orm	9	9	0	

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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

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

2 **Open to Public**

Inter	mal Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the lates			Inspection								
A	For the	e 2021 calend	dar year, or tax year beginning Oct 1 , 2021, and endi	ng Se	р 30	, 20 22								
в	Check i	f applicable:	C Name of organization Huntsville-Madison County Senior Ce	enter, Inc.	D Emple	oyer identification number								
	Address	s change	Doing business as		63-0	675772								
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address)											
	Initial re	turn	2200 Drake Avenue (256)880-7080											
$\overline{\Box}$	Final ret	turn/terminated City or town, state or province, country, and ZIP or foreign postal code												
Ē	Amende	ed return	Huntsville, AL 35805		G Gross	receipts \$2, 340, 837.								
Ē		blication pending F Name and address of principal officer: H(a) Is this a group return for subordinates? Yes X No												
		,	Dr. Tom N. Glynn, 2200 Drake Avenue, Huntsville, AL 35	805 H(b) Are all su	bordinat	es included? Ves No								
ī	Tax-exe	empt status:	▼ 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 527	If "No," a	ttach a lis	st. See instructions.								
J	Website	e:►N/A		H(c) Group ex	emption	number 🕨								
			Corporation Trust Association Other L Year of form	ation: 1962	M State	of legal domicile: AL								
The second second	art I	Summa												
	1	A DOMANNE A DOMANNE A	cribe the organization's mission or most significant activities: Enable	senior citize	ns to	maintain independence								
e		,	TANDA MIAN CARL											
and			VIII. I PAWWYN											
Activities & Governance	2	Check this	box ►	d of more than 2	5% of	its net assets.								
NO	3				3	22								
8	4		independent voting members of the governing body (Part VI, line 1b	o)	4	22								
ies	5		er of individuals employed in calendar year 2021 (Part V, line 2a)		5	44								
ivit	6		er of volunteers (estimate if necessary)		6	100								
Act	7a		ated business revenue from Part VIII, column (C), line 12		7a	0.								
	b		ed business taxable income from Form 990-T, Part I, line 11		7b	0.								
-				Prior Year		Current Year								
-	8	Contributio	ns and grants (Part VIII, line 1h)	2,163,	668.	2,116,887.								
Revenue	9		rvice revenue (Part VIII, line 2g)	181,		223,950.								
eve	10		income (Part VIII, column (A), lines 3, 4, and 7d)											
č	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)											
	12		ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,345,	512.	2,340,837.								
	13		similar amounts paid (Part IX, column (A), lines 1-3)											
	14		id to or for members (Part IX, column (A), line 4)											
s	15	V	her compensation, employee benefits (Part IX, column (A), lines 5-10)	870,3	239.	883,716.								
Expenses	16a	Professiona	al fundraising fees (Part IX, column (A), line 11e)		_									
bei	b		aising expenses (Part IX, column (D), line 25) > 29, 337.	and the state	-cert									
ũ	17		nses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,029,	613.	1,054,466.								
	18		ses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,899,8		1,938,182.								
	19		ss expenses. Subtract line 18 from line 12	445,		402,655.								
or	-			Beginning of Curre		End of Year								
sets	20	Total asset	s (Part X, line 16)	1,364,	929.	1,562,484.								
Net Assets or Fund Balances	21		ies (Part X, line 26)	281,3		76,224.								
Fun	22		or fund balances. Subtract line 21 from line 20	1,083,0	200 A.L.	1,486,260.								
Pa	art II	Signatu												

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 officer			02/10/2023 Date	
Here	Dr. Tom N Glynn, Execut Type or print name and title		-		
Paid Preparer	Print/Type preparer's name THOMAS T DYER, CPA	Date 04/17/2	023 Check if self-employed	PTIN P01212172	
Use Only	Firm's name ► DYER & SMITH, I	LC		Firm's EIN ► 02-0	
AUA 5 8 14	Firm's address ► 112 SOUTHSIDE S		AL 35801	Phone no. (256)	536-1020
May the IRS	discuss this return with the preparer	shown above? See instructions .			X Yes 🗌 No
For Paperwo	rk Reduction Act Notice, see the separa	te instructions. BAA	REV 07/25/22 PI	RO	Form 990 (2021)

Part	0 (2021) II Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Enable senior citizens to maintain independence
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured l expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported.
10	(Code:) (Expenses \$ 1,797,422. including grants of \$0.) (Revenue \$ 1,797,422.)
48	Nutrition programs, recreation, homebound services
	NULTILION PLOGIAND, ICCICACION, INC. NAME AND
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	·
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,797,422.
4	REV 07/25/22 PRO Form 990 (20

