PUBLIC DISCLOSURE COPY

PLEASE FILE IN A SAFE PLACE

ARMANINO ADVISORY LLC

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service 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. OMB No. 1545-0047

<u>A I</u>	For th	e 2023 calendar year, or tax year beginning JUN 1, 2023 and	ending MZ	AY 31, 2024					
B	Check if applicab	e: C Name of organization		D Employer ider	ntification	number			
	Addre	MEMORY CARE HOME SOLUTIONS	MEMORY CARE HOME SOLUTIONS						
	Name chang	ge Doing business as		02-06412	48				
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone nun	nber				
	Final return	4389 W. PINE BLVD.		314-645-62	247				
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		1,899,690.			
	Amer	51. 10013, MO 05100		H(a) Is this a grou	p return				
	Appli tion pendi	F Name and address of principal officer: UTUE CIGLIANA		for subordina	ates?	Yes X No			
				H(b) Are all subordinat	tes included?	Yes No			
1	Tax-ex	empt status: 🗴 501(c)(3) 🚺 501(c) () (insert no.) 🚺 4947(a)(1) c	or 527	If "No," attac	h a list. S	ee instructions			
	Websi			H(c) Group exem					
		f organization: X Corporation Trust Association Other	L Year of	of formation: 2002	M State	of legal domicile: MO			
Pa	art I	Summary							
ø	1	Briefly describe the organization's mission or most significant activities: TO IMPE	ROVE DIGN	ITY AND QUALIT	Υ				
anc		OF LIFE FOR PEOPLE LIVING WITH DEMENTIA AND THEIR FAMILIES.							
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos	1	1	17				
Š	3				3	17			
৵	4	Number of independent voting members of the governing body (Part VI, line 1b)		<u>4</u> 5	23				
ties	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		6	25				
ti	6	Total number of volunteers (estimate if necessary)		0 7a	0.				
Ā	/a	Net unrelated business taxable income from Form 990-T, Part I, line 11		7a 7b	0.				
			<u></u>	Prior Year		Current Year			
	8	Contributions and grants (Part VIII, line 1h)		1,236,31	2.	1,422,259.			
nue	9	Program service revenue (Part VIII, line 2g)		72,76	9.	46,948.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		10,19	8.	12,139.			
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-19,55	9.	-36,782.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,299,72	0.	1,444,564.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		13,79	3.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.			
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,020,87	1.	1,039,767.			
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		21,14	4.	17,232.			
Expenses	. ь	Total fundraising expenses (Part IX, column (D), line 25) 317, 3							
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		318,52	6.	494,993.			
	18	al expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1, 374				1,551,992. -107,428.			
	19	Revenue less expenses. Subtract line 18 from line 12	venue less expenses. Subtract line 18 from line 1274						
S OF			Beg	ginning of Current Ye 2 , 556 , 95		End of Year 2,409,255,			
ssets	20	Total assets (Part X, line 16)							
Net Ass	21	Total liabilities (Part X, line 26)		72,27		/			
_		Net assets or fund balances. Subtract line 21 from line 20		2,484,67	1.	2,340,415.			
Pa	art II	Signature Block							

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

Sign	Signature of offi									
Here JILL CIGLIANA, EXECUTIVE DIRECTOR										
	Type or print na	me and title								
Print/Type preparer's name Preparer				Preparer's signature Date				PTIN		
Paid	JENNIFER M.	VACHA	JENNIFER M.	VACHA	03/24/25	5	ii self-employed	P01251998		
Preparer	Firm's name	ARMANINO ADVISORY LLC				Firm's	EIN 94-	6214841		
Use Only	Firm's address	6 CITYPLACE DRIVE, SUITE	900							
ST. LOUIS, MO 63141 Phone no.314-983-120								3-1200		
May the I	RS discuss this	return with the preparer shown abo	ve? See instruc	ctions				X Yes	No	
LHA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)									

4e	Total program service expenses 994, 533.		n 990 (202)
	(Expenses \$ including grants of \$) (Revenue \$))	
4d	Other program services (Describe on Schedule O.)		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	
	INTERVENTION, FAMILIES RECEIVE PERSONALIZED GUIDANCE TO NAVIGATE MEMORY CHANGES AND PREPARE FOR(SEE SCHEDULE O)		
	ADDRESS DIFFICULT SYMPTOMS AND BEHAVIORS. THROUGH OUR DEMENTIA CARE		
	THE PERSON WITH DEMENTIA, WHILE HELPING CAREGIVERS DEVELOP SKILLS TO		
	MODIFYING THE HOME ENVIRONMENT TO SUPPORT THE SAFETY AND FUNCTION OF		
	SINCE INCEPTION, MEMORY CARE HOME SOLUTIONS (MCHS) HAS IMPACTED OVER 270,000 INDIVIDUALS. USING A FAMILY-CENTERED APPROACH, WE FOCUS ON		
	STAGE INCEDETON NEWODY CADE HOME COLUMNONS (NOUS) HAS THEN STOP OVER		
	* EDUCATION & OUTREACH * OCCUPATIONAL THERAPY		
	* DEMENTIA NAVIGATION * CAREGIVER COUNSELING		
	SERVING PEOPLE LIVING WITH DEMENTIA AND FAMILY CARE PARTNERS THROUGH A MULTIDISCIPLINARY BEHAVIORAL AND SOCIAL SUPPORT APPROACH THROUGH:		
4a	(Code:) (Expenses \$994 , 533. including grants of \$) (Revenue	\$	46,948.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, revenue, if any, for each program service reported.	the total expenses	and
4	Describe the organization's program service accomplishments for each of its three largest program services, as me		
-	If "Yes," describe these changes on Schedule O.		
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?		es 🛛 No
	prior Form 990 or 990-EZ?	Y	es 🔟 No
2	SOLUTIONS. Did the organization undertake any significant program services during the year which were not listed on the		
	TRANSFORMING EVIDENCE-BASED INTERVENTIONS INTO ACCESSIBLE HEALTHCARE		
	LIFE FOR PEOPLE LIVING WITH DEMENTIA AND THEIR FAMILIES BY		
•	Briefly describe the organization's mission: MEMORY CARE HOME SOLUTIONS EXISTS TO IMPROVE DIGNITY AND QUALITY OF		
1	· · ·		
1			
1	Check if Schedule O contains a response or note to any line in this Part III		

