (Part X, line 26)	2,091,770.	2,023,156.
22 Net assets or fund balances. Subtract line 21 from line 20	6,781,064.	6,661,572.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: HOLLY HAGLER Date: _____
 Type or print name and title: CEO

Paid Preparer Use Only

Print/Type preparer's name: CHRISTINA M. WENK, CPA Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: P01255081

Firm's name: WHITE NELSON DIEHL EVANS LLP Firm's EIN: 33-0686301
 Firm's address: 2875 MICHELLE DRIVE, SUITE 300
IRVINE, CA 92606 Phone no.: (714) 978-1300

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

TO NOURISH THE WELLNESS, PURPOSE AND DIGNITY OF SENIORS AND THEIR FAMILIES IN OUR COMMUNITY.

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 [X] No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,107,652. including grants of \$) (Revenue \$)

HOME DELIVERED MEALS - THESE MEALS HELP HOMEBOUND SENIORS WHO ARE UNABLE TO PREPARE THEIR OWN FOOD BY PROVIDING HOME DELIVERY OF BREAKFAST, LUNCH AND DINNER.

4b (Code:) (Expenses \$ 2,318,950. including grants of \$) (Revenue \$)

CONGREGATE LUNCH PROGRAMS - LUNCH IS SERVED AT 24 FRIENDLY LOCATIONS FOR ACTIVE SENIORS. THIS IS MORE THAN JUST A MEAL. IT INCLUDES DANCING, GAMES, PHYSICAL FITNESS AND MANY OTHER SOCIAL AND EDUCATIONAL ACTIVITIES.

4c (Code:) (Expenses \$ 1,682,393. including grants of \$) (Revenue \$ 2,308,805.)

SOCIAL MEALS - THIS PROGRAM PROVIDES NUTRITION AND SUPPORTIVE SERVICES TO ENHANCE THE PHYSICAL AND MENTAL WELL-BEING OF THE ELDERLY POPULATION. IT ENCOURAGES DIGNITY AND SELF CONTROL. IT PROVIDES STIMULATING ACTIVITIES AND VOLUNTEER OPPORTUNITIES. IT AUGMENTS PARTICIPANTS' FINANCIAL RESOURCES BY PROVIDING DONATION-BASED MEALS AND PRODUCTS.

4d Other program services (Describe in Schedule O.) SEE SCHEDULE O

(Expenses \$ 4,078,813. including grants of \$) (Revenue \$ 3,281,537.)

4e Total program service expenses 11,187,808.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II.</i>		X
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? <i>If 'Yes,' complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>		X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>	X	
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? <i>If 'Yes,' complete Schedule D, Part VII.</i>		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? <i>If 'Yes,' complete Schedule D, Part VIII.</i>		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? <i>If 'Yes,' complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i>		X
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? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i>		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? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I</i> (see instructions).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>		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 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		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? <i>If 'Yes,' complete Schedule J.</i>	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? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
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? <i>If 'Yes,' complete Schedule L, Part I.</i>		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? <i>If 'Yes,' complete Schedule L, Part I.</i>		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? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

BAA

Form 990 (2017)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No columns. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 501(c)(29).

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' 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. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 14; 1b Enter the number of voting members included in line 1a... 14; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?... X; 6 Did the organization have members or stockholders?... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body?... X; 8b Each committee with authority to act on behalf of the governing body?... X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O... X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?... X; 10b 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?...; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?... X; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O; 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?... X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done... SEE SCHEDULE O... X; 13 Did the organization have a written whistleblower policy?... X; 14 Did the organization have a written document retention and destruction policy?... X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O... X; 15b Other officers or key employees of the organization... SEE SCHEDULE O... X; 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?... X; 16b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?... X

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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.
[X] Own website [X] Another's website [X] Upon request [] Other (explain in Schedule O)
19 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. SEE SCHEDULE O
20 State the name, address, and telephone number of the person who possesses the organization's books and records: JANE ROTH 1200 N. KNOLLWOOD CIRCLE ANAHEIM CA 92801 714-220-0224