Part	IV Checklist of Required Schedules		_	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	1	×	×
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		×
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		>
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		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 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? If "Yes," complete Schedule D, Part IV.	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V.	10		>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	C CATA
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		>
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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
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	×	
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
l4a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14a		×
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	14b 15		×
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17	×	
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×

Part	V Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	
	Part IX column (A) line 2? If "Yes," complete Schedule I, Parts I and III	22		•
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
25a	transaction with a disgualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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		
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? <i>If "Yes," complete Schedule L, Part II</i>	26		
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? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		
b c	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28b 28c		
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30	×	
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31 32		
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		
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		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
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	×	
Par	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Estable surplus reported in box 2 of Form 1096 Enter -0- if not applicable		Yes	
1a b c	Enter the number reported in box's on form fost. Enter of in hot applicable)		
	reportable gaming (gambling) winnings to prize winners?	1c	×	

10.00	Chatemanta Degarding Other IPS Filings and Tay Compliance (Continued)		Ye
Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)	10000	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 44		
	Statements, filed for the calendar year ending with or within the year covored by the required for the calendar year ending with or within the year covored by the required for the calendar year ending with or within the year covored by the required for the calendar year ending with or within the year covored by the required for the calendar year ending with or within the year covored by the required for the calendar year ending with or within the year covored by the required for the calendar year ending with or within the year covored by the required for the calendar year ending with or within the year covored by the required for the calendar year ending with or within the year covored by the required for the calendar year ending with or within the year covored by the required for the calendar year ending with or within the year covored by the required for the calendar year ending with or within the year covored by the required for the calendar year ending with or within the year covored by the required for the calendar year ending with or within the year covored by the required for the calendar year ending with or within the year covored by the required for the calendar year ending with or within the year end or within t	2b	×
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.	3a	
3a		3b	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	0.0	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4a	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	-tra	110
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	1.2	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAH).	5a	
5a	Wee the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 50	
С	It (V/ " to line Fe or Eb, did the organization file Form 8886-T?	90	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	0-	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	-
b	If "Yes" did the organization include with every solicitation an express statement that such contributions or	CF.	
	gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	229	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-	au a
	and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		
	required to file Form 8282?	7c	-
d	If "Yes," indicate the number of Forms 8282 filed during the year		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	-
g	If the organization received a contribution of gualified intellectual property, did the organization file Form 8899 as required?	7g	_
ĥ	If the exception received a contribution of cars, hoats, airplanes, or other vehicles, did the organization file a Form 1098-0?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		
	sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	100
10	Section 501(c)(7) organizations. Enter:	1111	
а	Initiation fees and capital contributions included on Part VIII, line 12	236	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	STOR OF	
11	Section 501(c)(12) organizations. Enter:	1283	
2	Gross income from members or shareholders	12.3	1
b	Gross income from other sources. (Do not net amounts due or paid to other sources		
	against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 120	T. Cal	
13	Section 501(c)(29) gualified nonprofit health insurance issuers.	40-	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which	Josef	
	the organization is licensed to issue qualified health plans	1.22	
с	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b	-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		1
	excess parachute payment(s) during the year?	15	
6	If "Yes" see the instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	
a de la de de	If "Yes " complete Form 4720. Schedule O.		
47	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		
17		1 47	1
47	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	17	

