

February 11, 2025

Senior Citizens Home Assistance Services (S.C.H.A.S.) Jessica Popek 7121 Regal Lane Suite 100 Knoxville, TN 37918

We have begun the 2025-2026 budget process. In order to be considered for a contribution from Hamblen County, we are requesting certain information from your organization in accordance with Section 5-9-109, *Tennessee Code Annotated (TCA)*.

This year, we are requesting that your documents be submitted electronically to the Finance Department at the following email addresses:

Amanda Hale – <u>ahale@co.hamblen.tn.us</u> Dennis Fox – <u>dfox@co.hamblen.tn.us</u>

Please provide the following items electronically:

- 1) proof of 501(c)(3), 501(c)(4), or 501(c)(6) IRS tax status,

 Please note this is a letter from the IRS, not a letter of sales tax exemption from the Tennessee Department of Revenue
- 2) your organization's most current audit or annual report detailing all receipts and expenditures, and
- 3) your organization's most current budget.

Please note that in accordance with State law, the above requested information must be submitted and on file. Noncompliance with this request may prevent your organization from receiving funds. Please understand that this letter does not guarantee that you will receive a contribution. Any contribution requires county commission approval. You may be asked to appear before the Budget Committee on Saturday, May 17, 2025, to explain your request. The Finance Department will notify you if the Budget Committee wants to hear from you.

Please return a copy of this letter along with the requested information above to the Hamblen County Mayor's office by Monday, March 17, 2025. If you have any questions, please feel free to contact me.

Sincerely,

Amanda Hale

Hamblen County Finance Director

amanda Halo

2024-2025 Contribution:

\$5,000



February 18, 2025

Amanda Hale and Dennis Fox

Via email: ahale@co.hamblen.tn.us dfox@co.hamblen.tn.us

SCHAS EIN Number: 62-0809589

Ms. Hale and Mr. Fox,

As you may know, Senior Citizens Home Assistance Service, Inc. (SCHAS) is non-profit organization that provides in-home caregiving services and case management to older adults and adults with disabilities so that they may age in place and not have to rely on institutional care that they and their families cannot afford. SCHAS provides services in 18 East Tennessee counties including Hamblen County.

We are unique from other caregiving agencies in that we are the only organization in East Tennessee that offers equitable access financial aid to clients who cannot afford a full fee rate. Our full fee rate is \$32 per hour which is lower than most for-profit caregiving agencies. However, many of our clients live below the 150% federal poverty guideline and simply cannot afford that rate but desperately need the services.

We offer Equitable Access Financial Aid through one of the following:

Government Programs:

SCHAS works with various government programs including National Family Caregiver and Options for Family Caregiving. These programs are offered to clients who qualify based on their income and needs. SCHAS covers \$4 per hour for clients who rely on these programs.

Equitable Access Sliding Scale Fee Fund:

For clients not covered by government programs and cannot afford the full fee rate, SCHAS assesses the client's net income to see if they may qualify for a sliding scale fee rate ranging from \$8, \$10, \$12 to \$14 per hour, with SCHAS covering the difference.

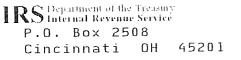
For July 1, 2023 – June 30, 2024, SCHAS Hamblen County provided the following:

- Served 97 clients and provided 15,134.50 hours of in-home caregiving services.
- 9,216.25 of those hours were government subsidized clients. SCHAS paid \$36,685 in expenses.
- 5,430.25 of those hours were full fee.
- 488 of those hours were sliding scale fee clients. SCHAS paid \$5,368 in expenses.

We respectfully request from the County \$5,000 to help support our Equitable Access Financial Aid program clients. By helping these people be able to stay safely in their homes, we are helping keep healthcare costs down for taxpaying citizens. Attached is our IRS determination letter; our FY25 budget; and our most recent financial statement for your reference.

Thank you,

Jessica Popek, SCHAS Development



In reply refer to: 0248464840 Feb. 12, 2009 LTR 4168C E0 62-0809589 000000 00 000 00014753

BODC: TE

SENIOR CITIZENS HOME ASSISTANCE SERVICE INC PO BOX 3025 KNOXVILLE TN 37927-3025

Employer Identification Number: 62-0809589

Person to Contact: Mrs. Dudley

Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of Feb. 03, 2009, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in May 1972, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(03) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Michele M. Sueliusa

Michele M. Sullivan, Oper. Mgr. Accounts Management Operations I

EXTENDED TO MAY 15, 2025

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.

OMB No. 1545-0047

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. 2024 A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN Check if applicable: C Name of organization D Employer identification number SENIOR CITIZENS HOME ASSISTANCE SERVICE, Address change INC. Name change 62-0809589 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated P.O. BOX 3025 865-523-2920 5,079,552. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 37927 KNOXVILLE, TN H(a) Is this a group return Applica-tion pending F Name and address of principal officer: ADA SHANNON for subordinates? Yes X No P.O. BOX 3025, KNOXVILLE, 37927 __Yes **H(b)** Are all subordinates included? Tax-exempt status: \mathbf{X} 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.SCHAS.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Trust Association Other L Year of formation: 1970 M State of legal domicile: TN Part I Summary Briefly describe the organization's mission or most significant activities: IMPROVING THE QUALITY OF LIFE Activities & Governance FOR THE ELDERLY, PERSONS WITH DISABILITIES, AND THEIR CAREGIVERS BY if the organization discontinued its operations or disposed of more than 25% of its net assets. 21 3 Number of voting members of the governing body (Part VI, line 1a) 21 Number of independent voting members of the governing body (Part VI, line 1b) 4 235 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 604,206. 568,483. Contributions and grants (Part VIII, line 1h) 8 4,228,834. 4,445,866. Program service revenue (Part VIII, line 2g) 33,227. 21,141. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -13,036.-231,927. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 4,634,340. 5,022,454. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 4,472,627. 4,146,627. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,237,148. 1,129,339. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,709,775**.** 5,275,966. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -1,075,435. -253,512. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 2,620,700. 2,156,842. Total assets (Part X, line 16) 1,093,253. 835,169 21 Total liabilities (Part X, line 26) 三年 527,447. 321,673 Net assets or fund balances. Subtract line 21 from line 20 ... 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. Signature of officer Date Sign ADA SHANNON, CHIEF FINANCIAL OFFICER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 12/18/24 P01524172 AMANDA P. HENSLEY, CPA Paid self-employed Firm's name LBMC, PC Firm's EIN 62-1199757 Preparer Firm's address 2095 LAKESIDE CENTRE WAY, SUITE 220 Use Only Phone no. (865) 691-9000 TN 37922 KNOXVILLE,