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Form	990	(2023)

Part IV Checklist of Required Schedules

MEMORY CARE HOME SOLUTIONS

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u>x</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	-		
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>x</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	•		x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	3		
10		10	x	
11	or in quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
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,			
	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		<u>x</u>
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	4-		v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>x</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47	x	
18	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		
10		18	x	
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		
13	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	N		
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		х
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MEMORY CARE HOME SOLUTIONS

Pa	Checklist of Required Schedules (continued)		<u> </u>	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		x
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		<u> </u>
270	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		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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 entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Ves." complete Schedule D. Part V. Ves. 2	35b		
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	350		
30	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0,	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	4		
		2		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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Pa	t V	Statements Regarding Other IRS Filings and Tax Compliance (continued)							
			· •		Yes	No			
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for	or the calendar year ending with or within the year covered by this return	2a 23						
b	lf at le	east one is reported on line 2a, did the organization file all required federal employment tax returr	าร?	2b	Х				
3a									
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		y time during the calendar year, did the organization have an interest in, or a signature or other a							
	financ	cial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X			
b		s," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was t	the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x			
b		ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		X			
c		s" to line 5a or 5b, did the organization file Form 8886-T?		5c					
6a		the organization have annual gross receipts that are normally greater than \$100,000, and did the							
ou		ontributions that were not tax deductible as charitable contributions?		6a		x			
h	-	s," did the organization include with every solicitation an express statement that such contribution							
D			•	6b					
7		not tax deductible? nizations that may receive deductible contributions under section 170(c).		00					
7	•		viene provided to the powerQ	7-	x				
a		e organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service		7a	X				
b				7b					
С		ne organization sell, exchange, or otherwise dispose of tangible personal property for which it wa							
		Form 8282?		7c		X			
d		s," indicate the number of Forms 8282 filed during the year	7d						
е		ne organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e	<u> </u>	X			
f	Did th	ne organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f	<u> </u>	X			
g	If the	organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g	<u> </u>	<u> </u>			
h	If the	organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat	tion file a Form 1098-C?	7h					
8		soring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the						
	spons	soring organization have excess business holdings at any time during the year?		8					
9	Spon	soring organizations maintaining donor advised funds.							
а	Did th	ne sponsoring organization make any taxable distributions under section 4966?		9a					
b	Did th	ne sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b					
10	Section	on 501(c)(7) organizations. Enter:							
а	Initiati	ion fees and capital contributions included on Part VIII, line 12	10a						
b	Gross	s receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section	on 501(c)(12) organizations. Enter:							
а		s income from members or shareholders	11a						
b		s income from other sources. (Do not net amounts due or paid to other sources against							
	amou	nts due or received from them.)	11b						
12a		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a					
		s," enter the amount of tax-exempt interest received or accrued during the year	12b						
13		on 501(c)(29) qualified nonprofit health insurance issuers.		1					
а		organization licensed to issue qualified health plans in more than one state?		13a					
		See the instructions for additional information the organization must report on Schedule O.							
b		the amount of reserves the organization is required to maintain by the states in which the							
		ization is licensed to issue qualified health plans	13b						
с		the amount of reserves on hand	13c						
			•	14a		x			
14a			• •	14a 14b	<u> </u>	<u> </u>			
		s," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i>			<u> </u>				
15		organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		45		x			
		s parachute payment(s) during the year?		15					
40		s," see the instructions and file Form 4720, Schedule N.	· · · · · · · · · · · · · · · · · · ·	10		v			
16		organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X			
		s," complete Form 4720, Schedule O.							
17		on 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act							
		vould result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		-			
	If "Ye	s," complete Form 6069.			0000				
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Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below, and i	for a "No" i	respon	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year	1a	1	17	103	
Ia		10				
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			1 7		
b	Enter the number of voting members included on line 1a, above, who are independent	1b		17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a						
	more members of the governing body?			7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto			10		
b			,	76		x
~	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-		v	
а	The governing body?				X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?			8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha					
	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	befor	e filing the form	? 11 a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		C C			
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " γ_i					<u> </u>
C		,		100	x	
40	on Schedule O how this was done			12c		x
13	Did the organization have a written whistleblower policy?			13		
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approval	by in	dependent			
	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	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ient w	rith a			
	taxable entity during the year?			16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi					
Sec	exempt status with respect to such arrangements?		<u></u>	100		
17		1.000	T)(0)		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990	-1 (section 501(d	c)(3)s only)	availai	ble
	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 So	chedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor	nflict d	of interest policy	, and finan	cial	
	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 boo	ks and	d records			
	SARAH SCHOENIG - 314-645-6247					
	4389 W. PINE BLVD., ST LOUIS, MO 63108					
332004				Forn	1 990	(2023)
_ 200	7					,)
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Form 990 (2023)	MEMORY CARE HOME SOLUTIONS	02-0641248	Page 7
Part VII Compe	nsation of Officers, Directors, Trustees, Key Employees	, Highest Compensated	
Employ	ees, and Independent Contractors		
Check if S	Schedule O contains a response or note to any line in this Part VII		
Section A. Officers,	, Directors, Trustees, Key Employees, and Highest Compensated Emp	bloyees	
	le for all persons required to be listed. Report compensation for the calence ganization's current officers, directors, trustees (whether individuals or or	, , ,	,