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

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARY ANN VINCENT CHAIR	1 0	X		X				0.	0.	0.
(2) RANDY PLATT VICE CHAIR	1 0	X		X				0.	0.	0.
(3) DON LEWIS TREASURER	1 0	X		X				0.	0.	0.
(4) STUART M. MOSS SECRETARY	1 0	X		X				0.	0.	0.
(5) RICHARD ATNIP DIRECTOR	1 0	X						0.	0.	0.
(6) PAT BRYDGES DIRECTOR	1 0	X						0.	0.	0.
(7) DAVID COPLEY DIRECTOR	1 0	X						0.	0.	0.
(8) LYNN DAUCHER DIRECTOR	1 0	X						0.	0.	0.
(9) SCOTT HEINILA DIRECTOR	1 0	X						0.	0.	0.
(10) JONATHAN HILL DIRECTOR	1 0	X						0.	0.	0.
(11) LARRY SCHULTZ DIRECTOR	1 0	X						0.	0.	0.
(12) PAULA SERIOS DIRECTOR	1 0	X						0.	0.	0.
(13) EARLE ZUCHT DIRECTOR	1 0	X						0.	0.	0.
(14) MARK MILLER, M.D. DIRECTOR	1 0	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) HOLLY HAGLER PRESIDENT & CEO	40 0			X			231,331.	0.	2,573.
(16) JANE ROTH CHIEF FINANCIAL & ADMINISTRATI	40 0				X		170,554.	0.	2,155.
(17) DARLA OLSON VP OF ADVANCEMENT	40 0					X	134,748.	0.	4,093.
(18) BYRON CORZO VP OF HOME & CARE	40 0					X	136,993.	0.	8,395.
(19)									
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									