X Yes

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Taxpayer identification number (TIN) Type or Name of exempt organization, employer, or other filer, see instructions. SENIOR CITIZENS HOME ASSISTANCE SERVICE, **Print** 62-0809589 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour P.O. BOX 3025 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. 37927 KNOXVILLE, TN Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of ADA SHANNON P.O. BOX 3025 - KNOXVILLE, TN 37927 Telephone No. 865-824-4316 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. , 20 **25** , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ____ calendar year 20 _____ or JUL 1 ___ , 20 <u>23</u> , and ending _____ JUN 30 . X tax year beginning _____ If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3h Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Зс

	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	IMPROVING THE QUALITY OF LIFE FOR THE ELDERLY, PERSONS WITH	
	DISABILITIES, AND THEIR CAREGIVERS BY PROVIDING ACCESSIBLE CARE	AND
	SUPPORTIVE SERVICES THROUGH COMPASSIONATE PERSONNEL.	
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
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3	If "Yes," describe these changes on Schedule O.	res [21] NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by each of its three largest program services.	ynenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	•
	revenue, if any, for each program service reported.	5.1555, d.16
4a		344,991.)
	TO PROVIDE TRAINED HOME CAREGIVERS FOR THE SENIOR CITIZENS OF KN	
	SURROUNDING COUNTIES. THE AGENCY OFFERS A SLIDING SCALE FEE SYS	
	THAT EVERYONE CAN AFFORD TO RECEIVE THE HOMEMAKER, PERSONAL CARE	i, AND
	TRANSPORTATION SERVICES.	
4b	(Code:) (Expenses \$111,159 . including grants of \$) (Revenue \$	101,442.)
	SCHAS CLAIBORNE IS AN INDEPENDENT LIVING FACILITY LOCATED IN TAZ	
	TENNESSEE THAT IS COMMITTED TO ENRICHING THE QUALITY OF LIFE FOR	LOW
	INCOME SENIOR ADULTS.	
_		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4d	Other program services (Describe on Schedule O.)	
_	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 4,537,631.	
		Form 990 (2023)

62-0809589

Form 990 (2023)

INC.

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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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_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? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
	Schedule D, Part III	8		<u> </u>
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?			v
46	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		~ l	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	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		х	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44-		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444	Х	
	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
'	the organization's separate of consolidated infancial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
ızu	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I. See instructions	17		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? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

332003 12-21-23

Form **990** (2023)

INC. Form 990 (2023) INC.

Part IV | Checklist of Required Schedules (continued)

	Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	l		37
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?	28a		х
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
ŭ	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			-
	Part V, line 1	34		<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	l		37
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Х
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	30	21	
	Check if Schedule O contains a response or note to any line in this Part V			
	Should be sometime a response of note to any line in the fact v		Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		169	140
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 5 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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INC 62-0809589 Page 5 Form 990 (2023) Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 235 filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Х 15 If "Yes," see the instructions and file Form 4720, Schedule N.

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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X

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If "Yes," complete Form 4720, Schedule O.

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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 on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 21 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 21 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure TNList the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website | X | Upon request Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ADA SHANNON - 865-824-4316 P.O. BOX 3025, KNOXVILLE, 37927