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)					(D)	(E)	(F)		
Name and title	Average	(do	Position (do not check more than one				ne	Reportable	Reportable	Estimated	
	hours per	box, unle		box, unless person is both an officer and a director/trustee)			s both	ı an	compensation	compensation	amount of
	week		cer ar I	nd a d I	irecto	r/trus	tee)	from	from related	other	
	(list any	rector						the	organizations	compensation	
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the	
	related organizations	trustee or director	trust		ee	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related	
	below	lual tr	tional		nploy	st con yee	L	1099-1120)		organizations	
	line)	Individual t	nstitutional trustee	Officer	ƙey employee	Highest compensated employee	Former			organizations	
(1) JILL CIGLIANA	40.00				×	1 0	ш				
EXECUTIVE DIRECTOR		1		x				129,280.	0.	12,056.	
(2) SARAH SCHOENIG	40.00										
DIRECTOR OF OPERATIONS				x				81,999.	0.	9,762.	
(3) GEORGE VAN ANTWERP	2.00										
PRESIDENT		х		х				0.	0.	0.	
(4) WENDY CORNETT-MARQUITZ	2.00										
VICE PRESIDENT		Х		х				٥.	0.	0.	
(5) MARK HOOD	2.00										
TREASURER		Х		x				0.	0.	0.	
(6) DAVE RENGACHARY	2.00										
SECRETARY		Х		х				0.	0.	0.	
(7) SUE ALLEN	2.00										
DIRECTOR		Х						0.	0.	0.	
(8) ERIN BARR	2.00										
DIRECTOR		Х						0.	0.	0.	
(9) HARVEY BRANDVEIN	2.00										
DIRECTOR		Х						0.	0.	0.	
(10) LENISE CUMMINGS-VAUGHN	2.00										
DIRECTOR		Х						0.	0.	0.	
(11) JULIE HIBLOVIC	2.00										
DIRECTOR		Х						0.	0.	0.	
(12) SUZAN KNESE	2.00										
DIRECTOR		Х						0.	0.	0.	
(13) JOHN LUDWIG	2.00										
DIRECTOR		Х						0.	0.	0.	
(14) CELESTE PLAYER	2.00										
DIRECTOR		Х						0.	0.	0.	
(15) DANNY POGUE	2.00										
DIRECTOR		х						٥.	0.	0.	
(16) LISA RICHTER	2.00										
DIRECTOR		Х						٥.	0.	0.	
(17) RICK STREAM	2.00										
DIRECTOR		Х						0.	0.	0.	
222007 10 01 02										E_{orm} 990 (2023)	

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Form 990 (2023)

	990 (2023) MEMORY CARE	HOME SOLUTI	ONS							02-064	124	3	P	'age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation from related	1	am	(F) imate ount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS(1099-NEC)	5/	orga anc	oensa om th anizat relat nizati	ie tion ted
(18) DIRE	BOB TOMEK	2.00	x						0.		٥.			٥.
	SERGE TRAYLOR	2.00												
DIRE	CTOR		x						0.		0.			0.
			_											
1b	Subtotal	I				I	I		211,279.		0.		21,	818.
с	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0.		0.		21	0.
2	Total number of individuals (including but n							o re	,	000 of reportable			,	
	compensation from the organization												Yes	1 No
3	Did the organization list any former officer,	-		•	•	-		Ŭ						
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su											3		X
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual			4		x
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes." con								ed organization or individ	ual for services		5		x
Sec	tion B. Independent Contractors			51 50		5013	011 .					•		
1	Complete this table for your five highest co the organization. Report compensation for	-								· ·	ensat	ion fro	m	
	(A)				<u>ig ii</u>				(B)			(C)	
	Name and business	address	NO	NE					Description of se	ervices	0	omper	satio	n
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot lir	nitec	to t		se lis 0	ted	above) who received mo	ore than				

Form 990 (2023)

332008 12-21-23

				ans a respo	150	or note to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue exclu from tax und
0	1 -	Federated campaigns		1a		102,123.				sections 512 -
and Other Similar Amounts										
O E		Membership dues Fundraising events				186,940.				
LA		–		1d						
nia		Government grants (contr				474,549.				
S		All other contributions, gifts,		/						
ner	•	similar amounts not included				658,647.				
5	a	Noncash contributions included in			6	2,942.				
anc	h	Table Add to a dade					1,422,259.			
		· · · · ·				Business Code				
	2 a	PROF. TRAINING FEES				624100	26,483.	26,483.		
	b	THERAPY BILLINGS				624100	20,465.	20,465.		
nue	с									
eve	d									
hevenue	е									
	f	All other program service	rever	nue						
	g	Total. Add lines 2a-2f					46,948.			
	3	Investment income (inclue	ding o	dividends, i	ntere	st, and				
		other similar amounts)					13,159.			13,1
	4	Income from investment of		-		Г				
	5	Royalties								
				(i) Rea		(ii) Personal				
		Gross rents	6a							
		Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss)	(i) Coorrit						
	7 a	Gross amount from sales of	_	(i) Securit		(ii) Other				
		assets other than inventory	7a	374,2	.00.					
	D	Less: cost or other basis		375,3	06					
	-	and sales expenses	7b 7c							
		Gain or (loss) Net gain or (loss)		•			-1,020.			-1,0
		Gross income from fundraisi			·····		1,010.			±,•
	0 4	including \$	-							
		contributions reported on								
		Part IV, line 18		-	8a	26,775.				
	b	Less: direct expenses			8b	74,515.				
		Net income or (loss) from				<u></u>	-47,740.			-47,7
		Gross income from gamin								
		Part IV, line 19			9a	7,300.				
	b	Less: direct expenses			9b	5,305.				
		Net income or (loss) from			s		1,995.			1,9
		Gross sales of inventory,								
		and allowances			10a					
	b	Less: cost of goods sold			10b					
	с	Net income or (loss) from	sales	s of invento	ry	·····				
						Business Code				
Hevenue	11 a	MISCELLANEOUS REVEN	UE			900099	8,963.			8,9
enu	b					ļ ļ				
Yev	С									
1		All other revenue				L				
	е	Total. Add lines 11a-11d					8,963.			
	12	Total revenue. See instruction	ons				1,444,564.	46,948.	0.	-24,6

