# **TAX RETURN FILING INSTRUCTIONS**

\*\* FORM 990 PUBLIC DISCLOSURE COPY \*\*

### FOR THE YEAR ENDING

MAY 31, 2020

Prepared for	MEMORY CARE HOME SOLUTIONS 4389 W. PINE BLVD. ST. LOUIS, MO 63108
Prepared by	BROWN SMITH WALLACE LLP 6 CITYPLACE DRIVE, SUITE 900 ST. LOUIS, MO 63141
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

### \*\* PUBLIC DISCLOSURE COPY \*\*

(Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

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

Open to Public Inspection

<u>A</u>	roi tii	e 20 19 calendar year, or tax year beginning 0	N 1, 2019 and	ending M	AY 31, 2020	
В	Check if applicab	e: C Name of organization			D Employer identi	fication number
	Addre					
	Name chang	e Doing business as			02-0641248	
	Initial return	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suite	E Telephone numb	per
	Final return		314.645.624			
	termir	City or town, state or province, country, and 2	ZIP or foreign postal code		G Gross receipts \$	1,725,423.
	Amen return				H(a) Is this a group	
F	Applic		BARON		for subordinate	
	pendi	SAME AS C ABOVE			H(b) Are all subordinates	
$\overline{}$	Ταν.αν		<b>■</b> (insert no.) 4947(a)(1)	or 527	1	a list. (see instructions)
		te: WWW.MEMORYCAREHS.ORG	(moore no.) 10 17 (a)(1)	01 021	H(c) Group exempt	
			sociation Other	I Vear	<del>' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' </del>	M State of legal domicile: MO
	art I	Summary	Journal Danoi P	L Toai	or formation, 2002	W State of legal dofficite, 120
	$\top$	Briefly describe the organization's mission or most	eignificant activities: EXTEND	AND TMPR	OVE OHALTTY TIM	₹
Governance	'	AT HOME FOR FAMILIES CARING FOR LOVED		11112	OVE QUIETTI TIII	
nar	2	Check this box ▶ ☐ if the organization discor		and of mare	than 25% of its not	accete
Ver	3	_				1
Ĝ	3	Number of voting members of the governing body				
∞ ≪	"	Number of independent voting members of the gov				
ţį		Total number of individuals employed in calendar y				
Activities &		Total number of volunteers (estimate if necessary)				
Ac		Total unrelated business revenue from Part VIII, col				
	b	Net unrelated business taxable income from Form	990-1, line 39			<u> </u>
		Ocatally sticks and sweets (Dout VIII time 41s)			Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		1,694,355	<del>                                     </del>	
Revenue	9				79,844	<del>'</del>
Be	10	Investment income (Part VIII, column (A), lines 3, 4,			8,170	· · · · · · · · · · · · · · · · · · ·
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,		-38,601		
		Total revenue - add lines 8 through 11 (must equal			1,743,768	
		Grants and similar amounts paid (Part IX, column (A			60,595	· · · · · · · · · · · · · · · · · · ·
		Benefits paid to or for members (Part IX, column (A			0	*
ses	15	Salaries, other compensation, employee benefits (F			892,977	<del></del>
Expenses	16a	Professional fundraising fees (Part IX, column (A), li			43,750	. 0.
×	b	Total fundraising expenses (Part IX, column (D), line				
	1/	Other expenses (Part IX, column (A), lines 11a-11d,			264,818	,
		Total expenses. Add lines 13-17 (must equal Part I)			1,262,140	
. (/	19	Revenue less expenses. Subtract line 18 from line	12		481,628	<u>'</u>
Net Assets or				Ве	ginning of Current Yea	
Sset	20				1,985,345	
HA P	21	Total liabilities (Part X, line 26)			90,649	
챨	22	Net assets or fund balances. Subtract line 21 from	line 20		1,894,696	. 2,010,525.
	art II	Signature Block				
		Ilties of perjury, I declare that I have examined this return,				my knowledge and belief, it is
true	e, correc	et, and complete. Declaration of preparer (other than office	r) is based on all information of wi	nich preparer	nas any knowledge.	
		Signature of officer			l Date	
Sig		<b>,</b> , ,			Date	
He	re	LISA BARON, EXECUTIVE DIRECTOR Type or print name and title				
		<b>     </b>		- 11	Oato I	T I DTIN
		1	Preparer's signature		Date Check if	PTIN
Pai		JENNIFER M. VACHA			self-empl	· · ·
	parer	Firm's name BROWN SMITH WALLACE LLP			Firm's EIN ▶	. 43-1001367
Use	Only	Firm's address 6 CITYPLACE DRIVE, SUITE	900			
		ST. LOUIS, MO 63141			Phone no.31	4.983.1200
Ма	y the I	RS discuss this return with the preparer shown abo	ve? (see instructions)			X Yes No

# Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

		-				
ndar year 2019, or fiscal year beginning	JUN	1	2019, and ending	MAY	31	, 20 2 0

OMB No. 1545-1878

	For calendar year 2019, or fiscal year beginning JUN		20 20	2019
Department of the Treasury	Will the state of	e IRS. Keep for your records.		
Name of exempt organization	Go to www.irs.gov/Form	n8879EO for the latest information.	Employer id	entification number
traine or exempt or gamzation			Limpioyeriu	chance and nomber
MEMORY CARE HOME SOI	JUTIONS		02-06412	248
Name and title of officer				
LISA BARON				
EXECUTIVE DIRECTOR				
Part I Type of I	Return and Return Information (Wi	nole Dollars Only)		
Check the box for the retu	rn for which you are using this Form 8879-EO	and enter the applicable amount, if any, f	from the return	ı. If you check the box
	a, below, and the amount on that line for the lank (do not enter -0-). But, if you entered -0- o			
1a Form 990 check here	<b>b</b> Total revenue, if any (Form	990, Part VIII, column (A), line 12) orm 990-EZ, line 9)	1b	1,663,109,
2a Form 990-EZ check he	re <b>b Total revenue</b> , if any (Fo	orm 990-EZ, line 9)	2b	
3a Form 1120-POL check	here b Total tax (Form 112	0-POL, line 22)	3b	
4a Form 990-PF check he	re <b>b ax based on investme</b>	ent income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	b Balance Due (Form 8868, lir	ne 3c)	5b	
Part II Declarat	ion and Signature Authorization of	f Officer		
return, and the financial ins 1-888-353-4537 no later the processing of the electroni payment. I have selected a	I institution account indicated in the tax prepastitution to debit the entry to this account. To an 2 business days prior to the payment (settic payment of taxes to receive confidential infa personal identification number (PIN) as my selectronic funds withdrawal.	revoke a payment, I must contact the U.S tlement) date. I also authorize the financial formation necessary to answer inquiries ar	S. Treasury Fin Il institutions in nd resolve issu	ancial Agent at volved in the les related to the
347	•			41040
authorize BROV	WN SMITH WALLACE LLP	<del></del>	to enter my F	
	ERO firm na	me		Enter five numbers, b do not enter all zeros
is being filed with enter my PIN on	on the organization's tax year 2019 electronic n a state agency(ies) regulating charities as pa the return's disclosure consent screen.	art of the IRS Fed/State program, I also au	uthorize the af	orementioned ERO to
indicated within t program, I will en	he organization, I will enter my PIN as my sigr this return that a copy of the return is being fi Iter my PIN on the return's disclosure consen	led with a state agency(ies) regulating cha		
Officer's signature Lis	a baron	Date April 1	10, 2021	
Bad III A 17				
	tion and Authentication			
	ur six-digit electronic filing identification your five-digit self-selected PIN.	43387801367 Do not enter all zeros		
	neric entry is my PIN, which is my signature o g this return in accordance with the requirem is Returns.			
ERO's signature	A MICE	Date ▶ 4/8/20	)21	=
	ERO Must Retain Th	is Form - See Instructions		
		he IRS Unless Requested To Do	o So	