Form **990** (2023)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per		not ch		ition nore	than o		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee		recto		tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) TIM HOWELL CHIEF EXECUTIVE OFFICER	40.00			Х				05 003	0.	6 220
(2) ADA SHANNON	40.00			^		_		95,983.	0.	6,338.
CHIEF FINANCIAL OFFICER	40.00			х				70,310.	0.	1,406.
(3) KAREN L. MASSEY	0.50			Λ				70,310.	0.	1,400.
DIRECTOR	0.30	Х						0.	0.	0.
(4) ERIC EBBERT	0.50									
DIRECTOR		Х						0.	0.	0.
(5) ERIN HARLOW	0.50									
DIRECTOR		Х						0.	0.	0.
(6) WILLIAM L. COOPER III	0.50									
DIRECTOR		Х						0.	0.	0.
(7) WILLIAM P. MCGLOTHIN	0.50									
VICE CHAIRPERSON		Х		Х				0.	0.	0.
(8) LARA OWENS	0.50									
DIRECTOR		Х						0.	0.	0.
(9) ANDY SHAFER	0.50									
DIRECTOR		Х						0.	0.	0.
(10) BRADLEY WHITE	0.50									
DIRECTOR		Х						0.	0.	0.
(11) STEVE SAVELL	0.50								_	_
CHAIRPERSON		Х		Х				0.	0.	0.
(12) BILL TAPP	0.50									
CO-SECRETARY		Х		Х				0.	0.	0.
(13) LESLYE HARTSELL	0.50									
DIRECTOR		Х						0.	0.	0.
(14) NICOLE LATTIMORE	0.50								•	
DIRECTOR	0.50	Х						0.	0.	0.
(15) ELI AKERS	0.50	,,							_	_
DIRECTOR	0.50	Х				_		0.	0.	0.
(16) CAROLYN NEIL	0.50	37							<u> </u>	
DIRECTOR	0 50	Х						0.	0.	0.
(17) WILLIAM ROTHERMEL	0.50	v		~				0.	0.	0.
TREASURER		X		X				0.	0.	Form 990 (2022)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) (B)		(C)						(D)	(E)	(1	F)
Name and title	Average	(do	not c	Posi			one	Reportable	Reportable	Estin	nated
	hours per week	box	, unles	ss per	rson i	s both	n an	compensation	compensation		unt of
	(list any						Ĺ	from the	from related organizations		her nsation
	hours for	direct				- -		organization	(W-2/1099-MISC/		n the
	related	tee or	trustee			ensate		(W-2/1099-MISC/	1099-NEC)		ization
	organizations	ll trus	nal tru		oyee	om oc		1099-NEC)		and r	elated
	below line)	Individual trustee or director	Institutional t	Officer	key employee	Highest compensated employee	Former			organi	zations
(18) A.D BAXTER	0.50	ᆵ	- Su	JJ0	Ke	iĘ, Ē	Ŗ				
DIRECTOR	0.50	Х						0.	0.		0.
(19) ADAM SURSA	0.50							•		<u>'</u>	<u>. </u>
DIRECTOR	0,00	х						0.	0 .	.	0.
(20) DERRICK K. BYRD	0.50										
DIRECTOR		Х						0.	0 .	,	0.
(21) ROBERT LOGGINS	0.50										
DIRECTOR	0.50	Х						0.	0 .		0.
(22) DYLAN DAMERON	0.50	٦,							0		^
DIRECTOR (23) ALEXIS DYER	0.50	Х						0.	0 .	·	0.
DIRECTOR	0.30	Х						0.	0.		0.
1b Subtotal					<u> </u>			166,293.	0 .	7	744.
c Total from continuation sheets to Part VII								0.	0 .		0.
d Total (add lines 1b and 1c)								166,293.	0 .		744.
Total number of individuals (including but no								eceived more than \$100,	000 of reportable	•	
compensation from the organization											0
										Y	es No
3 Did the organization list any former officer,											77
line 1a? If "Yes," complete Schedule J for st										3	X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	•							•	•	4	Х
5 Did any person listed on line 1a receive or a										7	
rendered to the organization? If "Yes." com	•				,			· ·		5	Х
Section B. Independent Contractors											
1 Complete this table for your five highest con	mpensated ind	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compens	ation from	
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	ith c	or wi	thin T		ear.		
(A) Name and business	address	NIC	ONE	7				(B) Description of s	ervices	(C) Compensa	ation
		140	7141								
							_				
2 Total number of independent contractors (in	-	ot lin	nited	d to t	_		ted	above) who received mo	ore than		
\$100,000 of compensation from the organiz	zation				()				- 00	00 (0000)
										Form 95	0 (2023)

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ı uı	C VII				a in their Davit VIII			
		Check if Schedule O conta	ains a response o	or note to any iin	e in this Part VIII	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under
								sections 512 - 514
nts ts	1 a	Federated campaigns	1a	<u>271,430.</u>				
iz a	b	Membership dues						
s, G	С	Fundraising events	1c	110,793.				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations	1d					
s, (mil	е	Government grants (contribution	ons) 1e	36,695.				
i Si	f	All other contributions, gifts, grant	ts, and					
but		similar amounts not included above	/e 1f	149,565.				
Ē	g							
Son	_				568,483.			
				Business Code				
ø.	2 a	VETERANS AFFAIR	S	624100	2,147,944.	2,147,944.		
ķ		CLIENT FEES		624100	1,173,299.	1.173.299.		
šer		OPTIONS COMMUNI	עע זינעד	624100	786,193.			
m S		NATIONAL FAMILY		624100	330,529.	330,529.		
gra Re	u	TITLE III	CAREGI	624100				
Program Service Revenue	e			623000	4,754. 3,147.	4,754. 3,147.		
-		All other program service rever				3,14/.		
\longrightarrow		Total. Add lines 2a-2f			4,445,866.			
	3	Investment income (including			20 574			20 574
	_				20,574.			20,574.
	4	Income from investment of tax						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents <u>6a</u>						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory 7a		2,200.				
	b	Less: cost or other basis						
ē		and sales expenses 7b		1,633.				
enr	С	Gain or (loss) 7c		567.				
Revenue		Net gain or (loss)			567.	567.		
e		Gross income from fundraising ev						
₽	-	including \$110,7						
		contributions reported on line						
		Part IV, line 18		42,429.				
	h	Less: direct expenses		55,465.				
		Net income or (loss) from fund			-13,036.			-13,036.
		Gross income from gaming ac						
	o u	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less i						
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sales	s of inventory	Dusiness Code				
જ				Business Code				
Miscellaneous Revenue	11 a							
lan	b							
Sev.	C							
Σ		All other revenue						
		Total. Add lines 11a-11d			F 000 454	4 446 433	_	D 530
	12	Total revenue. See instructions			5,022,454.	4,446,433.	0.	7,538.