MEMORY CARE HOME SOLUTIONS

Form 990 (2023)

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Form 990 (2	2023)	MEMORY	CARE	HOME	SOI
Part IX	Statement o	f Functior	nal Ex	pens	es

MEMORY CARE HOME SOLUTIONS

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

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	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				· · ·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	272,061.	153,150.	107,215.	11,696
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	615,758.	401,281.	50,166.	164,311
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	45,510.	27,914.	6,460.	11,136
9	Other employee benefits	37,004.	24,755.	966.	11,283
10	Payroll taxes	69,434.	47,096.	6,913.	15,425
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	28,468.		28,468.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17	17,232.			17,232
f	Investment management fees	742.		742.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	192,315.	166,179.	13,619.	12,517
12	Advertising and promotion	40,236.	9,308.	515.	30,413
13	Office expenses	73,900.	44,686.	7,414.	21,800
14	Information technology	32,121.	23,759.	3,020.	5,342
15	Royalties				
16	Occupancy	42,078.	28,895.	4,372.	8,811
17	Travel	6,932.	6,758.	32.	142
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	16,123.	8,787.	5,750.	1,586
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	19,072.	14,304.	1,907.	2,861
23	Insurance	26,179.	20,834.	2,548.	2,797
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.)				
а	PROGRAM SUPPLIES	16,827.	16,827.		
b					
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,551,992.	994,533.	240,107.	317,352
26	Joint costs. Complete this line only if the organization	-	-		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2023)

					Beginning of year		End of year
	1	Cash - non-interest-bearing			748,422.	1	11,904.
	2	Savings and temporary cash investments			489,999.	2	216,066.
	3	Pledges and grants receivable, net			274,687.	3	225,469.
	4	Accounts receivable, net		96,413.	4	82,819.	
	5	Loans and other receivables from any current or			, -	-	,
	Ŭ	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif				5	
	0					6	
	-	under section 4958(f)(1)), and persons described				6	
ets	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use			12,463.	8	8,103.
	9				12,403.	9	0,103.
	10a	Land, buildings, and equipment: cost or other		940.350			
		basis. Complete Part VI of Schedule D		842,350.	E74 004		E70 017
				270,033.	574,824.	10c	572,317.
	11	Investments - publicly traded securities			360,142.	11	1,292,577.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		······ -		15	
	16	Total assets. Add lines 1 through 15 (must equa			2,556,950.	16	2,409,255.
	17	Accounts payable and accrued expenses			72,279.	17	68,840.
	18	Grants payable		·····		18	
	19	Deferred revenue		·····		19	
	20	Tax-exempt bond liabilities		······		20	
	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
S	22	Loans and other payables to any current or form	er offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
abi		controlled entity or family member of any of thes	e perso	ons		22	
Ξ	23	Secured mortgages and notes payable to unrela	ted thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	l third p	arties		24	
	25	Other liabilities (including federal income tax, pay	ables [.]	o related third			
		parties, and other liabilities not included on lines	17-24)	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			72,279.	26	68,840.
		Organizations that follow FASB ASC 958, chee	ck here				
sec		and complete lines 27, 28, 32, and 33.					
ano	27	Net assets without donor restrictions			2,213,624.	27	2,158,908.
Bal	28	Net assets with donor restrictions			271,047.	28	181,507.
pu		Organizations that do not follow FASB ASC 9					
μ		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or eq				30	
Ast	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balance	32	Total net assets or fund balances			2,484,671.	32	2,340,415.
~	33	Total liabilities and net assets/fund balances			2,556,950.	33	2,409,255.
					• •		Eorm 990 (2023)

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(B)

(A)

MEMORY CARE HOME SOLUTIONS

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

Form 990 (2023) Part X Balance Sheet

Form	990 (2023) MEMORY CARE HOME SOLUTIONS	02-064124	8	Pa	_{qe} 12
Pa	rt XI Reconciliation of Net Assets				4
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	,444,	564.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	,551,	992.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	-107,	428.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	,484,	671.
5	Net unrealized gains (losses) on investments	5		-2,	527.
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		-34,	301.
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 ,	,340,	415.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	Ĺ

Form **990** (2023)

332012 12-21-23

SCHEDULE	A
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Department of the Treasury Internal Revenue Service

(Form 990)

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.