Pai	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	MEMORY CARE HOME SOLUTIONS EXISTS TO EXTEND AND IMPROVE QUALITY TIME	
	AT HOME FOR FAMILIES CARING FOR LOVED ONES WITH MEMORY LOSS, DEMENTIA,	
	OR ALZHEIMER'S DISEASE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X Yes No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured to be a serviced accomplishment of the service accomplishment of t	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	e total expenses, and
	revenue, if any, for each program service reported.	
4a		93,736.
	SERVING PEOPLE LIVING WITH DEMENTIA AND FAMILY CARE PARTNERS THROUGH A	
	MULTIDISCIPLINARY BEHAVIORAL AND SOCIAL SUPPORT APPROACH THROUGH:	
	* GERIATRIC CARE COUNSELING	
	* EDUCATION & OUTREACH IN-HOME CONSULTATIONS	
	GINGE INGERMAN MEMORY GARE HOME GOLUMIANG (MOUG) HAG IMPAGMED OVER	
	SINCE INCEPTION, MEMORY CARE HOME SOLUTIONS (MCHS) HAS IMPACTED OVER 200,000 INDIVIDUALS. USING A FAMILY-CENTERED APPROACH, WE FOCUS ON	
	MODIFYING THE HOME ENVIRONMENT TO SUPPORT THE SAFETY AND FUNCTION OF	
	THE PERSON WITH DEMENTIA WHILE HELPING CAREGIVERS DEVELOP SKILLS TO	
	ADDRESS DIFFICULT SYMPTOMS AND BEHAVIORS. THROUGH OUR DEMENTIA CARE	
	INTERVENTION, FAMILIES RECEIVE PERSONALIZED GUIDANCE TO NAVIGATE MEMORY	
	CHANGES AND PREPARE FOR THE FUTURE(SEE SCHEDULE O)	
4b		1
	/ (actions of) / (actions of	
4c	(Code:) (Expenses \$	)
4d	Other program services (Describe on Schedule O.)	
<del>-</del> u	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	4.000.045	J
	, , , , , , , , , , , , , , , , , , ,	= 000 (aa.ta)

# Form 990 (2019) MEMORY CARE HOME SO 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)?		х	
_	If "Yes," complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			X
4	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
_	during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
O	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		- 21
′	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			- 11
8		8		х
•	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	•		_ A
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		х
40	If "Yes," complete Schedule D, Part IV	9		_ A
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		_
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	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		- 21
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TIE		- 21
'	the organization's separate of consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124		12a	х	
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		
J	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		х
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		х
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	17		х
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	х	
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		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_00		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
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Form 990 (2019) MEMORY CARE HOME SOLUTIONS

Part IV Checklist of Required Schedules (continued)

			Yes	No			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on						
	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			, .			
04.0	Schedule J	23	-	Х			
<b>24</b> a	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					
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease						
	any tax-exempt bonds?	24c					
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit						
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and						
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete						
	Schedule L, Part I	25b		Х			
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%						
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х			
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			x			
20	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27					
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):						
а							
u	"Yes," complete Schedule L, Part IV	28a		х			
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х			
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If						
	"Yes," complete Schedule L, Part IV	28c		х			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation						
	contributions? If "Yes," complete Schedule M	30		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? If "Yes," complete						
	Schedule N, Part II	32		Х			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l			
	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			<sub>v</sub>			
25-	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X			
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a					
b	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?	335					
00	If "Yes," complete Schedule R, Part V, line 2	36		х			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization						
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI						
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37					
	Note: All Form 990 filers are required to complete Schedule O	38	Х				
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance						
	Check if Schedule O contains a response or note to any line in this Part V						
			Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4					
b		4					
С							
	(gambling) winnings to prize winners?	l 1c	X	ı			

# 019) MEMORY CARE HOME SOLUTIONS Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a	20						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	. 2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		. 3a		Х				
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	. 4a		Х				
b	If "Yes," enter the name of the foreign country ▶		_						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	. 5b		Х				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		. 5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit							
	any contributions that were not tax deductible as charitable contributions?		. 6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts							
	were not tax deductible?		. 6b						
7	Organizations that may receive deductible contributions under section 170(c).								
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			X					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		. 7b	Х					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was the file form opens.	•			Х				
	to file Form 8282?		. 7c		<u> </u>				
	If "Yes," indicate the number of Forms 8282 filed during the year				Х				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of				X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual property, did the organization file Fo		. —	1	1				
g h	If the organization received a contribution of qualified intellectual property, and the organization file of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file of the organization file organization file of the organization file organization file of the organization file of the organization file organization file of the organization file organization								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained								
Ū	sponsoring organization have excess business holdings at any time during the year?		8						
9	Sponsoring organizations maintaining donor advised funds.								
а	Didd		9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?								
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:								
а	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.)	11b							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the	l I							
	organization is licensed to issue qualified health plans	13b	_						
	Enter the amount of reserves on hand	13c			v				
		lo O	1	+	Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedules the expensive subject to the section 4060 tox on payment(s) of more than \$1,000,000 in regular		14b	+	$\vdash$				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		45		Х				
	excess parachute payment(s) during the year?  If "Yos " soo instructions and file Form 4720. Schodule N.		. 15		<b>├</b> ^				
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		Х				
10	If "Yes," complete Form 4720, Schedule O.	E HICOING!	.   10		<del>                                     </del>				
	ii 188, Sampioto i oitii 4720, Samoudie O.								

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

	Check it Schedule O contains a response or note to any line in this Part VI			Λ
Sec	tion A. Governing Body and Management		<b>V</b>	
4.	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
та	The the manuscript voting members of the geventing body at the order the tax year	4		
	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 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
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	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b		15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	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)s only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.	,		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	nd fina	ncial	
-	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 314.645.6247			
	4389 W. PINE BLVD., ST LOUIS, MO 63108			

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

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

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

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

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

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

(A)	(B)	Ĭ			<b>C)</b>	•		(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle	ss pe	more rson i	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) NICOLE HOLST	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(2) DAVID HARTLEY	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) JULIE HIBLOVIC	2.00									
TREASURER		Х		Х				0.	0.	0.
(4) JOHN MALPIEDI	2.00									
SECRETARY		Х		Х				0.	0.	0.
(5) SUE ALLEN	2.00									
GENERAL BOARD MEMBER		Х						0.	0.	0.
(6) JANINE BURKETT	2.00									
GENERAL BOARD MEMBER (RES 3/2020)		х						0.	0.	0.
(7) WENDY CORNETT-MARQUITZ	2.00									
GENERAL BOARD MEMBER		х						0.	0.	0.
(8) MONA GREEN	2.00									
GENERAL BOARD MEMBER		х						0.	0.	0.
(9) ED HICKEY	2.00									
GENERAL BOARD MEMBER (RES 2/2020)		х						0.	0.	0.
(10) HECTOR IRIZARRY-ROBLES	2.00									
GENERAL BOARD MEMBER		х						0.	0.	0.
(11) CHUCK JAHNEKE	2.00									
GENERAL BOARD MEMBER		х						0.	0.	0.
(12) SUZAN KNESE	2.00									
GENERAL BOARD MEMBER		х						0.	0.	0.
(13) JAREL LOVELESS	2.00									
GENERAL BOARD MEMBER		х						0.	0.	0.
(14) BRIAN MUSIAL SCHWARZE	2.00									
GENERAL BOARD MEMBER		х						0.	0.	0.
(15) LAUREE PETERSON-SAKAI	2.00									
GENERAL BOARD MEMBER		х						0.	0.	0.
(16) DAVE RENGACHARY	2.00									
GENERAL BOARD MEMBER		х						0.	0.	0.
(17) MARY SPENCER	2.00									
GENERAL BOARD MEMBER		Х						0.	0.	0.