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respons				(5)
	not include amounts reported on lines 6b, 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	154,411.	84,101.	70,310.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,722,433.	3,307,967.	386,550.	27,916
8	Pension plan accruals and contributions (include	-	-	-	-
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	269,783.	220,275.	49,508.	
11	Fees for services (nonemployees):	,	,	,	
а	Management				
b	Legal				
c	Accounting				
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,				
9	column (A), amount, list line 11g expenses on Sch 0.)	95,886.		95,886.	
12	Advertising and promotion				
13	Office expenses	66.055	14 040	50.010	
14	Information technology	66,855.	14,842.	52,013.	
15	Royalties	150 560	166 600	C 111	
16	Occupancy	172,769.	166,628.	6,141.	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	50,286.	50,286.		
23	Insurance	271,494.	263,175.	8,319.	
24	Other expenses. Itemize expenses not covered			3,73=2.1	
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.) ASSISTED LIVING FOOD &	109,984.	109,984.		
a	TRANSPORTATION	90,742.	90,567.	175.	
b	SUPPLIES	74,611.	74,611.	1/3.	
C	COMMUNITY EDUCATION	61,531.	54,103.	7,428.	
d					E /112
	All other expenses	135,181.	101,092.	28,677.	5,412, 33,328,
25	Total functional expenses. Add lines 1 through 24e	5,275,966.	4,537,631.	705,007.	33,348
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2023

Form **990** (2023)

Form 990 (2023)
Part X Balance Sheet INC.

Га	rt A	Balance Sheet					
		Check if Schedule O contains a response or n	ote to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,214,187.	1	969,490.		
	2	Savings and temporary cash investments	10,725.	2	17,492.		
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			418,382.	4	316,162.
	5	Loans and other receivables from any current	or former	officer, director,			
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua	alified pers	sons (as defined			
		under section 4958(f)(1)), and persons describ				6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ř	9	Prepaid expenses and deferred charges			49,131.	9	18,848.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	841,637.			
	b	Less: accumulated depreciation		480,150.	378,306.	10c	361,487.
	11	Investments - publicly traded securities		150 000	11	405 600	
	12	Investments - other securities. See Part IV, line	179,983.	12	197,693.		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets	260 006	14	000 000		
	15	Other assets. See Part IV, line 11	369,986.	15	275,670.		
	16	Total assets. Add lines 1 through 15 (must ed			2,620,700.	16	2,156,842.
	17	Accounts payable and accrued expenses			682,187.	17	514,352.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub					
<u>la</u> k		controlled entity or family member of any of the			369,986.	22	280,608.
	23	Secured mortgages and notes payable to unre		· · · · · · · · · · · · · · · · · · ·	309,900.	23	200,000.
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin of Schedule D	es 17-24).	Complete Part X	41,080.	25	40,209.
	26				1,093,253.	26	835,169.
	20	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, cl			1,000,200	20	033,103.
S		and complete lines 27, 28, 32, and 33.	IECK HEIE				
ĕ	27				1,336,739.	27	973,208.
ala	28	Net assets with donor restrictions			190,708.	28	348,465.
P	20	Organizations that do not follow FASB ASC			23077000	20	313,1331
Ē		and complete lines 29 through 33.					
þ	29	Capital stock or trust principal, or current fund			29		
ets	30	Paid-in or capital surplus, or land, building, or			30		
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,527,447.	32	1,321,673.
Z	33	Total liabilities and net assets/fund balances		ı	2,620,700.	33	2,156,842.
	1 00	Total habilities and not assets/fully balances			_, ====, ====	- 55	5 990 (200

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,02				
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,27				
3	Revenue less expenses. Subtract line 2 from line 1	3		3,5			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,52	17, <u>4</u> 12,7			
5	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	2	4,9	<u>60.</u>		
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	1,32	1,6	73.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х		
	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:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	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?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		x		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		-				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		l				
				990	(2023)		

SCHEDULE A

(Form 990)

Total

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

Open to Public Inspection

SENIOR CITIZENS HOME ASSISTANCE SERVICE, **Employer identification number** Name of the organization INC. 62-0809589 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Schedule A (Form 990) 2023

	1 0111 000/ 2020 === 0	t = t t t t t t t t t t t t t t t t t t
Part II	Support Schedule for Organizations I	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.)

Sec	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	. ,	• •			• •	
	membership fees received. (Do not						
	include any "unusual grants.")	636,290.	2043800.	570,606.	604,206.	568,483.	4423385.
2	Tax revenues levied for the organ-	,				•	
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	636,290.	2043800.	570,606.	604,206.	568,483.	4423385.
	The portion of total contributions	,		, , , , , ,	, ,	, ,	
Ū	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,						
6	column (f) Public support. Subtract line 5 from line 4.						4423385.
	etion B. Total Support						44233031
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	636,290.	2043800.	570,606.	604,206.	568,483.	4423385.
	Gross income from interest,	000,2500		3,0,000	001,2000	300,1000	
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	3,437.	4,606.	4,202.	33,227.	21,141.	66,613.
9	Net income from unrelated business	3,4374	4,000.	4,202	33,227	21,141	00,013.
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.)						4489998.
	Total support. Add lines 7 through 10 Gross receipts from related activities,	oto (ooo inatruotia	.no/			12 25	,369,991.
	First 5 years. If the Form 990 is for the			ourth or fifth toy			,303,3311
13	organization, check this box and stop						
Sec	etion C. Computation of Publi						·····
	Public support percentage for 2023 (li			olumn (f))		14	98.52 %
	Public support percentage from 2022					15	98.89 %
	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies	-					37
b	33 1/3% support test - 2022. If the o		-				
-	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	_					
	meets the facts-and-circumstances te			=		viriow the organiz	
h	10% -facts-and-circumstances test	-	•	*	-		
J	more, and if the organization meets the	_					. 270 01
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization				•		
	iounautom ii tilo organizatio	sig not oncon a t	22 311 10 10, 106	., ,	, 5.1001. 1.110 00% 01		(Form 990) 2023

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.)