Ν

Nan	e of t	the organization						Employer	identification number		
			CARE HOME SOLU						02-0641248		
Pa	rt I	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	IS.			
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)					
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	on 170(b)(1	I)(A)(i).				
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	ו 990).)						
3	\square	A hospital or a cooperative)(b)(1)(A)(ii	ii).				
4	\square	A medical research organiz					•)(iii). Enter	the hospital's name.		
•		city, and state:	Ī	,				/···/-	,		
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in		
Ŭ		section 170(b)(1)(A)(iv). (C			or operat						
6		A federal, state, or local gov		pental unit described in	section 17	70(6)(1)(1)	(14)				
7	x	An organization that norma						o gonoral r	aublic described in		
'		section 170(b)(1)(A)(vi). (C		Initial part of its support if	oni a gove	enninentai		le general j			
8				(1)(A)(wi) (Complete Der	• 11 \						
9		A community trust describe				ad in aanii	nation with a	land grant			
9		An agricultural research org	-			-		-	-		
		or university or a non-land-g	grant college of agrici			name, city	, and state of	the college			
10		university:	II	than 00 1/00/ of its summ					d awara wara into fur wa		
10		An organization that norma									
		activities related to its exem		-					-		
		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.)									
							20(-)(4)				
11		An organization organized a	-	•	•				<i>.</i>		
12											
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.										
			• •			-		-			
а		Type I. A supporting orga		-	• • • •	-					
		the supported organization			majority c	of the direc	tors or truste	es of the su	ipporting		
		organization. You must o	-								
b		Type II. A supporting org	-				-		-		
		control or management o			ame perso	ns that co	ntrol or mana	ge the supp	ported		
		organization(s). You mus									
С		Type III functionally inte		•••				ly integrate	ed with,		
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ections A,	D, and E.				
d		Type III non-functionally	integrated. A supp	oorting organization oper	ated in co	nnection v	vith its suppor	ted organiz	zation(s)		
		that is not functionally int	• •	e ,			•	l an attentiv	/eness		
		_ requirement (see instructi									
е		Check this box if the orga					Туре I, Туре	II, Type III			
		functionally integrated, or	r Type III non-functior	nally integrated supporting	ng organiz	ation.					
		er the number of supported o	•								
g		vide the following information			(iv) is the even						
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	anization listed ing document?	(v) Amount of	,	(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)		
Tota											

OMB No. 1545-0047

2023

Open to Public

. Inspection

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 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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,572,575.	1,761,375.	1,530,620.	1,236,312.	1,422,259.	7,523,141.
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	1,572,575.	1,761,375.	1,530,620.	1,236,312.	1,422,259.	7,523,141.
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)						438,339.
	Public support. Subtract line 5 from line 4.						7,084,802.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	1,572,575.	1,761,375.	1,530,620.	1,236,312.	1,422,259.	7,523,141.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	7,947.	6,182.	4,511.	10,198.	13,159.	41,997.
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.)		121.	25.		8,963.	9,109.
11	Total support. Add lines 7 through 10						7,574,247.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	342,566.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	o here					
	ction C. Computation of Publi						
	Public support percentage for 2023 (I					14	93.54 %
	Public support percentage from 2022					15	93.45 %
16 a	33 1/3% support test - 2023. If the c	organization did not	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		e e				
b	33 1/3% support test - 2022. If the c	organization did not	check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization qual		• •				
17a	10% -facts-and-circumstances test	- 2023. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiza	ation
	meets the facts-and-circumstances te	st. The organization	n qualifies as a put	olicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	k this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu		•				
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b,	, check this box a		
						Schedule A (Form 990) 2023

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or 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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organ	ization,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (I	ine 8, column (f), c	livided by line 13, o	column (f))		15	%
-	Public support percentage from 2022					16	%
	ction D. Computation of Inves					T T	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the						ne 17 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che			•		0	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		
33202	23 12-21-23					Sched	ule A (Form 990) 2023

16

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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| 10b | | Schedule A (Form 990) 2023

Schedule A (Form 990)) 2023
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Yes

2

No

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

ection B. Type I Supporting Organizations

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
	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,

upervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? 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(c)	1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	that the organization used	to satisfy the Integral Part	Test during the year	(see instructions)
•		linal line organization used	to satisfy the integral Fart	rest during the year	1300 1130 000

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с		The organization supported a governmental entity	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	--	---	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Yes No 2a 2b 3a 3b Schedule A (Form 990) 2023

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_	edule A (Form 990) 2023 MEMORY CARE HOME SOLUTIONS rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	na Orazni	zations	02-0641248 Pag
- a 1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations mu			,
ect	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		
с	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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

instructions).

Schedule A (Form 990) 2023

332026 12-21-23

Schedule A (Form 990) 2023

Section D - Distributions

1	Amounts paid to supported organizations to accomplish exer	1			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	າຣ	(iii) Distributable Amount for 2023
_1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
<u> i</u>	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7					
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
с	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

Current Year

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t 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 A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

2020 AMOUNT: \$	121.	 	
2021 AMOUNT: \$	25.		
2023 AMOUNT: \$	8,963.		
332028 12-21-23		 	Schedule A (Form 990) 2023

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Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

02-0641248

MEMORY CARE HOME SOLUTIONS

Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

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

General Rule

Schedule B

Department of the Treasury

Internal Revenue Service Name of the organization

(Form 990)

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

Special Rules

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

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

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

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

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

	3 (Form 990) (2023)		Page 2
Name of o	rganization	Emp	loyer identification number
MEMORY C	ARE HOME SOLUTIONS		02-0641248
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$368,444.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$110,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributions	(d) Type of contribution
3	Name, address, and ZIP + 4	\$102,123.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$96,718.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$49,550.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$40,673.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

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Schedule B (Form 990) (2023)