932007 01-20-20 Form **990** (2019)

(F)

Estimated

amount of

(E)

Reportable

compensation

(A)

Name and title

(B)

Average

hours per

MEMORY CARE HOME SOLUTIONS  $02\!-\!0641248$ Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(D)

Reportable

compensation

(C)

Position (do not check more than one box, unless person is both an officer and a director/trustee)

	week					or/trus		from	from related	'		ther
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		compe fror organ and r	ensation m the nization related izations
(18) BOB TOMEK	2.00											
GENERAL BOARD MEMBER		Х						0.		0.		0.
(19) GEORGE VAN ANTWERP	2.00											
GENERAL BOARD MEMBER		Х						0.		0.		0.
(20) JASON WILSON	2.00	1										
GENERAL BOARD MEMBER		Х						0.		0.		0.
(21) LISA BARON	40.00	1										
EXECUTIVE DIRECTOR				Х				130,175.		0.		4,330.
(22) SARAH SCHOENIG	40.00											
DIRECTOR OF OPERATIONS				Х				57,620.		0.		8,078.
1b Subtotal								187,795.		0.		12,408.
c Total from continuation sheets to Part	/II, Section A							0.		0.		0.
d Total (add lines 1b and 1c)								187,795.		0.		12,408.
2 Total number of individuals (including but	not limited to th	ose	liste	ed a	bov	e) w	ho r	eceived more than \$100	,000 of reportable	€		
compensation from the organization												1
											Y	es No
3 Did the organization list any former office			cey (	emp	oloye	e, o	r hig	hest compensated emp	oloyee on			
line 1a? If "Yes," complete Schedule J for											3	X
4 For any individual listed on line 1a, is the	•							•	•			
and related organizations greater than \$1											4	X
5 Did any person listed on line 1a receive or	-				-			-				
rendered to the organization? If "Yes," con	nplete Schedul	e J t	or s	uch	per	son					5	X
Section B. Independent Contractors												
<ol> <li>Complete this table for your five highest of the organization. Report compensation for</li> </ol>										pens	ation fro	<sub>'</sub> m
(A)								(B)			(C)	
Name and busines	s address	NO	NE					Description of s	ervices	C	ompens	ation
							_					
Total number of independent contractors     \$100,000 of compensation from the organ		ot li	mite	d to	tho	se li 0	stec	d above) who received m	nore than			
	nzation -										Form Q(	<b>90</b> (2019)
932008 01-20-20											. 5	- 5 (2010)

		Check if Schedule O contains a response	onse or note to any lin	e in this Part VIII			
		Officer if Ochedule O Contains a respe	Inse of flote to arry in the	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt		Revenuè éxcluded
					function revenue	business revenue	
<u> </u>							sections 512 - 514
nts	1 a	Federated campaigns 1a					
સુ     હા	b	Membership dues 1b					
S, (	С	Fundraising events1c	295,778.				
ar la	d	Related organizations 1d					
s, (		Government grants (contributions)	479,472.				
r Si		All other contributions, gifts, grants, and					
the lat		similar amounts not included above 1f	797,325.				
Contributions, Gifts, Grants and Other Similar Amounts	g	· · · · · · · · · · · · · · · · · · ·					
등	_	Total. Add lines 1a-1f		1,572,575.			
<del>- 1</del>		Total. Add lines 1a-11	Business Code	2,072,070,			
	•	MUDDADY BILLINGS	624100	71,243.	71,243.		
<u>ğ</u>	2 a		_	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
ue n	b	TRAINING FEES	624100	22,493.	22,493.		
en S	С		_				
Re	d		_				
Program Service Revenue	е	·	_				
۱ ۵	f	All other program service revenue					
	g	Total. Add lines 2a-2f		93,736.			
	3	Investment income (including dividends,	nterest, and				
		other similar amounts)	▶ [	7,947.			7,947.
	4	Income from investment of tax-exempt bo	ond proceeds				
	5	Royalties					
		(i) Rea	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
		Gross amount from sales of (i) Securit	ies (ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
e		and sales expenses 7b					
len	c	Gain or (loss) 7c					
Re		Net gain or (loss)	<u> </u>				
her Revenue		Gross income from fundraising events (not					
됩	0 4	including \$ 295,778. of					
_		contributions reported on line 1c). See					
		Part IV, line 18	8a 51,165.				
	h	Less: direct expenses	8b 62,314.				
		Net income or (loss) from fundraising eve		-11,149.			-11,149.
		Gross income from gaming activities. See					,,
	Ja	Part IV, line 19	9a				
	h	Less: direct expenses	9b				
		Net income or (loss) from gaming activitie	s ▶				
	ю а	Gross sales of inventory, less returns	40-				
		and allowances	10a				
		Less: cost of goods sold	10b				
-	С	Net income or (loss) from sales of inventor					
sn			Business Code				
ee ne	11 a		_				
Miscellaneous Revenue	b						
Re	C		_				
Ξ̈́		All other revenue					
		Total. Add lines 11a-11d	<b>&gt;</b>	1 662 162	00 700		2 222
	12	Total revenue. See instructions	<b>▶</b>	1 663 109.	93 736.	0.	-3 202.