1 b Sub-total	673,626.	0.	17,216.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	673,626.	0.	17,216.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **4**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes,' complete Schedule J for such individual.</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
BARON PO BOX 4738 HOUSTON, TX 77210	LABOR	470,777.
HIGHER GROUND PERSONNEL 1340 W. VALLEY PKWY, #207 ESCONDIDO, CA 920	LABOR	289,979.
ABRAZAR 7101 WYOMING ST WESTMINSTER, CA 92683	TRANSPORTATION	940,384.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **3**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note 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		
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a					
	b Membership dues	1 b					
	c Fundraising events	1 c 90,005.					
	d Related organizations	1 d					
	e Government grants (contributions)	1 e 5,330,779.					
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 1,666,305.					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		7,087,089.				
Program Service Revenue	2 a SOCIAL MEALS		621610	2,308,805.	2,308,805.		
	b ADULT DAY HEALTH CARE SA		621610	1,475,339.	1,475,339.		
	c ADULT DAY HEALTH CARE ANA		621610	1,460,268.	1,460,268.		
	d BUENA PARK DAY CARE PROG.		624210	242,711.	242,711.		
	e CARE TRANSITION		621610	103,219.	103,219.		
	f All other program service revenue						
	g Total. Add lines 2a-2f			5,590,342.			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)			26,430.		26,430.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 90,005. of contributions reported on line 1c). See Part IV, line 18.	a	173,304.				
		b Less: direct expenses	b	144,617.			
		c Net income or (loss) from fundraising events		28,687.			28,687.
	9 a Gross income from gaming activities. See Part IV, line 19.	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a	242,739.					
	b Less: cost of goods sold	b	241,066.				
	c Net income or (loss) from sales of inventory		1,673.			1,673.	
11 a Miscellaneous Revenue		Business Code					
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			12,734,221.	5,590,342.	1,673.	55,117.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX. X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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				
5 Compensation of current officers, directors, trustees, and key employees	377,304.	366,277.	7,546.	3,481.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	3,452,231.	3,050,958.	241,485.	159,788.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	157,064.	27,723.	127,972.	1,369.
9 Other employee benefits	720,431.	642,699.	46,512.	31,220.
10 Payroll taxes	273,000.	243,502.	17,834.	11,664.
11 Fees for services (non-employees):				
a Management				
b Legal	66,119.		66,119.	
c Accounting	51,138.	48,971.	2,167.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,524,986.	1,519,859.		5,127.
12 Advertising and promotion				
13 Office expenses	101,546.	92,536.	8,731.	279.
14 Information technology	119,516.	94,005.	15,997.	9,514.
15 Royalties				
16 Occupancy	149,885.	149,885.		
17 Travel	987,310.	982,058.		5,252.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	47,017.		47,017.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	264,061.	134,884.	129,177.	
23 Insurance	145,255.	108,173.	37,082.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>FOOD AND SUPPLY COST</u>	3,063,483.	3,063,483.		
b <u>TELEPHONE/UTILITIES</u>	242,397.	211,809.	29,297.	1,291.
c <u>DIRECT MAIL</u>	173,243.	3,929.	7,027.	162,287.
d <u>REPAIRS AND MAINTENANCE</u>	138,378.	124,307.	14,071.	
e All other expenses	431,444.	322,750.	99,790.	8,904.
25 Total functional expenses. Add lines 1 through 24e	12,485,808.	11,187,808.	897,824.	400,176.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash – non-interest-bearing.....	4,383,066.	1	4,136,307.
	2 Savings and temporary cash investments.....	105,649.	2	105,712.
	3 Pledges and grants receivable, net.....		3	
	4 Accounts receivable, net.....	1,415,643.	4	1,492,399.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.....		6	
	7 Notes and loans receivable, net.....		7	
	8 Inventories for sale or use.....	143,061.	8	176,375.
	9 Prepaid expenses and deferred charges.....	73,156.	9	76,809.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	10a 6,759,286.		
	b Less: accumulated depreciation.....	10b 4,330,782.	2,542,564.	10c 2,428,504.
	11 Investments – publicly traded securities.....		11	
	12 Investments – other securities. See Part IV, line 11.....		12	
	13 Investments – program-related. See Part IV, line 11.....		13	
	14 Intangible assets.....		14	
	15 Other assets. See Part IV, line 11.....	209,695.	15	268,622.
16 Total assets. Add lines 1 through 15 (must equal line 34).....	8,872,834.	16	8,684,728.	
Liabilities	17 Accounts payable and accrued expenses.....	500,733.	17	478,570.
	18 Grants payable.....		18	
	19 Deferred revenue.....	80,446.	19	123,002.
	20 Tax-exempt bond liabilities.....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.....		21	
	22 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	
	23 Secured mortgages and notes payable to unrelated third parties.....		23	
	24 Unsecured notes and loans payable to unrelated third parties.....	732,917.	24	615,000.
	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.....	777,674.	25	806,584.
	26 Total liabilities. Add lines 17 through 25.....	2,091,770.	26	2,023,156.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets.....	5,902,060.	27	6,150,473.
	28 Temporarily restricted net assets.....	879,004.	28	511,099.
	29 Permanently restricted net assets.....		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds.....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund.....		31	
	32 Retained earnings, endowment, accumulated income, or other funds.....		32	
	33 Total net assets or fund balances.....	6,781,064.	33	6,661,572.
	34 Total liabilities and net assets/fund balances.....	8,872,834.	34	8,684,728.

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Form 990 (2017)

Part 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	12,734,221.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,485,808.
3	Revenue less expenses. Subtract line 2 from line 1	3	248,413.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,781,064.
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) SEE SCHEDULE O	9	-367,905.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,661,572.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

BAA

Form 990 (2017)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Name of the organization COMMUNITY SENIORSERV, INC.	Employer identification number 95-2771715
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross 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 (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 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.
 - a **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 IV, Sections A and C.**
 - 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.**
 - d **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.**
 - e 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 III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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'.)	7,802,630.	7,289,220.	6,627,408.	7,200,814.	7,087,089.	36,007,161.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	7,802,630.	7,289,220.	6,627,408.	7,200,814.	7,087,089.	36,007,161.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 Public support. Subtract line 5 from line 4.						36,007,161.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4.	7,802,630.	7,289,220.	6,627,408.	7,200,814.	7,087,089.	36,007,161.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	73,150.	-3,025.	29,966.	79,611.	26,430.	206,132.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.	12,448.	4,895.	59,291.	68,730.	30,360.	175,724.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10.						36,389,017.
12 Gross receipts from related activities, etc. (see instructions)					12	24,338,371.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)).	14	98.95 %
15 Public support percentage from 2016 Schedule A, Part II, line 14.	15	99.00 %

16a **33-1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.

b **33-1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.