Name of or	rganization	E	mployer identification number
MEMORY C	ARE 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) Total contributions	(d) Type of contribution
7		\$35,00	D0. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$30,00	D0. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$30,00	D0. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$29,35	Person X Payroll
(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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

323452 12-26-23

25 2023.05070 MEMORY CARE HOME SOLUTION CUS00001

Schedule B (Form 990) (2023)

	B (Form 990) (2023)		Page 3
Name of o	rganization		Employer identification number
MEMORY C	ARE HOME SOLUTIONS		02-0641248
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed	i.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		 \$	
		*	I

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323453 12-26-23

Schedule B (Form 990) (2023)

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Schedule	B (Form 990) (2023)		Page
Name of o	organization		Employer identification number
MEMORY C	CARE HOME SOLUTIONS		02-0641248
Part III	from any one contributor. Complete columns (a) through (e) and the following line en	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year http:. For organizations r less for the year. (Enter this info. once.) \$
	Use duplicate copies of Part III if additional	space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferacia namo addrosa a	(e) Transfer of gi	
	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	[
	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	[
	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gi	Relationship of transferor to transferee
	•	н	

323454 12-26-23

Schedule B (Form 990) (2023)

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	HEDULE D n 990)		al Financial Statements nization answered "Yes" on Form 990,		омв №. 1545-0047 2023
•		Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ttach to Form 990.		Open to Public
	ment of the Treasury I Revenue Service		0 for instructions and the latest information.		Inspection
Nam	e of the organizati	ion MEMORY CARE HOME SOLUTIONS		Em	ployer identification number 02-0641248
Pa		ations Maintaining Donor Advise	d Funds or Other Similar Funds or A	ccour	
	organizatio	on answered "Yes" on Form 990, Part IV, lin		<u></u>	
			(a) Donor advised funds	(b) Fur	nds and other accounts
1		nd of year			
2 3		of contributions to (during year)			
3 4		at end of year			
5			writing that the assets held in donor advised fur	ds	
	-		exclusive legal control?		Yes 📃 No
6	Did the organizati	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	only	
	for charitable purp	poses and not for the benefit of the donor o	r donor advisor, or for any other purpose confer	ring	
Do					
Pa			ganization answered "Yes" on Form 990, Part IV	, line /	
1		servation easements held by the organization of land for public use (for example, recrea	· · · · · ·	orically	important land area
		of natural habitat	Preservation of a cer		•
		n of open space		linea in	
2		• •	ied conservation contribution in the form of a co	onserva	tion easement on the last
	day of the tax yea	ır.			Held at the End of the Tax Year
а	Total number of c	onservation easements		2a	
b	•			2b	
С			ucture included on line 2a	2c	
d		rvation easements included on line 2c acqui	•		
3			eased, extinguished, or terminated by the orgar	2d	during the tax
5	year	valion easements modified, transferred, re-	eased, extinguished, or terminated by the organ	iization	during the tax
4		where property subject to conservation eas	sement is located		
5	Does the organiza	ation have a written policy regarding the per	iodic monitoring, inspection, handling of		
	violations, and en	forcement of the conservation easements it	holds?		Yes No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservati	on ease	ements during the year
_		<u> </u>			
7	Amount of expense	ses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation ea	asemen	ts during the year
8	Does each conser		satisfy the requirements of section 170(h)(4)(B)	(i)	
Ũ					Yes No
9			on easements in its revenue and expense stater		
	balance sheet, an	d include, if applicable, the text of the footn	ote to the organization's financial statements th	nat desc	cribes the
		counting for conservation easements.			. .
Pa		•	Art, Historical Treasures, or Other S	Simila	r Assets.
_		if the organization answered "Yes" on Form			
та	•		8, not to report in its revenue statement and ba		
		Part XIII the text of the footnote to its finar	lic exhibition, education, or research in furthera icial statements that describes these items.		Public
b	· •		8, to report in its revenue statement and balance	e sheet	works of
			exhibition, education, or research in furtherance		
		ing amounts relating to these items.		•	
	(i) Revenue inclu	uded on Form 990, Part VIII, line 1			\$
	.,				\$
2			asures, or other similar assets for financial gain,	provide	9
		unts required to be reported under FASB A			۴
a b					\$\$
		11 OITH 000, 1 att A			Ψ

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2023
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Sche		E HOME SOLUTIONS						0641248	Р	Page 2
Par	t III Organizations Maintaining C	ollections of Art	, His	torical Tre	easures, or	Other S	Similar Ass	ets _{(conti}	nued)	
3	Using the organization's acquisition, accessi	on, and other records	, chec	ck any of the	following that	make sign	ificant use of i	ts		
	collection items (check all that apply).									
а	Public exhibition	d		Loan or exc	hange progra	m				
b	Scholarly research	е		Other						
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how t	they further th	ne organizatio	n's exemp	t purpose in P	art XIII.		
5	During the year, did the organization solicit o	r receive donations of	f art, h	nistorical trea	sures, or othe	r similar as	sets			_
_	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrange reported an amount on Form 990, Pai		e if th	e organizatior	n answered "א	es" on Fo	rm 990, Part IV	V, line 9, or		
1a	Is the organization an agent, trustee, custodi		arv fo	or contribution	ns or other as	sets not in	cluded			
Ĩ	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									
-			g					Amour	nt	
с	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F						?	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	olanat	ion has been	provided in P	art XIII				
Par	Tt V Endowment Funds Complete if	the organization answ	wered	I "Yes" on For	rm 990, Part I	V, line 10.				
		(a) Current year	(b)	Prior year	(c) Two year	s back (d) Three years ba	ack (e) Fou	r years	back
1a	Beginning of year balance	0.								
b	Contributions	676,160.								
с	Net investment earnings, gains, and losses	4,766.								
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	680,926.								
2	Provide the estimated percentage of the curr	ent year end balance	(line ⁻	1g, column (a)) held as:					
а	Board designated or quasi-endowment	100	_%							
b	Permanent endowment .0000	%								
с	Term endowment0000									
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ssion of the organizat	ion th	nat are held ar	nd administer	ed for the				T
	organization by:								Yes	No
	(i) Unrelated organizations?									X
										X
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the	<u>u</u>	/ment	t funds.						
Fai	t VI Land, Buildings, and Equipm Complete if the organization answere		Dout	N/ line 11e C		Dart V lin	o 10			
				1				(
	Description of property	(a) Cost or ot basis (investm		• •	t or other (other)	• •	umulated eciation	(d) Boo	ok valu	le
1 a	Land				36,183.				36,	,183.
	Buildings				742,807.		216,811.		525,	996.
	Leasehold improvements									
	Equipment				37,393.		27,255.		10,	,138.
	Other				25,967.		25,967.			٥.
	Add lines 1a through 1e. (Column (d) must e		(, line	10c. column	(B))				572,	,317.
							Sched	lule D (Fori	n 990)) 2023