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 76, 8b, 9b, and 100 of Part VIII.		Check if Schedule O contains a respon	se or note to any line in	this Part IX		
and domestic governments. See Part IV, line 21  Grants and other assistance to domestic inclividuals. See Part IV, line 22  3 Grants and other assistance to foreign organizations, foreign governments, and foreign inclividuals. See Part IV, line 15 and 16  Bennetts paid to or for members  Compensation of current officers, directors, trustess, and key employees  Compensation not included above to disqualified persons (see fidered under section 4956(I)(1) and persons described in section 4956(I)(1) and qualified persons (sea fidered under section 4956(I)(1) and qualified persons described in the section 496(I) and qualified persons described in the section 496(I)(1) and qualified persons described in the organization of the section 496(I)(1) and qualified persons descr		not include amounts reported on lines 6b,	(A)	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
2 Grants and other assistance to domestic inclividuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign inclividuals. See Part IV, line 15 faind 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 1 Compensation or current officers, directors, trustees, and key employees 2 Compensation or current officers, directors, trustees, and key employees 2 Compensation or current officers, directors, trustees, and key employees 2 Compensation or current officers, directors, trustees, and key employees 2 Compensation or current officers, directors, trustees, and key employees 2 Compensation or current officers, directors, trustees, and key employees 2 Compensation or current officers, directors, trustees, and key employees 2 Compensation or current officers, directors, trustees, and controlled approximately and compensation of the section of the directors of trustees 3 Cheer employee benefits 3 Responsation of trustees 4 Compensation of trustees 4 Compensation of trustees 4 Compensation of trustees 5 C	1	Grants and other assistance to domestic organizations			ÿ .	<u>.</u>
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  6 Compensation not included above to disqualified persons (as defined under section 4958()(1)) and persons described in section 4958()(1) and persons described in section 4958()(1) and persons described in section 4958()(1) and appears on the section 401(x) and 403(x) employer contributions (include section 401(x) and 403(x) employer contributions)  9 Other employee benefits  10 Payroll taxes  11 Pees for services (nonemployees):  11 Anagement  12 Legal  13 Concurring  15 Concurring  15 Concurring  15 Sool  15 Sool  15 Sool  15 Sool  15 Sool  16 Coccurring  17 Other separases  17 Sool  18 Sool  19 Other curring for the foreign of th		and domestic governments. See Part IV, line 21	83,511.	83,511.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  4 Banelits paid to or for members 5 Compensation of current officers, directors, trustaes, and key employees 10 Compensation on included above to disqualified persons (as defined under section 4958(IV)) and persons discribed as scaled a958(IV) and persons (as defined under section 4958(IV)) and persons discribed as scaled a958(IV) and appears of discribed as scaled a958(IV) and appears of discribed as scaled a958(IV) and a scale and continuations (include section 401(k) and 403(b) employer contributions) 10 Peryori taxes 10 Peryori taxes 11 Fees for services (nonemployees): 11 Fees for services (nonemployees): 12 Assistance and the scaled appears of th	2	Grants and other assistance to domestic				
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		F				
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  6 Compensation on clinidad above to disqualified persons (as defined under section 4958(f) (1)) and persons described in section 4958(f) (1) and 405(f) employee contributions (1) and 405(f) employee co	3	<u> </u>				
## Benefits paid to or for members   20						
5 Compensation of current officers, directors, trustees, and key employees 208,413, 86,632, 107,579, 14,202 Compensation not included above to disqualified persons (as defined under section 4958(I)(1)) and persons described in section 4958(I)(1) and persons described in section 401(k) and 403(b) employer contributions (include section 401(k) and 403(b) employer contributions)  9 Other employee benefits 88,528, 70,060, 11,236, 816, 2,807, 114,097 (1) and the section 401(k) and 403(b) employer contributions (include section 401(k) and 401(k) and 403(k) employer contributions (include section 401(k) and 403(k) employer contributions (include section 401(k) and 401(k) an		The state of the s				
trustees, and key employees		F				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons (aschiend during section 4958(f)(3)(8).  7 Other salaries and wages  8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  14 ,859. 11,236. 816. 2,807.  10 Payroll taxes. 80,103. 55,469. 10,537. 114,097.  11 Fees for services (nonemployees):  a Management.	5		200 412	96 632	107 570	14 202
persons (as defined under section 4986(f)(1)) and persons described in section 4986(c)(3)(8)  7 Other salaries and wages	•		208,413.	80,032.	107,579.	14,202.
Persons described in section 4958(c)(3)(B)   7   7   7   7   7   7   7   7   7	6	·				
7 Other salaries and wages 752,133 554,376 33,961 163,796 8 Pension plan accurals and contributions (include section 401(k) and 400(k) employer contributions) 14,859 11,236 816 2,807						
8 Pension plan accruals and contributions (include section 40 (1k) and 40(1b) employer contributions) 9 Other employee benefits 88,528. 70,060. 18,468 10 Payroll taxes 80,103. 55,469. 10,537. 14,097 11 Fees for services (nonemployees):  Management b Legal 15,800. 15,800	7		752 133	554 376	33 961	163 796
Section 401(k) and 403(b) employer contributions)   14,859,   11,236,   816,   2,807			732,133.	334,376.	33,301.	103,750.
9 Other employee benefits	o	,	14 859	11 236	816	2 807
10	۵	` '			010.	
11 Fees for services (nonemployees): a Management b Legal c Accounting					10 537	14,097.
a Management b Legal c Accounting 15,800. 15,800. d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 87,708. 42,985. 10,147. 34,576 column (A) amount, list line 19g expenses on Sch 0.) 117,098. 3,221. 1,777. 13,700 13 Office expenses 43,005. 24,774. 4,780. 13,451 fnormation technology 41,927. 31,381. 6,668. 3,878 f8 Royaties 6 Cocupancy 20,460. 15,011. 3,157. 2,292 17 Travel 25,982. 25,735. 49. 198 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 7,521. 1,295. 2,190. 4,036 linterest Payments to affiliates 20 Depreciation, depletion, and amortization 25,206. 19,913. 3,024. 2,269 18 Insurance 24,103. 17,227. 3,675. 3,201 c Other expenses. Hemize expenses on line 24e, If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  18 PRARININS 4,447. 4,447. c BAD DEBT 2,538. 2,538. c All other expenses 5 Total functional expenses. Add lines 1 through 24e 5 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.			55,255.	00,101.	20,007.	
b Legal c Accounting d 15,800. 15,800. 15,800. 15,800. d Lobbying		` ' ' '				
Company   Comp						
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 87,708. 42,985. 10,147. 34,576 12 Advertising and promotion 17,098. 3,221. 177. 13,700 Office expenses 43,005. 24,774. 4,780. 13,451 Information technology 41,927. 31,381. 6,668. 3,878 Royalties 7 Royalties 7 Royalties 7 Royalties 7 Royalties 7 Royalties 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 9 Conferences, conventions, and meetings 7,521. 1,295. 2,190. 4,036 Interest 7 Payments to affiliates 7 Payments to affiliates 7 Payments to affiliates 7 Depreciation, depletion, and amortization 25,206. 19,913. 3,024. 2,269 Insurance 24,103. 17,227. 3,675. 3,201 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25c, column (A) amount, list line 24e expenses on Schedule 0.) PROORAM SUPPLIES 14,036. 14,036. 14,036. D TRAINING 4,447. 4,447. 4,447. 4,447. C BAD DBBT 2,538. 2,			15,800.		15,800.	