1a b 2 3 4 5 6 7a	Governance, Management, and Disclosure. For each, role tack, role back, processes, or changes on Schedule O. S Check if Schedule O contains a response or note to any line in this Part VI A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officers, directors, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	2	Yes
1a b 2 3 4 5 6 7a	Image: A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year. Image: A governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent Image: A governing body of the governing body, or image of the governing body of the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent Image: A governing body of the governing body of the governing body of the governing body of the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	2	
1a b 2 3 4 5 6 7a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . Ib 22 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	Yes
b 2 3 4 5 6 7a	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. Enter the number of voting members included on line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? .	2	
b 2 3 4 5 6 7a	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. Enter the number of voting members included on line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? .	2	
b 2 3 4 5 6 7a	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? .	2	
b 2 3 4 5 6 7a	committee, explain on Schedule O. Ib 22 Enter the number of voting members included on line 1a, above, who are independent Ib 22 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? Ib 22 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? Ib 22 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Ib	2	
b 2 3 4 5 6 7a	Enter the number of voting members included on line 1a, above, who are independent . <u>1b</u> 22 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? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	2	
2 3 4 5 6 7a	Did any officer, director, trustee, or key employee have a family relationship of a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	2	
3 4 5 6 7a	any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	3	
3 4 5 6 7a	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?		
4 5 6 7a	supervision of officers, directors, trustees, or key employees to a management company of other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? .		
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	-	
5 6 7a	Did the organization become aware during the year of a significant diversion of the organization's assets?	4	
6 7a	Did the organization become aware during the year of a significant diversion of the organization of the or	5	
7a		6	
h	Did the organization have members or stockholders, or other persons who had the power to elect or appoint Did the organization have members, stockholders, or other persons who had the power to elect or appoint		
h	Did the organization have members, stockholders, of other persons who had the point is even or appendix one or more members of the governing body?	7a	6
h	one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members,	100.000	
	Are any governance decisions of the organization reserved to (or subject to approval by) memory, stockholders, or persons other than the governing body?	7b	
122	Did the organization contemporaneously document the meetings held or written actions undertaken during		
8	Did the organization contemporarieously document the meetings held of whiteh denote and the	and the second	
	the year by the following:	8a	×
а	The governing body?	8b	×
b	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	0.0	
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	
	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.
Sectio	on B. Policies (This Section B requests information about policies not required by the internal rector		Yes
	Did the organization have local chapters, branches, or affiliates?	10a	
10a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
	amiliates, and branches to ensure their operations are consistent what are organized by before filing the form?	11a	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	The second second	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	
12a		12b	-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	
	describe on Schedule O how this was done.	13	×
13	Did the organization have a written whistleblower policy?	14	x
14	Did the organization have a written document retention and destruction policy?	14	~
15	Did the process for determining compensation of the following persons include a review and approval by	125	20
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150	×
а	The organization's CEO, Executive Director, or top management official	15a	
b	Other officers or key employees of the organization	15b	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	1000	12.
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		
	with a taxable entity during the year?	16a	1000
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	123	120
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		
	organization's exempt status with respect to such arrangements?	16b	
Secti	on C. Disclosure		
17	List the states with which a copy of this Form 990 is required to be filed >	T /	ation
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	·i (se	ction
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.		
	Own website Another's website X Upon request Other (explain on Schedule O)		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or and financial statements available to the public during the tax year.	of inte	erest

20	State	the name	. address.	and telephone num	iber of the pe	erson who posses	ses the organ	nization's books and reco	oras 🖻
	Dr.	Tom N.	Glynn,	2200 Drake A	venue, ,	Huntsville,	AL 35805	(256)880-7080	

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

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

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

				(0	C)					
(A)	(B)	(do n	ot ch		ition more	e than o	ne	(D)	(E)	(F)
Name and title	Average hours	box,	unies	s pe	rson	is both or/trust	an	Reportable compensation	Reportable compensation	Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) Dr. Tom N. Glynn	30.00	-								0.1
Executive Director			-		×	-	-	93,795.	0.	0.
(2) Wilmon Pidgeon President	8.00	×		×				0.	0.	0.
(3) Charlotte Hudson 1st Vice President	8.00	×		×				0.	0.	0.
(4) Russ Hutcherson 2nd Vice President	8.00	×		×	1			0.	0.	0.
(5) Pat McCrory Secretary	8.00	×		×				0.	0.	0.
(6) Albert Butler Treasurer	8.00	×		×				0.	0.	0.
(7) Bob Ward Past President	4.00	×						0.	0.	0.
(8) Bill Goggess Member	4.00	×						0.	0.	0.
(9) Rosa Kilpatrick Member	4.00	×	1					0.	0.	0.
(10) Bobbi Murphy Member	4.00	×						0.	0.	0.
(11) Max Rosenthal Member	4.00	×						0.	0.	0.
(12) Annie Saylor Member	4.00	×						0.	0.	0.
(13) Marilyn McCorkle Member	4.00	×						0.	0.	0.
(14) Joe Palazzo Member	4.00	×						0.	0.	0.
										Form 990 (2021)