17a **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

b **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 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 meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar 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'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33-1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If 'Yes' to a, b, or c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**).
- a The organization satisfied the Activities Test. *Complete line 2 below.*
- b The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

2 Activities Test. **Answer (a) and (b) below.**

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

3 Parent of Supported Organizations. **Answer (a) and (b) below.**

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If 'Yes,' describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

BAA

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

Employer identification number

COMMUNITY SENIORSERV, INC.

95-2771715

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor informed status.

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, and questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		500,000.		500,000.
b Buildings		2,248,381.	1,670,943.	577,438.
c Leasehold improvements		446,148.	292,179.	153,969.
d Equipment		1,200,045.	836,135.	363,910.
e Other		2,364,712.	1,531,525.	833,187.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,428,504.

BAA

Part VII Investments – Other Securities.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED LIABILITIES	307,111.
(3) ACCRUED SALARIES AND WAGES	474,805.
(4) MISC. CURRENT LIABILITIES	6,217.
(5) SSF	18,451.
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	806,584.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. **SEE PART XIII.**

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	13,119,904.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.) SEE PART XIII	2d	385,683.	
	e Add lines 2a through 2d	2e		385,683.
3	Subtract line 2e from line 1		3	12,734,221.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	12,734,221.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	12,871,491.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.) SEE PART XIII	2d	385,683.	
	e Add lines 2a through 2d	2e		385,683.
3	Subtract line 2e from line 1		3	12,485,808.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	12,485,808.

Part XIII Supplemental Information.

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

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION ADOPTED THE PROVISIONS OF FASB ASC 740-10-25 (FORMERLY FASB INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES). IN ACCORDANCE WITH ASC 740-10-25, AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THE POSITION WILL BE SUSTAINED. THE IMPLEMENTATION OF ASC 740-10-25 HAD NO IMPACT ON THE ORGANIZATIONS FINANCIAL STATEMENTS. THE ORGANIZATION DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS, AND ACCORDINGLY, IT HAS NOT RECOGNIZED ANY LIABILITY FOR

Part XIII Supplemental Information (continued)

PART X - FIN 48 FOOTNOTE (CONTINUED)

UNRECOGNIZED TAX BENEFITS OR ANY RELATED INTEREST OR PENALTIES.

**SCHEDULE D, PART XI, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

COST OF GOODS SOLD FROM COOK/CHILL	\$	241,066.
SPECIAL EVENT EXPENSES		144,617.
	TOTAL	<u>\$ 385,683.</u>

**SCHEDULE D, PART XII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S**

COST OF GOODS SOLD FROM COOK/CHILL	\$	241,066.
SPECIAL EVENT EXPENSES		144,617.
	TOTAL	<u>\$ 385,683.</u>

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

COMMUNITY SENIORSERV, INC.

Employer identification number

95-2771715

Part I Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Total 0.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

CA -----

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Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	SENIOR CARE HE (event type)	(event type)	NONE (total number)	(add column (a) through column (c))
1	Gross receipts	263,309.		263,309.
2	Less: Contributions	90,005.		90,005.
3	Gross income (line 1 minus line 2)	173,304.		173,304.
DIRECT EXPENSES	4	Cash prizes		
	5	Noncash prizes		
	6	Rent/facility costs	7,500.	7,500.
	7	Food and beverages	50,700.	50,700.
	8	Entertainment	9,250.	9,250.
	9	Other direct expenses	77,167.	77,167.
	10	Direct expense summary. Add lines 4 through 9 in column (d)		
11	Net income summary. Subtract line 10 from line 3, column (d)			28,687.

Part III Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
	(add column (a) through column (c))			
1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes		
	3	Noncash prizes		
	4	Rent/facility costs		
	5	Other direct expenses		
	6	Volunteer labor	Yes _____ % No	Yes _____ % No
7	Direct expense summary. Add lines 2 through 5 in column (d)			
8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

- 9 Enter the state(s) in which the organization conducts gaming activities: _____
- a Is the organization licensed to conduct gaming activities in each of these states? Yes No
- b If 'No,' explain: _____
- 10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
- b If 'Yes,' explain: _____

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- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13 a	%
b An outside facility	13 b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If 'Yes,' enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2017

- ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/form990 for instructions and the latest information

Name of the organization

COMMUNITY SENIORSERV, INC.