Se	ction A. Public Support	elow, please comp	Diete Fait II.)							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1)	(12) = = =	(2) = = 1	(-7	(5) = 5 = 5	χ,			
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 organ- ization'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									
78	Amounts included on lines 1, 2, and 3 received from disqualified persons									
ŀ	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									
(Add lines 7a and 7b									
	Public support. (Subtract line 7c from line 6.)									
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
	Amounts from line 6	(-, : -	(-,	(-) :	(-,	(-,	(-,			
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources									
k	Unrelated business taxable income (less section 511 taxes) from businesses									
	acquired after June 30, 1975					+				
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on									
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)									
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>		1	1	<u> </u>			
14	First 5 years. If the Form 990 is for the	· ·		•	•	. , . ,	· —			
<u> </u>	check this box and stop here	a Cummant Da								
	ction C. Computation of Publi					T .= T				
	Public support percentage for 2023 (I	, ,,,	•	column (f))		15	<u>%</u>			
	Public support percentage from 2022					16	%			
	ection D. Computation of Investment Income Percentage Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %									
						17	%			
	Investment income percentage from						7 is not			
198	a 33 1/3% support tests - 2023. If the					- 4.5				
k	more than 33 1/3%, check this box as 33 1/3% support tests - 2022. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	nd			
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies	as a publicly supp	orted organization				
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	1 7			

332023 12-21-23

Schedule A (Form 990) 2023

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	.,	
	Yes	No
1		
•		
2		
3a		
3b		
3c		
40		
<u>4a</u>		
4b		
1.2		
4c		
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5a		
5b		
5c		
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9a		
34		
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10a		
10b		<u> </u>
ıle A (Forr	n 990)	2023

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SENIOR CITIZENS HOME ASSISTANCE SERVICE, 62-0809589 Page 5 INC. Schedule A (Form 990) 2023 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 on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, upervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) Section D. All Type III Supporting Organizations No Yes Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 <u>supported organizations played in this regard</u> 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). The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С No 2 Activities Test. Answer lines 2a and 2b below. Yes a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, 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 2b these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.

Schedule A (Form 990) 2023

За

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? If "Yes" or "No" 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.

INC. 62-0809589 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		•	T
Sect	ion 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		
Sect	ion 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		
	Average monthly cash balances	1b		
С	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-functional	ally integrated	Type III supporting orga	anization (see
	instructions)	, ,		•

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

Fai	Type in Non-Functionally integrated 509	a)(3) Supporting Orga	ilizations (contin	<u>ued)</u>		
Secti	on D - Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	dministrative expenses paid to accomplish exempt purposes of supported organizations				
4	Amounts paid to acquire exempt-use assets		4			
5	Qualified set-aside amounts (prior IRS approval required - pro		5			
6	Other distributions (describe in Part VI). See instructions.	er distributions (<i>describe in</i> Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which th	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2023	ns	(iii) Distributable Amount for 2023	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
a	From 2018					
b	From 2019					
С	From 2020					
d	From 2021					
е	From 2022					
	Total of lines 3a through 3e					
	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount					
	Carryover from 2018 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7:					
а	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h					
•	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
-	and 4c.					
8	Breakdown of line 7:					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					
	Excess from 2023					
	LAUGGO II OITI AUAU					

Schedule A (Form 990) 2023

SENIOR CITIZENS HOME ASSISTANCE SERVICE,

Schedule A	(Form 990) 2023	INC.		62-0809589	Page 8
Part VI	Supplementa Part IV, Section A line 1; Part IV, Sec	, lines 1, 2, 3b, 3c, ction D, lines 2 and , 6, and 8; and Parl	Provide the explanations required by Part II, line 10; Part II, line 17a or 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V V, Section E, lines 2, 5, and 6. Also complete this part for any addition	17b; Part III, line 12; and 2; Part IV, Section (/, Section B, line 1e; Part	C,
	(

332028 12-21-23 Schedule A (Form 990) 2023

Schedule B

(Form 990)

Schedule of Contributors

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Employer identification number Name of the organization SENIOR CITIZENS HOME ASSISTANCE SERVICE, 62-0809589 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$_

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization
SENIOR CITIZENS HOME ASSISTANCE SERVICE,
TNC

Employer identification number

62-0809589

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UNITED WAY OF GREATER KNOXVILLE 1301 HANNAH AVENUE KNOXVILLE, TN 37921	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	UNITED WAY OF BLOUNT COUNTY 1615 E BROADWAY AVENUE MARYVILLE, TN 37804	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	UNITED WAY OF HAMBLEN COUNTY 3780 W ANDREW JOHNSON HIGHWAY MORRISTOWN, TN 37816	\$19,164.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	CLAYTON HOMES 5000 CLAYTON ROAD MARYVILLE, TN 37804	\$ <u>15,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	PILOT COMPANY 5508 LONAS DRIVE KNOXVILLE, TN 37909	\$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number Name of organization SENIOR CITIZENS HOME ASSISTANCE SERVICE,

62-0809589

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			

Name of organization **Employer identification number** SENIOR CITIZENS HOME ASSISTANCE SERVICE, INC. 62-0809589 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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 Inspection

Name of the organization

SENIOR CITIZENS HOME ASSISTANCE SERVICE, INC.