Part VII Section A. Officers, Directors, T	rustees, I	Key E	m	oloy	/ee	s, an	dH	lignest Compe	insated Emplo	yees (continued)
(A) Name and title	(B) Average hours per week	box, u office	(C) Position do not check more than one oox, unless person is both ar officer and a director/trustee)					(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
15)Brenda McBride Member	4.00	×						0.	0.	0.
16) Cheryl Patterson Member	4.00	×						0.	0.	0
7) James Starks Member	4.00	×						0.	0.	0
8)Rosie Wade Member	4.00	×						0.	0.	0
19) Evan Cohen Member	4.00	×						0.	0.	0
20) Bill Heslip Member	4.00	×						0.	0.	0
21)Diana Klaube Member	4.00	×				- I		0.	0.	0
22)Joel Stephens Member	4.00	×						0.	0.	0
23) Patsy Trigg Member	4.00	×						0.	0.	0
24)										
25)		-						02.705	0.	0
1b Subtotal c Total from continuation sheets to Part	VII, Sectio	on A				• •		93,795.	0.	0
 d Total (add lines 1b and 1c) 2 Total number of individuals (including bu reportable compensation from the organ 	it not limite	 d to tl	nos	e lis	ted	abov	e) v	vho received mo) of
3 Did the organization list any former employee on line 1a? If "Yes," complete	officer, dir Schedule	ector, I for s	, tri uch	uste n inc	e, livia	key e <i>lual</i>	emp	oloyee, or highe	st compensate	d Yes No 3 X
4 For any individual listed on line 1a, is the organization and related organizations individual	e sum of re greater th	porta an \$ 	ible 150	cor),00	npe 0?	ensatio If "Ye	on a os, "	and other compe complete Sche	ensation from the edule J for such	4 ×
5 Did any person listed on line 1a receive for services rendered to the organization	or accrue c i? If "Yes,"	ompe comp	ensa lete	atior Sc	n fro hea	om an Iule J	y ui for	nrelated organiza such person	ation or individua	al 5 ×
Section B. Independent Contractors 1 Complete this table for your five hig compensation from the organization. Rep	best comr	ensa	ted	inc	lene	endent	tc	ontractors that	received more	than \$100,000 nization's tax yea
(A) Name and business ad								(B) Description of se		(C) Compensation
2 Total number of independent contract	ore (includ	ina h	ut	not	lim	ited t		hose listed abo	ve) who	State State State

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

Part	VIII	Statement of Revenue Check if Schedule O contains a response or note to a	any line in this Pa	art VIII		🗆
		Check if Schedule O contains a response of note to e	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Ś Ś	1a	Federated campaigns 1a				
ant	b	Membership dues 1b	THE PERSON NEW	A CONTRACTOR		the state of the
ש פ	с	Fundraising events 1c 128,123	· .	and the same of the same of the	141 A 18 - 200 - 201	
Contributions, Gifts, Grants, and Other Similar Amounts	d	Related organizations 1d			and the second	
nila, G	е	Government grants (contributions) 1e 1,126,406				aller Barris
Sir	f	All other contributions, gifts, grants, and similar amounts not included above 1f 862, 358	BAR AL AL MARK	Statistics 5 sta		and the second
her	-	and similar amounts not included above 1f 862, 358 Noncash contributions included in				
<u>a</u> a	g	lines 1a-1f 1g \$		The second second		
Contributions, Gifts, Grants, and Other Similar Amounts	h	Total. Add lines 1a–1f	2,116,887.			A STATE OF THE STATE
<u> </u>		Business Code				
8	2a	Senior Programs 000000	223,950.	223,950.	0.	0.
ž al	b					
lnu Se	c					
Jram Sen Revenue	d					
Program Service Revenue	е					
P	f	All other program service revenue	002.050			The Association of the
	g	Total. Add lines 2a-2f		A DECEMBER OF A		
	3	Investment income (including dividends, interest, and other similar amounts)				
		Income from investment of tax-exempt bond proceeds				
	4 5	Royalties			a —	_
	5	(i) Real (ii) Personal				
	6a	Gross rents 6a			日本の日本語	
	b	Less: rental expenses 6b				A COLOR
	с	Rental income or (loss) 6c			and a subscript	
	d	Net rental income or (loss)	•			
	7a	Gross amount from (i) Securities (ii) Other			Lands and the	Parts An other M
		sales of assets		C. S. LAND MARK		1
		other than inventory 7a				A DATE OF
enne	b	Less: cost or other basis				
ven		and sales expenses . 7b				State State State
Re	c d	Gain or (loss)	•			
Other Rev	8a	Gross income from fundraising		And WERE		NE ORANA
đ	Ua	events (not including \$ 128, 123.		A Distant		The second second
		of contributions reported on line		Barline Mark	and the second	
		1c). See Part IV, line 18 8a				Charles A
	b	Less: direct expenses 8b				
	С	Net income or (loss) from fundraising events	Condition of Cardinal		I LOW AND A TAXABLE	Contraction of the
	9a	Gross income from gaming activities. See Part IV, line 19 . 9a				DIS STRANG
	14255		*			
	b	Less: direct expenses 9b	•			
		Gross sales of inventory, less	THE REPORT OF THE PARTY		Profession of the	A CONTRACTOR
		returns and allowances 10a				TO MERICANIS
	b	Less: cost of goods sold 10b			A STATE PARA	A STATE OF STATE
	с	Net income or (loss) from sales of inventory	and the second se			
SI		Business Code	TANK AND A SAME AND A		A CARLEN AND A CARLEN	CAN BE MAN STREET
eor	11a					
scellaneo Revenue	b					1
tev	с					
Miscellaneous Revenue	d		•	Contraction of the	12.7 × 1 - 2 × 14	CARNELSIZO
	10		2,340,837	. 223,950	. 0	. 0.
	12	REV 07/25				Form 990 (2021