e Professional fundraising services. See Part IV, line 17 f Investment management fees						
Proceedings of the common texted the common te						
Souther (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)   87,708.   42,985.   10,147.   34,576						
Column (A) amount, list line 11g expenses on Sch O.)	g					
12 Advertising and promotion       17,098.       3,221.       177.       13,700         13 Office expenses       43,005.       24,774.       4,780.       13,451         14 Information technology       41,927.       31,381.       6,668.       3,878         16 Occupancy       20,460.       15,011.       3,157.       2,292         17 Travel       25,982.       25,735.       49.       198         18 Payments of travel or entertainment expenses for any federal, state, or local public officials or any federal, state, or local public officials.       7,521.       1,295.       2,190.       4,036         19 Conferences, conventions, and meetings       7,521.       1,295.       2,190.       4,036         10 Interest       20 Interest       21 Payments to affiliates       22 Depreciation, depletion, and amortization       25,206.       19,913.       3,024.       2,269         21 Insurance       24,103.       17,227.       3,675.       3,201         24 Other expenses. Itemize expenses not covered 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.)       14,036.       14,036.         b TRAINING       2,538.       2,538.       2,538.         c BAD DEBT       2,538.       2,538.       2,538. <td>J</td> <td></td> <td>87,708.</td> <td>42,985.</td> <td>10,147.</td> <td>34,576.</td>	J		87,708.	42,985.	10,147.	34,576.
13 Office expenses       43,005.       24,774.       4,780.       13,451         14 Information technology       41,927.       31,381.       6,668.       3,878         15 Royalties	12		17,098.	3,221.		13,700.
14	13		43,005.	24,774.	4,780.	13,451.
15   Royalties	14	The state of the s	41,927.	31,381.	6,668.	3,878.
16         Occupancy         20,460.         15,011.         3,157.         2,292           17         Travel         25,982.         25,735.         49.         198           18         Payments of travel or entertainment expenses for any federal, state, or local public officials.  <	15					
17 Travel         25,982.         25,735.         49.         198           18 Payments of travel or entertainment expenses for any federal, state, or local public officials         7,521.         1,295.         2,190.         4,036           19 Conferences, conventions, and meetings         7,521.         1,295.         2,190.         4,036           20 Interest         2         3         2         3         2         3         2         3         2         3         2         3         2         3         2         3         3	16		20,460.	15,011.	3,157.	2,292.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings 7,521. 1,295. 2,190. 4,036  20 Interest	17		25,982.	25,735.	49.	198.
19 Conferences, conventions, and meetings 7,521. 1,295. 2,190. 4,036 20 Interest 2,190. 4,036 21 Payments to affiliates 2 22 Depreciation, depletion, and amortization 25,206. 19,913. 3,024. 2,269 23 Insurance 24,103. 17,227. 3,675. 3,201 24 Other expenses. Itemize expenses not covered 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.) 25 PROGRAM SUPPLIES 14,036.	18					
20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 25,206. 19,913. 3,024. 2,269 23 Insurance 24,103. 17,227. 3,675. 3,201 24 Other expenses. Itemize expenses not covered 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.) 28 PROGRAM SUPPLIES 20 14,036. 14,036. 30 TRAINING 31 4,447. 4,447. 42 4,447. 43 4,447. 44 4,447. 45 4,447. 46 All other expenses 47 Total functional expenses. Add lines 1 through 24e 48 1,557,378. 1,063,847. 202,560. 290,971 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		for any federal, state, or local public officials				
Payments to affiliates  Depreciation, depletion, and amortization  25,206. 19,913. 3,024. 2,269  Insurance  Other expenses. Itemize expenses not covered 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.)  PROGRAM SUPPLIES  14,036. 14,036.  BAD DEBT  2,538. 2,538.  d  All other expenses  Total functional expenses. Add lines 1 through 24e  1,557,378. 1,063,847. 202,560. 290,971  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	19	Conferences, conventions, and meetings	7,521.	1,295.	2,190.	4,036.
Depreciation, depletion, and amortization 25,206. 19,913. 3,024. 2,269 Insurance 24,103. 17,227. 3,675. 3,201  Other expenses. Itemize expenses not covered 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.)  a PROGRAM SUPPLIES 14,036. 14,036.  b TRAINING 4,447. 4,447.  c BAD DEBT 2,538. 2,538.  d All other expenses Add lines 1 through 24e 1,557,378. 1,063,847. 202,560. 290,971  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	20	Interest				<u></u>
Insurance 24,103. 17,227. 3,675. 3,201  24 Other expenses. Itemize expenses not covered 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.)  a PROGRAM SUPPLIES 14,036. 14,036.  b TRAINING 4,447. 4,447.  c BAD DEBT 2,538. 2,538.  d e All other expenses  25 Total functional expenses. Add lines 1 through 24e 1,557,378. 1,063,847. 202,560. 290,971  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	21	Payments to affiliates				
Other expenses. Itemize expenses not covered 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 O.)  a PROGRAM SUPPLIES  14,036.  14,036.  b TRAINING  4,447.  4,447.  C BAD DEBT  2,538.  2,538.  d  e All other expenses. Add lines 1 through 24e  All other expenses. Add lines 1 through 24e  25 Total functional expenses. Add lines 1 through 24e  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	22	Depreciation, depletion, and amortization	-			2,269.
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.)  a PROGRAM SUPPLIES  14,036.  14,036.  b TRAINING  4,447.  4,447.  c BAD DEBT  2,538.  2,538.  d  e All other expenses  25 Total functional expenses. Add lines 1 through 24e  1,557,378.  1,063,847.  202,560.  290,971  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	23		24,103.	17,227.	3,675.	3,201.
a PROGRAM SUPPLIES  14,036.  14,036.  4,447.  4,447.  BAD DEBT  2,538.  2,538.  4  All other expenses  Total functional expenses. Add lines 1 through 24e  1,557,378.  1,063,847.  202,560.  290,971  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	24	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
b TRAINING c BAD DEBT 2,538. 2,538.  d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	а	· · · · · · · · · · · · · · · · · · ·	14,036.	14,036.		
c BAD DEBT 2,538. 2,538.  d	b	TRAINING				
e All other expenses  25 Total functional expenses. Add lines 1 through 24e 1,557,378. 1,063,847. 202,560. 290,971  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	c	BAD DEBT		2,538.		
e All other expenses  25 Total functional expenses. Add lines 1 through 24e 1,557,378. 1,063,847. 202,560. 290,971  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	_		,	,		
Total functional expenses. Add lines 1 through 24e 1,557,378. 1,063,847. 202,560. 290,971  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		All other expenses				
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		· — — — — — — — — — — — — — — — — — — —	1,557,378.	1,063,847.	202,560.	290,971.
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.					·	•
educational campaign and fundraising solicitation.						
Charle have 7 1/4 (1)		. , , ,				
Grieck field   If following SOP 98-2 (ASC 958-720)		Check here if following SOP 98-2 (ASC 958-720)				