Employer identification number

95-2771715

Part I Questions Regarding Compensation

1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

PART III

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4 a** X
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4 b** X
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4 c** X
- If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5 a** X
- b** Any related organization? **5 b** X
- If 'Yes' on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6 a** X
- b** Any related organization? **6 b** X
- If 'Yes' on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If 'Yes,' describe in Part III. **7** X

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III. **8** X

9 If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

	Yes	No
1 a		
1 b		
2		
3		
4 a		X
4 b		X
4 c		X
5 a		X
5 b		X
6 a		X
6 b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2017

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Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 HOLLY HAGLER PRESIDENT & CEO	(i)	205,435.	31,500.	6,396.	0.	2,573.	245,904.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 JANE ROTH CHIEF FINANCIAL & ADMINISTRATIVE	(i)	150,958.	18,000.	1,596.	0.	2,155.	172,709.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3 - METHODS USED BY RELATED ORG. TO ESTABLISH CEO/EXEC. DIR. COMPENSATION

CEO COMPENSATION IS REVIEWED, AND APPROVED, BY THE BOARD OF DIRECTORS. THE BOARD IS PROVIDED WITH A COMPARABILITY ANALYSIS PROVIDED BY HUMAN RESOURCES AND DERIVED FROM RELEVANT SOURCES. THE DELIBERATIONS OF THE BOARD ARE RECORDED IN BOARD MINUTES. BOARD MEMBERS WITH CONFLICTS OF INTEREST ARE NOT INCLUDED IN THE DELIBERATIONS. SENIORSERV PARTICIPATES IN AN ANNUAL SALARY SURVEY FOR NOT-FOR-PROFIT ORGANIZATIONS IN ORANGE COUNTY, CA.

THE COMPENSATION OF SENIOR MANAGEMENT IS REVIEWED, AND APPROVED, BY THE BOARD OF DIRECTORS. THE BOARD IS PROVIDED WITH A COMPARABILITY ANALYSIS PROVIDED BY HUMAN RESOURCES AND DERIVED FROM RELEVANT SOURCES. THE DELIBERATIONS OF THE BOARD ARE RECORDED IN BOARD MINUTES. BOARD MEMBERS WITH CONFLICTS OF INTEREST ARE NOT INCLUDED IN THE DELIBERATIONS. SENIORSERV PARTICIPATES IN AN ANNUAL SALARY SURVEY FOR NOT-FOR-PROFIT ORGANIZATIONS IN ORANGE COUNTY, CA.

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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.**2017****Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY SENIORSERV, INC.

Employer identification number

95-2771715

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

ADULT DAY HEALTH CARE (SANTA ANA VIP) - COMPREHENSIVE DAYTIME CARE AND MEDICAL SUPERVISION TO FUNCTIONALLY IMPAIRED ADULTS WHICH INCLUDE REHABILITATIVE THERAPIES AND SOCIAL ACTIVITIES.

ADULT DAY HEALTH CARE (ANAHEIM VIP) - COMPREHENSIVE DAYTIME CARE AND MEDICAL SUPERVISION TO FUNCTIONALLY IMPAIRED ADULTS WHICH INCLUDE REHABILITATIVE THERAPIES AND SOCIAL ACTIVITIES.

CASE MANAGEMENT - THIS PROVIDES ARRANGEMENT FOR NEEDED SERVICES SUCH AS LEGAL, FINANCIAL, MEDICAL AND IN-HOME HELP.

IN-HOME BOUND - THIS PROVIDES ASSISTANCE FOR SENIORS TO REMAIN IN THEIR HOMES BY MAKING AVAILABLE BASIC HOUSEKEEPING AND PERSONAL CARE SERVICES.