Employer identification number 62-0809589

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
	organization answered Tes off offi 550, Fart IV, IIIV	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(L) Constitution (L)	(-)
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		_
4	Aggregate value at end of year		_
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised	d funds
Ū	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
Ū	for charitable purposes and not for the benefit of the donor or		
Par			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat	tion or education) Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	2c
d	Number of conservation easements included on line 2c acqui	ired after July 25, 2006, and not	
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the c	organization during the tax
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations, and enforcing conse	rvation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	on easements during the year
_			
8	Does each conservation easement reported on line 2d above	• • • • • • • • • • • • • • • • • • • •	
_			
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	lote to the organization's financial statemen	its that describes the
Par	organization's accounting for conservation easements. rt III Organizations Maintaining Collections of	Art Historical Treasures or Oth	er Similar Assets
. u.	Complete if the organization answered "Yes" on Form		or ommar /toods
10	If the organization elected, as permitted under FASB ASC 956		d balance shoot works
Ia	of art, historical treasures, or other similar assets held for pub	•	
	service, provide in Part XIII the text of the footnote to its finan	, , , , , , , , , , , , , , , , , , ,	·
h	If the organization elected, as permitted under FASB ASC 956		
-	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items.	Sampled in Saadation, or research in fulfile	.a55 6. pasito 601 vi00;
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical trea		
_	the following amounts required to be reported under FASB A		, . , <u></u>
а	Revenue included on Form 990, Part VIII, line 1	-	\$
			<u> </u>
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2023

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

Pai	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or	Othe	r Simila	r Assets	(conti	nued)	ago
3	Using the organization's acquisition, accession	n, and other records	, check any of the t	ollowing that	make si	ignificant ι	use of its			
	collection items (check all that apply).									
а	Public exhibition	d	Loan or exc	hange progra	m					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	ne organizatio	n's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	receive donations o	f art, historical treas	sures, or othe	r similar	assets				_
	to be sold to raise funds rather than to be ma							Yes		No
Pai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Part		e if the organizatior	n answered "Y	'es" on	Form 990,	Part IV, li	ne 9, or		
	Is the organization an agent, trustee, custodia		iary for contribution	s or other ass	ets not	included				
	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII a									_ 110
	11 100, explain the arrangement in that xill e	and complete the foll	ownig table.					Amoun	t	
С	Beginning balance					1c				
d	Additions during the year					. —				
e	Distributions during the year									
f	Ending balance					1f				
	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.					•		_		j
	t V Endowment Funds Complete if									
	·	(a) Current year	(b) Prior year	(c) Two years		(d) Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance	179,983.	164,875.	194	,366.	1	52,246.		129,	786.
b	Contributions	158.	3,120.	2	,962.		342.		13,	710.
С	Net investment earnings, gains, and losses	26,645.	19,993.	-23	,000.		43,086.		9,	799.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	7,651.	6,648.	7	,891.					
f	Administrative expenses	1,442.	1,357.	1	,562.		1,308.		1,	049.
g	End of year balance	197,693.	179,983.	164	,875.	1	94,366.		152,	246.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a) held as:						
а	Board designated or quasi-endowment	•	%							
b	Permanent endowment	%	_							
С	Term endowment	<u></u>								
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.								
За	Are there endowment funds not in the posses	sion of the organizat	tion that are held ar	nd administere	ed for th	ie				
	organization by:								Yes	No
	(i) Unrelated organizations?							3a(i)		X
								3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organizate	ions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		vment funds.							
Pai	t VI Land, Buildings, and Equipme									
	Complete if the organization answered	I "Yes" on Form 990,	, Part IV, line 11a. S	ee Form 990,	Part X,	line 10.				
	Description of property	(a) Cost or ot basis (investm	, ,	or other (other)		ccumulate preciation	II	(d) Boo	k valu	е
1a	Land			8,500.						00.
b	Buildings			2,622.		144,6	42.		7,9	
С	Leasehold improvements									
d	Equipment			6,289.		141,6				37.
е	Other		26	4,226.		193,8	56.		0,3	
Tota	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part λ	(, line 10c, column	(B))				36	1,4	87.

Schedule D (Form 990) 2023

	ZENS HOME ASSI	STANCE SERVICE,	2-0809589 _{Page} \$
Schedule D (Form 990) 2023 INC. Part VII Investments - Other Securities		02	2-0809589 Page
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1b. 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 en	id-of-year market value
(1) Financial derivatives			,
(2) Closely held equity interests			
(3) Other			
(A) ENDOWMENT INVESTMENTS	197,693.	END-OF-YEAR MARKET	' VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	197,693.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	id-of-year market value
(1)			
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			
(7)			
(8)			
(9) Total (Col. (b) must equal Form 000, Part V, line 12, col. (P))			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1d. See Form 990. Part X. line 15.	
	Description		(b) Book value
(1) RIGHT OF USE ASSET	<u>r</u>		275,670.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	ol. (B))		275,670.
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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CLIENT DEPOSITS	40,209
(3)	
(4)	
(5)	
(6)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. line 25. col. (B))	40,209

^{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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2023

chedule D (Form 990) 2023 $$	1	(
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	Sadic D (1 off) 330) 2020			<u> </u>	rage -
Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With P	evenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	5,100,697.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	22,778.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)		55,465.		
е	Add lines 2a through 2d			2e	78,243.
3	Subtract line 2e from line 1			3	5,022,454.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,022,454.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta		Expenses per R	eturr	1
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total expenses and losses per audited financial statements			1	5,331,431.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	55,465.		
е	Add lines 2a through 2d			2e	55,465.
3	Subtract line 2e from line 1			3	5,275,966.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	011 (5 11 1 5 1 2 11 1				
	Other (Describe in Part XIII.)	4b			
	Other (Describe in Part XIII.) Add lines 4a and 4b			4c	0.
С				4c 5	0. 5,275,966.

| 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, LINE 2:

AN UNCERTAIN TAX POSITION IS RECOGNIZED AS A BENEFIT ONLY IF IT IS "MORE LIKELY THAN NOT" THAT THE TAX POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR. THE AMOUNT RECOGNIZED IS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION. FOR TAX POSITIONS NOT MEETING THE MORE LIKELY THAN NOT TEST, NO TAX BENEFIT IS RECORDED. THE ORGANIZATION HAS NO MATERIAL UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