# Form 990 (2019) Part X Balance Sheet

Га	LA	Check if Schedule O contains a response or	note to a	ny line in this Part V			
		Check if Schedule O contains a response or	note to a	ny inie in uns Part X	<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			340,376.	1	854,431.
	2	Savings and temporary cash investments				2	197,632.
	3	Pledges and grants receivable, net			14,856.	3	11,197.
	4	Accounts receivable, net			594,803.	4	203,944.
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, s					
		controlled entity or family member of any of				5	
	6	Loans and other receivables from other disc					
		under section 4958(f)(1)), and persons desci	-	·		6	
ι	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			18,210.	9	9,953.
	10a	Land, buildings, and equipment: cost or other			·		
		basis. Complete Part VI of Schedule D		825,785.			
	b	Less: accumulated depreciation			662,371.	10c	637,165.
	11	Investments - publicly traded securities			354,729.	11	372,684.
	12	Investments - other securities. See Part IV, li			·	12	, , , , , , , , , , , , , , , , , , ,
	13	Investments - program-related. See Part IV, I				13	
	14	Intangible assets				14	
	15			15			
	16	Other assets. See Part IV, line 11  Total assets. Add lines 1 through 15 (must equal line 33)			1,985,345.	16	2,287,006.
	17	Accounts payable and accrued expenses			90,649.	17	76,603.
	18	Grants payable	, -	18	, ·		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
w	22	Loans and other payables to any current or					
Liabilities		trustee, key employee, creator or founder, si					
ig		controlled entity or family member of any of				22	
Ë	23	Secured mortgages and notes payable to un		_		23	
	24	Unsecured notes and loans payable to unre				24	199,878.
	25	Other liabilities (including federal income tax					
	20	parties, and other liabilities not included on I					
		of Schedule D	11103 17 2-	i). Complete Fait X		25	
	26	Total liabilities. Add lines 17 through 25			90,649.	26	276,481.
	20	Organizations that follow FASB ASC 958,			,	20	
es		and complete lines 27, 28, 32, and 33.	CHCCK HC				
anc	27	Net assets without donor restrictions			1,315,783.	27	1,781,168.
Bal	28	Net assets with donor restrictions			578,913.	28	229,357.
Pu	20	Organizations that do not follow FASB AS			,		
Ē		and complete lines 29 through 33.	JO 300, 011	leck fiere			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current ful	nde			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
٨ss	31	Retained earnings, endowment, accumulate				31	
et,	32				1,894,696.	32	2,010,525.
Z		Total liabilities and not assets/fund balances			1,985,345.	-	2,010,323.
	33	Total liabilities and net assets/fund balances			1,303,343.	33	Z,287,000.

Form **990** (2019)

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	1	,663,	109.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,557	378.
3	Revenue less expenses. Subtract line 2 from line 1	3		105,	731.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	,894,	696.
5	5 Net unrealized gains (losses) on investments 5				098.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2	,010	525.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Х
				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 in 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	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis 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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ired audit			
	or guidite, explain why an Sahadula O and deparibe any stone taken to undergo such guidite		26		

Form **990** (2019)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Name of the organization

# **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

Employer identification number

MEMORY CARE HOME SOLUTIONS 02-0641248 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f 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 ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,183,404.	962,495.	1,063,143.	1,694,355.	1,572,575.	6,475,972.
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	1,183,404.	962,495.	1,063,143.	1,694,355.	1,572,575.	6,475,972.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						830,142.
	Public support. Subtract line 5 from line 4.						5,645,830.
	tion B. Total Support					•	
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	1,183,404.	962,495.	1,063,143.	1,694,355.	1,572,575.	6,475,972.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	4,455.	5,222.	5,390.	8,170.	7,947.	31,184.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						C 505 15C
	<b>Total support.</b> Add lines 7 through 10		,				6,507,156.
12	Gross receipts from related activities,					12	226,422.
13	First five years. If the Form 990 is for	-	s first, second, third	, fourth, or fifth tax	x year as a section	n 501(c)(3)	<b>.</b> —
800	organization, check this box and storetion C. Computation of Publ		rcentage				<b>P</b>
	•		<u> </u>	L (5)		44	86.76 %
	Public support percentage for 2019 (					14	
	Public support percentage from 2018					15	
ioa	33 1/3% support test - 2019. If the content have The expenientian qualifies						x and ▶ x
<b>b</b>	stop here. The organization qualifies						
D	33 1/3% support test - 2018. If the condition have	•		,		,	S DOX
47-	and <b>stop here.</b> The organization qual						
1/a	10% -facts-and-circumstances tes	_					
	and if the organization meets the "fact				-	-	
<b>L</b>	meets the "facts-and-circumstances"						
O	10% -facts-and-circumstances tes	_					U70 UI
	more, and if the organization meets the	ie iacis-aliu-cifcu	motances lest. CD6	50K 11115 DOX 21110 <b>S</b>	LUD HELE. EXDIZIN	in Fan villowine	
	organization meets the "facts-and-circ		•				

Page 3

### 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.)

Sec	ction A. Public Support	now, please com	ipiete i ait ii.)				
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and			, ,	, ,		,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness 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						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sed	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	(u) 2010	(5) 2010	(0) 2017	(u) 2010	(6) 2010	(i) Total
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a sect	ion 501(c)(3) organiz	zation,
		ū			•		
Sed	tion C. Computation of Publi						
15	Public support percentage for 2019 (li	ne 8, column (f),	divided by line 13,	column (f))		15	9
	Public support percentage from 2018					16	9
	tion D. Computation of Inves					<u>'</u>	
	Investment income percentage for 20					17	Ç
	Investment income percentage from 2					18	Ç
	33 1/3% support tests - 2019. If the						
.50	more than 33 1/3%, check this box ar						., 13 1100
1-							
D	33 1/3% support tests - 2018. If the	•			•	•	
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	ii ala not check a	1 DOX ON IINE 14, 19	a. or 190. check t	nis box and see i	nstructions	▶∟

## Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 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		
За		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
- 52		
9b		
9c		
90		
10a		
10b		
n 990 or 99	00 EZ	2010

	addle A (Folill 990 of 990-EZ) 2019 Million Commiscill from Solid Florid	. 0041240	Г	age 3
Pa	rt IV   Supporting Organizations <sub>(continued)</sub>		1	
44	Has the exampleation accounted a gift or contribution from any of the following persons?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	<u> </u>		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? 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).	1		
Sec	tion D. All Type III Supporting Organizations		1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 yea(see instru	uctions)		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see instruction	s).	
2	Activities Test. Answer (a) and (b) below.	(	Yes	No
а	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 in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
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.	3b		

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgar	nizations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. A					
	other Type III non-functionally integrated supporting organizations must continue to the continue of the conti	omplete Se	ections A through E.			
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):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other					
	factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by .035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional	Illy integrate	ed Type III supporting ord	anization (see		
	instructions).	. •		·		

Schedule A (Form 990 or 990-EZ) 2019

Sche	dule A (Form 990 or 990-EZ) 2019 MEMORY CARE HOME SO	LUTIONS		2-0641248 Page <b>7</b>
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	ion D - Distributions		\	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemple	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

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

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

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

2019

MEM	MORY CARE HOME SOLUTIONS	02-0641248			
Organization type (check o	ne):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
, ,	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	lle. See instructions.			
General Rule					
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor				
Special Rules					
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amou line 1. Complete Parts I and II.	or 16b, and that received from			
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
but it must answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form filling requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	• • • • • • • • • • • • • • • • • • • •			

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

Name of organization	Employer identification number
MEMORY CARE HOME SOLUTIONS	02-0641248

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
1		\$ 310,737. Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
4	Nume, address, and 2n + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
5		\$ 50,485. Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
6		Person X Payroll Noncash (Complete Part II for noncash contributions.)				