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Part VII Investments - Other Securities Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book 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, line 12, col. (B)) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value 1 (1) Federal income taxes (2)(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

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

Schedule D (Form 990) 2023

X

Sche	dule D (Form 990) 2023 MEMORY CARE HOME SOLUTIONS			02-0641248	B Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With Re	evenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,497,338.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-2,527.		
b	Donated services and use of facilities	2b	56,043.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	53,516.
3	Subtract line 2e from line 1			3	1,443,822.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	742.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	742.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,444,564.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ements With E	xpenses per F	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	1,641,594.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	56,043.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	34,301.		
е	Add lines 2a through 2d			2e	90,344.
3	Subtract line 2e from line 1			3	1,551,250.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	742.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	742.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,551,992.
Pa	t XIII Supplemental Information				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b an	d 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 informat	ion.		

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PART V, LINE 4:

THE INVESTMENT OBJECTIVE OF THE ORGANIZATION IS TO PROVIDE A RETURN ON

INVESTMENTS THAT SUPPORTS THE ORGANIZATION BOTH IN THE SHORT-TERM FOR

ANNUAL INCOME AND THE LONG-TERM FOR MAINTENANCE AND GROWTH OF THE

ENDOWMENT'S PURCHASING POWER. ACHIEVEMENT OF THE RETURN WILL BE SOUGHT

FROM AN INVESTMENT STRATEGY WHICH PROVIDES AN OPPORTUNITY FOR OPTIMAL

RETURNS WITHIN ACCEPTABLE LEVELS OF RISK AND VOLATILITY OF RETURNS. THE

ORGANIZATION HAS ADOPTED A DISTRIBUTION POLICY STATING THAT DISTRIBUTIONS

FROM THE ENDOWMENT FUND IN ANY FISCAL YEAR SHALL NOT EXCEED 4% OF THE FAIR

MARKET VALUE OF THE ENDOWMENT AS OF THE LAST BUSINESS DAY OF THE YEAR-END,

UNLESS APPROVED BY THE EXECUTIVE COMMITTEE AND THE BOARD OF DIRECTORS.

Part XIII Supplemental Information (continued)

IN DECEMBER 2023, THE ENDOWMENT WAS CREATED TO INCREASE LONG-TERM

OPERATIONAL SUSTAINABILITY AND FUND STRATEGIC INITIATIVES.

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 INCOME TAX RETURNS ARE SUBJECT TO EXAMINATION BY

THE IRS FOR THE STATUTORY PERIOD.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

BAD DEBT EXPENSE

34,301.

Schedule D (Form 990) 2023

SCHEDULE G	Suppleme	ntal Informatio	n Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ities	O	MB No. 1545-0047
(Form 990)		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.								2023
Department of the Treasury		Attac	ch to Form 990 c	or Form	n 990	-EZ.				Open to Public
Internal Revenue Service		o www.irs.gov/For	m990 for instruc	ctions	and t	he latest information	۱.			nspection
Name of the organization										tification number
Part I Fundrais		E HOME SOLUTION						02-064:		
	complete this part		ganization answe	rea " Y	es" or	n Form 990, Part IV, I	ne 1	7. Form 990	-EZ 1	liers are not
1 Indicate whether the	• •		nv of the followin	a activ	/ities.	Check all that apply.				
a X Mail solicitat		5				overnment grants				
b X Internet and	email solicitations				-	nment grants				
c 📃 Phone solici	tations		g X Special	fundra	aising	events				
d 📃 In-person so	licitations									
2 a Did the organization	on have a written c	r oral agreement wi	th any individual	(incluc	ding of	ficers, directors, trus	tees,			
key employees list	ed in Form 990, P	art VII) or entity in c	onnection with p	rofessi	onal fi	undraising services?		X	Yes	No
b If "Yes," list the 10	highest paid indiv	viduals or entities (fu	Indraisers) pursu	ant to	agree	ments under which th	ne fur	ndraiser is to	b be	
compensated at le	east \$5,000 by the	organization.								
				(iii)	Did		(v)	Amount pai	d	(vi) Amount paid
(i) Name and addres		(ii) Activity			raiser ustody	(iv) Gross receipts		or retained b fundraiser	y)	to (or retained by)
or entity (func	iraiser)				ntrol of utions?	from activity	listed in col. (i))	organization
GRANTS INK - 966 S	HEFFIELD			Yes	No					
FOREST CT., WILDWO	OD, MO	GRANT WRITING			x	240,500.		17,23	2.	223,268.
i										· · · · ·
									_	
									_	
									-	
									_	
									_	
									-	
Total						240,500.		17,23	2.	223,268.
3 List all states in whi							it is (,
or licensing.	-									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2023