AS OF JUNE 30, 2024, THE ORGANIZATION HAS ACCRUED NO INTEREST AND NO

PENALTIES RELATED TO UNCERTAIN TAX POSITIONS. IT IS THE ORGANIZATION'S

Schedule D (Form 990) 2023

SCHEDULE G (Form 990)

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 instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

SENIOR CITIZENS HOME ASSISTANCE SERVICE, **Employer identification number** Name of the organization INC. 62-0809589 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. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a 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. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 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.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2023

Schedule G (Form 990) 2023	INC.	62-0809589	Page 2
Part II Fundraising I	vents. Complete if the organi	ization answered "Yes" on Form 990. Part IV. line 18. or reported more than \$15.0	000

_		of fundraising event contributions and gr	(a) Event #1	-EZ, lines 1 and 6b. List e	(c) Other events	s greater than \$5,000.
			(a) Event #1 KNOX AWARD	(b) Event #2	(c) Other events	(d) Total events
			LUNCHEON	BLOUNT AWARD	1	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
nue						
Revenue	1	Gross receipts	94,335.	40,872.	10,950.	146,157.
	2	Less: Contributions	66,030.	36,115.	4,603.	106,748.
	3	Gross income (line 1 minus line 2)	28,305.	4,757.	6,347.	39,409.
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment		4 016	C 125	F0 660
	9	Other direct expenses		· · · · · ·	6,135.	50,660.
	10	3				50,660. -11,251.
Pa	rt I	Net income summary. Subtract line 10 from I Gaming. Complete if the organization		990 Part IV line 19 or r		
		\$15,000 on Form 990-EZ, line 6a.	anoworda 100 om om	1000, 1 4, 111, 1110 10, 011		
П			() 5:	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Rè	1	Gross revenue				
es	2	Cash prizes				
=xbens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%		Yes %	
	6	Volunteer labor	No No	No No	No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu the organization licensed to conduct gaming a	_	states?		Yes No
		No," explain:				
١.		are any of the examination's remine licenses w	ovelend evenended exte	weekend during the toy o	2017	Ven Ne
		ere any of the organization's gaming licenses re Yes," explain:	evokeu, suspended, or te	aminated during the tax y	cai (Yes No
208	2 09	13-23			Sche	dule G (Form 990) 202

Schedule G (Form 990) 2023

SENIOR CITIZENS HOME ASSISTANCE SERVICE,

Sch	nedule G (Form 990) 2023 INC •	62-0	8095	89	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Y	'es	No No
	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?			'es	No
12	Indicate the percentage of gaming activity conducted in:			-	
		ĺ	40-		07
	a The organization's facility		13a		<u>%</u>
	b An outside facility		13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and recor	ds:			
	Name				
	Address				
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Y	'es	☐ No
ŀ	b If "Yes," enter the amount of gaming revenue received by the organization \$ and the an	nount			
	of gaming revenue retained by the third party \$				
,	c If "Yes," enter name and address of the third party:				
•	the rest, entername and address of the till party.				
	Name				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		Y	'es	No
ŀ	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 \$				
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v)	; and Part	III, line	s 9, 9	b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				
	, , , , , , , , , , , , , , , , , , , ,				
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_					

SENIOR CITIZENS HOME ASSISTANCE SERVICE

Schedule G	(Form 990)	INC.	62-0809589	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)		

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

SENIOR CITIZENS HOME ASSISTANCE SERVICE, INC.

Employer identification number 62-0809589

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROVIDING ACCESSIBLE CARE AND SUPPORTIVE SERVICES THROUGH COMPASSIONATE
PERSONNEL.
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF FORM 990 IS APPROVED BY THE BOARD PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION INVESTIGATES COMPLAINTS WHEN RECEIVED.
FORM 990, PART VI, SECTION B, LINE 15:
THE PROCESS FOR DETERMINING COMPENSATION IS REVIEWED BY A COMPENSATION
COMMITTEE MADE UP OF INDEPENDENT BOARD MEMBERS.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990 PART XII LINE 2C
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE
OVERSIGHT OF THE AUDIT, REVIEW, OR COMPILATION OF ITS FINANCIAL
STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

2023
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(f)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(a)

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

Name of the organization SENIOR CITIZENS HOME ASSISTANCE SERVICE, INC. Employer identification number 62-0809589

(c)

(d)

(e)

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(b)

X ,		\-,	1 ()	\-'	' 1	ν-	,	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	r Total inco	me End-of-year	r assets	Direct controlling entity		I
CHAS CLAIBORNE, LLC - 81-3250378	OPERATES A 9 UNIT APARTMENT							
15 BEARDEN PLACE	INDEPENDENT LIVING							
NOXVILLE, TN 37917	FACILITY.	TENNESSEE	-9	,679. 22	24,784.			
Part II Identification of Related Tax-Exempt Organi organizations during the tax year.	zations. Complete if the organization ar	nswered "Yes" on Form 990	, Part IV, line 34, t	pecause it had one	or more rei	iated tax-exem	ipt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Direct of	(f) controlling entity	Section 512(b) controlled entity?	
·		roroigh obditiry)		501(c)(3))		·		