Name of organization	Employer identification number
MEMORY CARE HOME SOLUTIONS	02-0641248

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
7		\$\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll 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.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)			

Name of organization

Employer identification number

MEMORY CARE HOME SOLUTIONS

02-0641248

Part II	<b>Noncash Property</b> (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
		_	
		 _   <sub>\$</sub>	

Name of o	organization			Employer identification number
MEMORY C	CARE HOME SOLUTIONS			02-0641248
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	) through (e) and the following line e charitable, etc., contributions of \$1,000 o	ntry For organizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of g	ift	
•	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Doo	cription of how gift is held
Part I		(c) 03e of gift	(u) Des	emption of flow gift is field
		(e) Transfer of g	ift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
•		(e) Transfer of g		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desi	cription of how gift is held
		(e) Transfer of g		
	Transferee's name, address, a			ansferor 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 Open to Public Inspection

Name of the organization

MEMORY CARE HOME SOLUTIONS

**Employer identification number** 

Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Fund	do or Acco	02-0041246
Pa		is of Acco	uiits.Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	1 (1) 5.	
	(a) Donor advised funds	( <b>b)</b> Fu	nds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor adv		
	are the organization's property, subject to the organization's exclusive legal control?		Yes II No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be	e used only	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpos	e conferring	
_	impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" on Form 990	, Part IV, line	7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
	Preservation of land for public use (for example, recreation or education)	of a historicall	y important land area
	Protection of natural habitat	of a certified h	istoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form	n of a co <u>nser</u>	vation 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		
С	Number of conservation easements on a certified historic structure included in (a)		
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure.	cture	
	listed in the National Register	2d	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by t		on during the tax
	year▶	-	-
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	- f	
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co		
	<b>&gt;</b>		Ç ,
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservations.	ation easeme	ents during the vear
	<b>▶</b> \$		3 ,
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 17	70(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expen		
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial state		
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or	Other Simi	lar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statemen	t and balance	sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in		
	service, provide in Part XIII the text of the footnote to its financial statements that describes these it		
b			et works of
-	art, historical treasures, or other similar assets held for public exhibition, education, or research in fu		
	provide the following amounts relating to these items:	rtificianice of p	ablic scrvice,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical treasures, or other similar assets for finance		•
2		iai yairi, provi	u <del>c</del>
_	the following amounts required to be reported under FASB ASC 958 relating to these items:		¢
a	Revenue included on Form 990, Part VIII, line 1		\$ \$
D	Assets included in Form 990, Part X		Ψ

02-0641248	Page <b>2</b>
lar Assets(con	tinued)

Pai	rt III   Organizations Maintaining C	collections of A	rt, His	torical Tr	easures, o	r Other	r Similai	r Asse	<b>ts</b> (contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following that	t make si	gnificant u	se of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or excl	hange progra	m					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how t	hev further th	ne organizatio	n's exem	not purpos	e in Parl	XIII.		
5	During the year, did the organization solicit of										
•	to be sold to raise funds rather than to be ma								Yes		□No
Par	rt IV Escrow and Custodial Arran									<del></del>	
	reported an amount on Form 990, Pa			5 5. ga <b></b>				,			
	Is the organization an agent, trustee, custod		diary for	contribution	s or other as	sets not i	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
-			g						Amoun	t	
С	Beginning balance						1c		7 1110 011	•	
	Additions during the year										
e	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.						·y:				֝֟֝֟֝֟֝֟֝ <u>֟</u>
	rt V Endowment Funds. Complete i										
	2500	(a) Current year		Prior year	(c) Two years		<b>d)</b> Three yea	ars back	(e) Fou	r vears	back
1a	Beginning of year balance	(a) carrent year	(2)	nor your	(6)		<b>u</b> j		(0)	y ou. o	Buon
b	Contributions										
C	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balanc	•	ig, column (a	i)) neid as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		%									
	The percentages on lines 2a, 2b, and 2c sho	=									
3a	Are there endowment funds not in the posse	ession of the organiza	ation th	at are held a	nd administe	red for th	e organiza	tion	1		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		<u> </u>
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		wment	funds.							
Par	rt VI Land, Buildings, and Equipm					5					
	Complete if the organization answere	1		1	-						
	Description of property	(a) Cost or o		(b) Cost		٠,	cumulated		( <b>d</b> ) Boo	k valu	е
		basis (investn	nent)	basis	, ,	depi	reciation	-			4.5.5
	Land				36,183.			4.4			,183. 
	Buildings				737,022.		141,5	11.		595	,511.
	Leasehold improvements							-			
	1 1										45.
	Other		., .	(5) ::	52,580.		47,1	09.			,471.
Total	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colui	mn (B), line 1	uc.)			<u> </u>	D /F		,165.

Schedule D (Form 990) 2019 MEMORY CARE HOM	E SOLUTIONS	02	2-0641248	Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes				
(a) Description of security or category (including name of security		(c) Method of valuation: Cost or e	nd-of-year marke	et value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes	s" on Form 990, Part IV, line			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year marke	et value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	•			
Part IX Other Assets.				
Complete if the organization answered "Yes	s" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.		
(4	a) Description		(b) Book	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)		<b>&gt;</b>	
Part X Other Liabilities.		·	•	
Complete if the organization answered "Yes	s" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line		
1. (a) Description of liability			(b) Book	value
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

(7) (8) Schedule D (Form 990) 2019 MEMORY CARE HOME SOLUTIONS Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 1,704,397. 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 10 098 2a 31,190 **b** Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) e Add lines 2a through 2d 41,288. 2e 1,663,109. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 0. 4c 1 663 109. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	1,588,568
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	31,190.		
b	Prior year adjustments	2b			
		2c			
d	Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d			2e	31,190.
3	Subtract line 2e from line 1			3	1,557,378
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	<del>1</del> a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	0 .
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)			5	1,557,378

#### 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:

THE INTERNAL REVENUE SERVICE ISSUED A DETERMINATION RULING EXEMPTING THE

ORGANIZATION FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE

INTERNAL REVENUE CODE.

THE ORGANIZATION BELIEVES IT HAS APPROPRIATE SUPPORT FOR TAX POSITIONS

TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE

MATERIAL TO THE FINANCIAL STATEMENTS. THE ORGANIZATION'S FEDERAL

ORGANIZATION EXEMPT FROM TAX RETURNS ARE SUBJECT TO EXAMINATION BY THE IRS

FOR THE STATUTORY PERIOD.

Schedule D	) (Form 990) 2019	MEMORY CARE HOME SOLUTIONS	02-0641248	Page 5
Part XIII	(Form 990) 2019 Supplemental Infor	mation (continued)		

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

#### **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

**2019** 

Open to Public Inspection

Schedule G (Form 990 or 990-EZ) 2019

Name of the organization Employer identification number MEMORY CARE HOME SOLUTIONS 02-0641248 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. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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.

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

Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b.

		of fundraising event contributions and gr	oss income on Form 990	J-EZ, lines I and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			MEMORIES &		NONE	(add col. (a) through
			MELODIES	SWING INTO SPRING		I ' ' ' '
4)			(event type)	(event type)	(total number)	col. <b>(c)</b> )
'n						
Revenue	1	Gross receipts	330,495.	16,448.		346,943.
ď			,	,		, , , , , , , , , , , , , , , , , , ,
	2	Less: Contributions	281,465.	14,313.		295,778.
			,	,		, , , , , , , , , , , , , , , , , , ,
	3	Gross income (line 1 minus line 2)	49,030.	2,135.		51,165.
	Ť		,	,		,
	4	Cash prizes				
	5	Noncash prizes	2,966.			2,966.
S	ľ	1101104011 p1/200				
Sus	۾	Rent/facility costs	16,318.	1,750.		18,068.
xpe	١	Tientraciiity costs	10,310.	1,750.		10,000.
Direct Expenses	_	Food and beverages	22,557.	87.		22,644.
Ē	l '	Food and beverages	22,337.	07.		22,044.
	_	Catalitainasant	19 512			19 512
		Entertainment				18,512. 124.
	9	Other direct expenses	0: 1 (1)			
		Direct expense summary. Add lines 4 through	. ,		_	62,314.
De	ırt I	Net income summary. Subtract line 10 from I		- 000 D-+ IV E 40		-11,149.
Г			answered "Yes" on Form	1990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	(L.) Dull tobe/instant		(a) Takal manain a (a dal
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				billigo/progressive billige		coi. (a) trilough coi. (c)
Вè						
	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses						
Ϋ́	3	Noncash prizes				
ij						
Öře	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	└── No	└── No	└── No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>)</b>	
		ter the state(s) in which the organization condi				
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes Mo
b	lf "	No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or t	erminated during the tax	year?	Yes No
	• • • •					
b		Yes," explain:				
b		Yes," explain:				