LHA 332081 09-13-23

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		MEMORIES &		NONE	(add col. (a) through
		MELODIES			col. (c)
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	213,715.			213,715.
	2 Less: Contributions	186,940.			186,940.
	3 Gross income (line 1 minus line 2)	26,775.			26,775.
	4 Cash prizes				
6	5 Noncash prizes				
pense	6 Rent/facility costs	40,780.			40,780.
Direct Expenses	7 Food and beverages				
	8 Entertainment	2,750.			2,750.
	9 Other direct expenses	30,985.			30,985.
	10 Direct expense summary. Add lines 4 through	n 9 in column (d)			74,515.
	11 Net income summary. Subtract line 10 from I	ine 3. column (d)			-47,740.

\$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1 Gross revenue				
es	2 Cash prizes				
kpens	3 Noncash prizes				
Direct Expenses	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes %	Yes%	└── Yes % └── No	
	7 Direct expense summary. Add lines 2 through	5 in column (d)			
	8 Net gaming income summary. Subtract line 7	from line 1, column (d)			
	Enter the state(s) in which the organization condu				
	Is the organization licensed to conduct gaming ac If "No," explain:				
	Were any of the organization's gaming licenses re				Yes No
b	If "Yes," explain:				
33208	32 09-13-23			Sche	dule G (Form 990) 2023

Sch	edule G (Form 990) 2023	MEMORY CARE HOME SOLUTIONS 0	2-06412	48	Page 3
11	Does the organization conduct ga	ming activities with nonmembers?		Yes	No
12	Is the organization a grantor, bene	ficiary or trustee of a trust, or a member of a partnership or other entity formed		_	
	to administer charitable gaming?		🗆	Yes	No No
13	Indicate the percentage of gaming	activity conducted in:			
				ч	%
			13 b		%
14	Enter the name and address of the	e person who prepares the organization's gaming/special events books and records:			
	Name				
	Address				
	Address				
15a	Does the organization have a cont	tract with a third party from whom the organization receives gaming revenue?		Yes	No
b	If "Yes," enter the amount of gam	ing revenue received by the organization \$ and the amoun	t		
	of gaming revenue retained by the				
c	If "Yes," enter name and address	of the third party:			
	Name				
	Address				
	Opening managements to the				
16	Gaming manager information:				
	Name				
	Gaming manager compensation	\$			
		·			
	Description of services provided				
	Director/officer	Employee Independent contractor			
17	Mandatory distributions:				
a		state law to make charitable distributions from the gaming proceeds to		Vee	No No
L		required under state law to be distributed to other exempt organizations or spent in the		res	
Ľ	organization's own exempt activiti		3		
Pa		mation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III. li	nes 9.	9b. 10b.
		applicable. Also provide any additional information. See instructions.	··· -···, ··		,,
SCH	EDULE G, PART I, LINE 2B,	LIST OF TEN HIGHEST PAID FUNDRAISERS:			
(I)	NAME OF FUNDRAISER: GRANT	'S INK			
(T)	ADDRESS OF FUNDRATCED. 04	C QUERRIELD RODROM ON WILDWOOD NO 62021			
(1)	ADDRESS OF FUNDRAISER: 90	56 SHEFFIELD FOREST CT., WILDWOOD, MO 63021			
_					
3320	83 09-13-23		hedule G	(Form	990) 2023
		35			

		Page
t IV Supplemental Information (continued)		
	Schedule G	(Form 9

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SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 02-0641248

MEMORY CARE HOME SOLUTIONS

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THE FUTURE WITH DIGNITY AND CONFIDENCE.

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

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PROVIDED TO MANAGEMENT FOR REVIEW AND IS PRESENTED TO THE

BOARD OF DIRECTORS. CHANGES, IF ANY, ARE COMMUNICATED AND INCORPORATED

PRIOR TO 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.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23 37 Schedule O (Form 990) 2023

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Name of the organization MEMORY CARE HOME SOLUTIONS		Employer identification numb 02-0641248
		02 0041240
ORM 990, PART IX, LINE 11G, OTHER FEES:		
CONTRACTORS:		
PROGRAM SERVICE EXPENSES	5,784.	
IANAGEMENT AND GENERAL EXPENSES	0.	
UNDRAISING EXPENSES	0.	
FOTAL EXPENSES	5,784.	
EVALUATION SERVICES:		
PROGRAM SERVICE EXPENSES	76,374.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
OTAL EXPENSES	76,374.	
PEO SERVICE FEES:		
PROGRAM SERVICE EXPENSES	18,591.	
ANAGEMENT AND GENERAL EXPENSES	4,218.	
UNDRAISING EXPENSES	5,866.	
OTAL EXPENSES	28,675.	
PROFESSIONAL/CONSULTING FEES:		
PROGRAM SERVICE EXPENSES	65,430.	
IANAGEMENT AND GENERAL EXPENSES	9,401.	
UNDRAISING EXPENSES	6,651.	
COTAL EXPENSES	81,482.	
COTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	192,315.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
332212 11-14-23		Schedule O (Form 990) 20

ame of the organization		Employer identification numb
MEMORY CARE HOME SOLUTIONS		02-0641248
AD DEBT EXPENSE	-34,301.	
	34,301.	
		Schedule O (Form 990) 2