BUENA PARK DAY CARE PROGRAM - ADULT DAY CARE - THIS PROGRAM PROVIDES A SAFE, UPLIFTING DAYTIME ENVIRONMENT FOR FRAIL, ELDERLY PERSONS. THE PROGRAM ALSO PROVIDES TEMPORARY RESPITE TO FAMILY CARE GIVERS.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

FOLLOWING THE COMPLETION OF THE SENIORSERV AUDIT AND COMPLETION OF THE SS IRS FORM 990, THE FORM IS REVIEWED BY THE BOARD FINANCE COMMITTEE AND DISTRIBUTED TO THE SENIORSERV BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

WHENEVER THERE IS REASON TO BELIEVE THAT A POTENTIAL CONFLICT OF INTEREST EXISTS BETWEEN SENIORSERV AND A BOARD MEMBER OR THE CEO, THE BOARD SHALL DETERMINE THE

Name of the organization

Employer identification number

COMMUNITY SENIORSERV, INC.

95-2771715

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS (CONTINUED)

APPROPRIATE RESPONSE. THE POTENTIAL CONFLICT OF INTEREST WILL BE BROUGHT TO THE ATTENTION OF THE BOARD FOR ACTION AT THE NEXT REGULAR MEETING, OR DURING A SPECIAL MEETING CALLED, SPECIFICALLY, TO REVIEW THE POTENTIAL CONFLICT OF INTEREST. THE BOARD MEMBER WILL BE ASKED TO COMPLETE A POTENTIAL CONFLICT OF INTEREST DISCLOSURE STATEMENT AND/OR CONFLICT OF INTEREST AFFIRMATION OF COMPLIANCE. ALSO, EACH YEAR, AT THE APRIL OR MAY MEETING OF THE BOARD OF DIRECTORS, EACH MEMBER IS REQUESTED TO REVIEW AND SIGN A CONFLICT OF INTEREST DISCLOSURE STATEMENT AND A CONFLICT OF INTEREST AFFIRMATION OF COMPLIANCE.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE COMPENSATION OF THE PERSON IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS OR COMPENSATION COMMITTEE OF THE ORGANIZATION, PROVIDED THAT PERSONS WITH CONFLICTS OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT AT ISSUE ARE NOT INVOLVED IN THIS REVIEW AND APPROVAL. THE BOARD IS PROVIDED A COMPARABILITY ANALYSIS PROVIDED BY HUMAN RESOURCES TAKEN FROM SUBSTANTIVE SOURCES IN DECIDING ON COMPENSATION FOR ITS TOP EXECUTIVES. ALL RELEVANT DATA OF THE BOARDS DELIBERATION IS RECORDED IN THE MINUTES.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

THE COMPENSATION OF THE PERSON IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS OR COMPENSATION COMMITTEE OF THE ORGANIZATION, PROVIDED THAT PERSONS WITH CONFLICTS OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT AT ISSUE ARE NOT INVOLVED IN THIS REVIEW AND APPROVAL. THE BOARD IS PROVIDED A COMPARABILITY ANALYSIS PROVIDED BY HUMAN RESOURCES TAKEN FROM SUBSTANTIVE SOURCES IN DECIDING ON COMPENSATION FOR ITS TOP EXECUTIVES. ALL RELEVANT DATA OF THE BOARDS DELIBERATION IS RECORDED IN THE MINUTES.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE POSTED ON THE AGENCY

Name of the organization

Employer identification number

COMMUNITY SENIORSERV, INC.

95-2771715

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE (CONTINUED)

WEBSITE AND PROVIDED BY MAIL, IF REQUESTED.

**FORM 990, PART IX, LINE 11G
OTHER FEES FOR SERVICES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND- RAISING
CONTRACT SERVICES	1,524,986.	1,519,859.		5,127.
TOTAL	<u>\$ 1,524,986.</u>	<u>\$ 1,519,859.</u>	<u>\$ 0.</u>	<u>\$ 5,127.</u>

**FORM 990, PART XI, LINE 9
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

NET ASSETS RELEASED FROM RESTRICTIONS.....	\$ -712,594.
TEMPORARILY RESTRICTED ASSETS.....	344,689.
TOTAL	<u>\$ -367,905.</u>

COMMUNITY SENIORSERV, INC.