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

Schedule R (Form 990) 2023

Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k)											
(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)		(k)
Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disproportion		Code V-UBI	Gener	al or Per	rcentage
	(state or	entity	(related, unrelated, lexcluded from tax under	income		alloca	tions?	amount in box	partner?		wnership
	country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes	No	
									+		
									\vdash		
	(b)	(b) (c) Primary activity Legal domicile (state or foreign	(b) (c) (d)	(b) (c) (d) (e)	(b) (c) (d) (e) (f) Primary activity Legal domicile (state or foreign foreign foreign foreign foreign for the following for the following foreign for the following for the following foreign for the following for the following foreign for the following foreign for the following foreign for the following for the following foreign for the following for the following foreign foreign foreign foreign for the following foreign for the following foreign for the following foreign foreign foreign foreign foreign foreign for the following foreign	(b) (c) (d) (e) (f) (g)	(b) (c) (d) (e) (f) (g) (l	(b) (c) (d) (e) (f) (g) (h) Primary activity Legal Direct controlling Predominant income Share of total Share of	(b) (c) (d) (e) (f) (g) (h) (i) Primary activity Legal Direct controlling Predominant income Share of total Share of Disconnections Code VI IBI	(b) (c) (d) (e) (f) (g) (h) (i) (j) Primary activity (Legal Direct controlling Predominant income Share of total Share of Discontinuity (Code VI IBI General	(b) (c) (d) (e) (f) (g) (h) (i) (j)

Part IV | Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
		country)		,				Yes	No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

art V	Transactions With Related Organizations.	Complete if the organization answered "	"Yes" on Form 990, Part IV, line 34, 35b, or 36.
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1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed ir	n Parts II-IV?		
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<i>'</i>			1a	
b	Gift, grant, or capital contribution to related organization(s)				. 1b	
	Gift, grant, or capital contribution from related organization(s)					
е	Loans or loan guarantees by related organization(s)					
f	Dividends from related organization(s)				1f	
g	Sale of assets to related organization(s)				. 1g	
h	Purchase of assets from related organization(s)				. 1h	
i	Exchange of assets with related organization(s)				. <u>1i</u>	
j	Lease of facilities, equipment, or other assets to related organization(s)				. <u>1j</u>	
k	Lease of facilities, equipment, or other assets from related organization(s)				. 1k	
- 1	Performance of services or membership or fundraising solicitations for related organ	nization(s)			. 11	
m	Performance of services or membership or fundraising solicitations by related organ	nization(s)			. 1m	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			. 1n	
0	Sharing of paid employees with related organization(s)				. <u>1</u> 0	
р	Reimbursement paid to related organization(s) for expenses				. 1p	
q	Reimbursement paid by related organization(s) for expenses				. 1q	
s	Other transfer of cash or property from related organization(s)				. 1s	
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered re	elationships and transaction thresholds.		
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount	involved	
1)						
2)						
3)						
4)						
5)						
61		I	1			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e Are	all	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partner: 501(c orgs	S Sec.	Share of	Share of	Disp	ropor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	ral or	Percentage
of entity		(state or foreign	excluded from tax under	orgs	5.?	total	end-of-year	alloca	ations?	of Schedule K-1	part	ner?	ownership
		country)	sections 512-514)	Yes		income	assets	Yes	No	(Form 1065)	Yes	No	
	-												
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SENIOR CITIZENS HOME ASSISTANCE SERVICE,

Schedule R (170m) 990) 2003 INC 62-0809589 Page 5 Part VIII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.	Schedule R	(Form 990) 2023 INC.	62-0809589	Page 5
	Part VII	Supplemental Information		
		Trovide additional information for responses to questions on ochequie 11. Oce instructions.		
				

332165 09-28-23 Schedule R (Form 990) 2023

SCHAS & CEDAR POINT LIVING COMBINED INCOME STATEMENT FY 2024-2025

		FY 2025 APPROVED	FY 2024 PROJECTED ACTUAL	FY 2024 APPROVED
REVENUES FROM OPERATIONS				
	Client Fees \$	780,274	631,188	740,110
	Contributions/Donations	32,500	32,111	34,107
	Fundraising	165,500	154,593	174,510
	Grants	140,150	72,648	140,550
	Investment Income	50,575	50,576	43,200
	Local Government	37,000	36,699	41,550
	National Family/CREVA	290,472	360,914	313,325
	Options for Community Living	624,000	801,206	941,950
	Food Purchases (Options 2.0)	31,200	100,335	120,780
	Grocery Delivery Fee (Options 2.0)	18,000	105,622	177,228
	Transportation (Options 2.0)	57,600	346,497	674,400
	United Way	260,993	260,993	265,470
	VA Income	3,066,121	2,292,736	1,544,450
	TOTAL REVENUE	5,554,385	5,246,118	5,211,630
EXPENSES FROM OPERATIONS				
_,,	Assistant Salaries	2,753,969	2,660,784	2,394,899
	Office Salaries	1,287,480	1,203,580	1,201,127
	FICA & Unemployment Expense	282,901	301,944	291,732
	Health Insurance	62,064	76,064	113,524
	Retirement - Life	57,350	55,327	54,696
	Transportation	58,329	90,741	241,504
	Workers Comp	102,779	102,779	102,632
	Bad Debt Expense	1,000	544	1,074
	Bank Charges	5,000	4,997	7,200
	Client Supplies	8,500	8,360	8,550
	Community Education	60,000	58,697	22,800
	Computer Expense	50,000	49,687	59,900
	Contract Labor	13,750	13,659	15,600
	Depreciation	35,904	21,336	35,900
	Drug Screening	5,000	2,646	13,010
	Equipment Maintenance	29,200	26,145	20,032
	Food Service Supplies	31,200	116393	120,780
	Fundraising Expense	63,800	50,876	63,800
	General Insurance	93,420	92,868	95,908
	Memberships & Dues	5,905	5,800	5,905
	Occupancy	165,200	126,705	151,549
	Office Supplies	8,631	8,223	8,831
	Operational Reserve	120,000	-	-
	Police Checks	10,000	3,795	9,280
	Postage	5,285	4,930	5,285
	Professional Fees	106,408	86,271	81,463
	Telephone	46,500	43,359	38,413
	Other Expense	84,810	149,184	46,236
	TOTAL EXPENSES	5,554,385	5,365,694	5,211,630
	NET INCOME \$		(119,576)	