Sch	nedule G (Form 990 or 990-EZ) 2019 MEMORY CARE HOME SOLUTIONS 02-	0641248		Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ 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?		Yes	☐ No
12	Indicate the percentage of gaming activity conducted in:		100	
		ءمد ا	1	0/
	a The organization's facility		_	%
	o An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address >			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
<b>L</b>				
, L	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	3		
Da	organization's own exempt activities during the tax year > \$	<del></del>		01 401
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	Part III, I	ines 9	, 90, 100,

Schedule G	G (Form 990 or 990-EZ)  Supplemental Infor	MEMORY CARE HOME SOLUTIONS	02-0641248	Page 4
Part IV	Supplemental Infor	mation (continued)		

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047 **2019** 

Open to Public Inspection

Name of the organization  MEMORY CARE HOM	E SOLUTIONS						Employer identification number 02-0641248
Part I General Information on Grants and	d Assistance					<u> </u>	
<ol> <li>Does the organization maintain records to criteria used to award the grants or assista</li> <li>Describe in Part IV the organization's proc</li> </ol>	ance?						
Part II Grants and Other Assistance to Do					anization answered "\	es" on Form 990, Part	: IV, line 21, for any
recipient that received more than \$5	,000. Part II can	be duplicated if addit	ional space is need	ded.			
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
PERRY COUNTY MEMORIAL HOSPITAL 434 NORTHWEST STREET							OCCUPATIONAL THERAPY AS
PERRYVILLE, MO 63775	43-1741457		13,004.	0.			PART OF COPE PROTOCOL
ST. LOUIS UNIVERSITY 221 N GRAND BLVD ST. LOUIS, MO 63103	43-0654872		18,322.	0.			TRAINING ON RAPID GERIATRIC SCREENING ASSESSMENT
SSM ST. MARY'S AUDRAIN HOSPITAL 10101 WOODFIELD LANE ST. LOUIS, MO 63132	43-1550298		5,184.	0.			RAPID GERIATRIC SCREENING ASSESSMENT
WASHINGTON UNIVERSITY BROWN SCHOOL EVALUATION CENTER - 700 ROSEDALE AVE - ST. LOUIS, MO 63112	43-0653611		42,551.	0.			ASSESS DEMENTIA CAPABILITY OF NETWORK ORGANIZATIONS
•			,				
2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations I							4.

2322 (. 3 233) (23)					1 ago
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answ	ered "Yes" on Form 9	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	ie 2; Part III, columr	n (b); and any other a	dditional information.	
PART I, LINE 2:					
MEMORY CARE HOME SOLUTIONS (MCHS) OCCASSIONALLY REC	EIVES FUNDIN	G FOR			
PROGRAMMING WHERE FUNDERS REQUEST COLLABORATION BET	WEEN MCHS AN	D ANOTHER			
ORGANIZATION. THESE ARE GENERALLY THE ONLY TIMES MO	HS PROVIDES	A GRANT. THE			
SUBAWARD RECIPIENTS ARE REQUIRED TO REGULARLY ACCOU	NT BACK TO M	CHS TO			
ENSURE THE RECIPIENT ORGANIZATION HAS UTILIZED THE	FUNDING FOR	THE INTENDED			
PURPOSE.					

#### **SCHEDULE O**

(Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047
2019

Open to Public Inspection

**Employer identification number** 

02 - 0641248

Department of the Treasury
Internal Revenue Service

Name of the organization

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

MEMORY CARE HOME SOLUTIONS

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES: AS A RESULT OF THE COVID-19 PANDEMIC. MANY IN-PERSON PROGRAM EVENTS WERE CANCELLED, POSTPONED, OR TRANSITIONED TO A VIRTUAL ENVIRONMENT. MEMORY CARE HOME SOLUTIONS IS DEDICATED TO FURTHERING ITS MISSION AND ACHIEVING PROGRAM RESULTS DURING THIS CHALLENGING TIME. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: WITH DIGNITY AND CONFIDENCE. AFTER JUST 3 MONTHS OF WORKING WITH MCHS PEOPLE LIVING WITH DEMENTIA EXPERIENCE: \*61% FEWER TRIPS TO THE ER \*69% FEWER 911 CALLS \*67% FEWER HOSPITALIZATIONS MCHS ALSO PROVIDES EDUCATION TO LAY AUDIENCES AND PROFESSIONAL HEALTHCARE PROVIDERS THROUGHOUT THE REGION AND AT NATIONAL CONFERENCES TO RAISE AWARENESS OF THE NEEDS OF PEOPLE WITH DEMENTIA AND THEIR CAREGIVERS. DUE TO COVID-19, MCHS BEGAN PROVIDING FAMILY MEETINGS AND CONSULTATIONS WITH SOCIAL WORKERS AND OCCUPATIONAL THERAPISTS BY VIDEO AND PHONE CONFERENCES. FORM 990, PART VI, SECTION B, LINE 11B: ONCE THE FORM 990 IS COMPLETED BY THE INDEPENDENT ACCOUNTING FIRM, IT IS PROVIDED TO MANAGEMENT FOR REVIEW AND IS PRESENTED TO THE BOARD OF DIRECTORS, CHANGES, IF ANY, ARE COMMUNICATED AND INCORPORATED PRIOR TO

Name of the organization  MEMORY CARE HOME SOLUTIONS	Employer identification number 02-0641248
FILING WITH THE INTERNAL REVENUE SERVICE.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ALL OFFICERS, DIRECTORS, AND KEY EMPLOYEES READ THE CONFLICT OF INTEREST	
POLICY OUTLINING THE NEED TO DECLARE ANY POSSIBLE CONFLICTS ON AN ANNUAL	
BASIS. AFTERWARDS, THEY ACKNOWLEDGE THAT THEY HAVE RECEIVED THE CONFLICT OF	
INTEREST POLICY, UNDERSTAND IT, AND AGREE TO COMPLY.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE COMPENSATION OF THE ORGANIZATION'S EXECUTIVE DIRECTOR IS REVIEWED BY	
THE EXECUTIVE COMMITTEE AND THE BOARD PRESIDENT.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS	
AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XII, LINE 2C:	
AT THE TIME OF SELECTION, A COMMITTEE COMPRISED OF THE EXECUTIVE	
DIRECTOR, DIRECTOR OF OPERATIONS, AND TREASURER ASSUMED RESPONSIBILITY	
FOR SELECTION OF THE INDEPENDENT ACCOUNTANT, MANAGEMENT PROVIDES	
OVERSIGHT OF THE AUDIT. THE FINANCIAL STATEMENTS ARE PRESENTED TO THE	
BOARD OF DIRECTORS AND REVIEWED BY THE TREASURER.	