**SINGLE AUDIT OF FEDERAL AND STATE
GRANT PROGRAMS**

YEAR ENDED JUNE 30, 2019

COMMUNITY SENIORSERV, INC.
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YEAR ENDED JUNE 30, 2019

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**INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER
FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED
ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE
WITH *GOVERNMENT AUDITING STANDARDS***

The Audit Committee and
Board of Directors of
Community SeniorServ, Inc.
Anaheim, California

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of Community SeniorServ, Inc. (a nonprofit organization) (the "Organization"), which comprise the statement of financial position as of June 30, 2019, and the related statements of activities, changes in net assets, cash flows, and functional expenses for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated October 9, 2019.

Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Organization's internal control over financial reporting ("internal control") to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the Organization's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of the internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Organization's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

White Nelson Dick Evans LLP

Irvine, California
October 9, 2019

INDEPENDENT AUDITORS' REPORT ON COMPLIANCE FOR EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE AND ON THE SCHEDULE OF EXPENDITURES OF FEDERAL AND STATE AWARDS

The Audit Committee and
Board of Directors of
Community SeniorServ, Inc.
Anaheim, California

Report on Compliance for Each Major Federal Program

We have audited Community SeniorServ, Inc.'s (the "Organization") compliance with the types of compliance requirements described in the Office of Management and Budget *Compliance Supplement* that could have a direct and material effect on each of the Organization's major federal programs for the year ended June 30, 2019. The Organization's major federal programs are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditors' Responsibility

Our responsibility is to express an opinion on compliance for each of the Organization's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 US *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (the "Uniform Guidance"). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the Organization's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

Auditors' Responsibility (Continued)

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide legal determination of the Organization's compliance.

Opinion on Each Major Federal Program

In our opinion, the Organization complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2019.

Report on Internal Control over Compliance

Management of the Organization is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the Organization's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance with a type a compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of the internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Report on Schedule of Expenditures of Federal and State Awards Required by the Uniform Guidance

We have audited the financial statements of the Organization as of and for the year ended June 30, 2019, and have issued our report thereon dated October 9, 2019, which contained an unmodified opinion on those financial statements. Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal and state awards is presented for purposes of additional analysis as required by the Uniform Guidance and is not a required part of the financial statements. Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal and state awards is fairly stated, in all material respects, in relation to the financial statements as a whole.

White Nelson Reed Evans LLP

Irvine, California
October 9, 2019

COMMUNITY SENIORSERV, INC.
SCHEDULE OF EXPENDITURES OF FEDERAL AND STATE AWARDS
YEAR ENDED JUNE 30, 2019

Federal Grantor/Pass-Through Grantor/Program Title	Catalog of Federal Domestic Assistance Number (CFDA No.)	Grantor Contract Number	Expenditures		Disbursement to Subrecipient
			Federal	State	
US Department of Health and Human Services - Aging Cluster Passed through County of Orange Area Agency on Aging: Special Programs for the Aging - Title III, Part C - Nutrition Services:					
C-1 Congregate Nutrition Services	93-045	18-27-0016	\$ 1,654,377	\$ 188,981	\$ 1,843,358
C-2 Home Delivered Meals	93-045	18-27-0016	2,124,836	223,843	2,348,679
			3,779,213	412,824	4,192,037
Special Programs for the Aging - Title III, Part B - Grants for Supportive Services and Senior Centers:					
Title III B In-Home Services Program	93-044	18-27-0016	260,511	-	260,511
Title III B Nutrition Transportation Program	93-044	18-27-0016	329,839	-	329,839
Title III B Case Management	93-044	18-27-0016	284,070	-	284,070
Title III B Adult Day Care Program	93-044	18-27-0016	166,400	-	166,400
			1,040,820	-	1,040,820
Nutrition Services Incentive Program:					
C-1 Congregate Nutrition Services	93-053	18-27-0016	189,424	-	189,424
C-2 Home Delivered Meals	93-053	18-27-0016	570,139	-	570,139
			759,563	-	759,563
			5,579,596	412,824	5,992,420
Total US Department of Health and Human Services - Aging Cluster Passed through the Administration on Aging, Administration for Community Living, and Alzheimer's of Orange County:	93-470	90ADPH0002-01-00	7,500	-	7,500
Alzheimer's Disease Program Initiative			5,587,096	412,824	5,999,920
Total US Department of Health and Human Services					
US Department of Housing and Urban Development - Community Development Block Grant ("CDBG") passed through:					
City of Anaheim	14-218	N/A	55,666	-	55,666
City of Costa Mesa		N/A	30,000	-	30,000
City of Fountain Valley		N/A	17,792	-	17,792
City of Fullerton		N/A	25,000	-	25,000
City of Garden Grove		N/A	20,000	-	20,000
City of Tustin		N/A	16,600	-	16,600
City of Westminster		N/A	30,000	-	30,000
			195,058	-	195,058
Total US Department of Housing and Urban Development - CDBG					
US Department of Agriculture Passed through California Department of Education: Child and Adult Care Food Program	10-558	04527-CACFP-30-NP-CS	160,178	-	160,178
Total US Department of Agriculture			160,178	-	160,178
Total Expenditures of Federal and State Awards			\$ 5,942,332	\$ 412,824	\$ 6,355,156

See accompanying notes to schedule of expenditures of federal and state awards.

COMMUNITY SENIORSERV, INC.
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AND STATE AWARDS
YEAR ENDED JUNE 30, 2019

Note 1: General

The accompanying schedule of expenditures of federal and state awards (the “Schedule”) summarizes the expenditures of all federal and state awards programs of Community SeniorServ, Inc. (the “Organization”) for the year ended June 30, 2019. The information in the Schedule is presented in accordance with the requirements of Title 2 *US Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (the “Uniform Guidance”). The Schedule includes amounts passed through the State of California, as well as other government and private agencies.

For purposes of the Schedule, federal and state awards include all grants and contracts entered into directly between the Organization and agencies and departments of the federal and state government. The awards are classified into major program categories in accordance with the Uniform Guidance.

Note 2: Basis of Accounting

The accompanying Schedule is presented using the accrual basis of accounting, which is described in the notes to the Organization’s financial statements. Expenditures are determined using cost accounting principles and procedures set forth in *Subpart E - Cost Principles of the Uniform Guidance*.

Note 3: Relationship to Financial Statements

Amounts reported in the accompanying Schedule agree with the amounts reported in the Organization’s annual financial statements.

Note 4: Relationship to Federal and State Financial Reports

Amounts reported in the accompanying Schedule agree with the amounts reported in the related federal and state financial reports for the Organization’s major federal programs.

Note 5: Contingencies

Under the terms of federal and state grants, additional audits may be requested by the grantor agencies and certain costs may be questioned as not being appropriate expenditures under the terms of the grants. Such audits could lead to a request for reimbursement to the grantor agencies.

Note 6: Indirect Cost Rate

The Organization has elected not to use the 10 percent de minimus indirect cost rate allowed under the Uniform Guidance.

1. Summary of Auditors' Results

Financial Statements

Type of auditors' report issued: Unmodified

Internal control over financial reporting:

- Material weakness(es) identified? yes no
- Significant deficiency(ies) identified? yes none reported

Noncompliance material to financial statements noted? yes no

Federal Awards

Internal control over major programs:

- Material weakness(es) identified? yes no
- Significant deficiency(ies) identified? yes none reported

Type of auditors' report issued on compliance for major programs: Unmodified

Any audit findings that are required to be reported in accordance with 2 CFR Section 200.516(a)? yes no

Identification of major programs:

<u>CFDA Number(s)</u>	<u>Name of Federal Program or Cluster</u>
93.044	Aging Cluster; Special Programs for the
93.045	Aging – Title III, Part C – Nutrition Services,
93.053	Part B – Grants for Supportive Services and Senior Centers, Nutrition Services Incentive Program

Dollar threshold used for distinguishing between Type A and B programs: \$750,000

Auditee qualified as low-risk auditee? yes no

COMMUNITY SENIORSERV, INC.
SCHEDULE OF FINDINGS AND QUESTIONED COSTS (CONTINUED)
YEAR ENDED JUNE 30, 2019

2. Findings - Financial Statement Audit

None noted.

3. Findings and Questioned Costs - Major Federal Award Programs Audit

None noted.

COMMUNITY SENIORSERV, INC.
SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS
YEAR ENDED JUNE 30, 2019

Findings - Financial Statement Audit

There were no findings or questioned costs for the year ended June 30, 2018.

Findings and Questioned Costs - Major Federal Award Programs Audit

There were no findings or questioned costs for the year ended June 30, 2018.