-	0 (2021)				
Part	IX Statement of Functional Expenses n 501(c)(3) and 501(c)(4) organizations must comple	te all columns. All o	other organizations r	nust complete colum	nn (A).
ectio	Check if Schedule O contains a response	or note to any line	in this Part IX .		🖵
	t include amounts reported on lines 6b, 7b, , 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 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees		ŕ.		3
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .				15 201
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	765,034.	673,230.	76,503.	15,301.
9 10 11	Other employee benefits	118,682.	104,440.	11,868.	2,374.
a b c d e f g	Legal				
12 13 14 15 16 17 18	Advertising and promotion	283,123.	249,149.	28,312.	5,662
19 20 21	Conferences, conventions, and meetings	65,776.	65,776.	0.	0
22 23 24	Depreciation, depletion, and amortization Insurance . Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)	65,776.	03,770.		
а	Building use	300,000.	264,000.	30,000.	6,000
b		200,785.	184,913.	15,872.	0
С		26,629.		-51,132.	0
d		178,153.	178,153.	0.	0
e	All other expenses				00 227
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if	1,938,182.	1,797,422.	111,423.	29,337
	following SOP 98-2 (ASC 958-720)	REV 07/25/22 PRO			Form 990 (202

Form	990 (20)21)			Page 11
A 228336-5A	art X		†X		🗆
		Check if Schedule O contains a response of note to any mo in and rai	(A) Beginning of year		(B) End of year
		Cash-non-interest-bearing	956,900.	1	954,233.
	1	Savings and temporary cash investments	0.	2	0.
- 1	2	Pledges and grants receivable, net	4,200.	3	9,532.
	3	Accounts receivable, net		4	
	4	Loans and other receivables from any current or former officer, director,	al a state of the state of the		1 2 1 1 1 4 A
	5	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disgualified persons (as defined	DATE OF TANKING		
	0	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	-	Notes and loans receivable, net		7	
Assets	7	Inventories for sale or use		8	
Ass	8 9	Prepaid expenses and deferred charges	4,819.	9	6,735.
	9 10a	Land, buildings, and equipment: cost or other	The state of the state		
	IVa	basis. Complete Part VI of Schedule D 10a 913, 920.			
	b	Less: accumulated depreciation 10b 321,936.	399,010.	10c	591,984.
	11	Investments-publicly traded securities		11	
	12	Investments-other securities. See Part IV, line 11		12	
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	1 5 60 101
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,364,929.	16	1,562,484.
	17	Accounts payable and accrued expenses	281,324.	17	76,224.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
ŝ	22	Loans and other payables to any current or former officer, director,		19.13	
IĦ		trustee, key employee, creator or founder, substantial contributor, or 35%		22	
Liabilities		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
		Total liabilities. Add lines 17 through 25	281,324.	26	76,224.
	26	Organizations that follow FASB ASC 958, check here		10200	Martin Brits Ler
Ses		and complete lines 27, 28, 32, and 33.			
anc	07	Net assets without donor restrictions	1,059,679.	27	1,486,260.
Bal	27 28	Net assets with donor restrictions	23,926.		
P	20	Organizations that do not follow FASB ASC 958, check here ►		3 33	
Fur		and complete lines 29 through 33.		-	
o	29	Capital stock or trust principal, or current funds		29	
sts	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSE	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	1,083,605.		1,486,260.
Ne	33	Total liabilities and net assets/fund balances	1,364,929.	33	1,562,484.
	0.0000	BEV 07/25/22 PRO			Form 990 (2021

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orm 99	0 (2021)				Pag	e 12
Part	XI Reconciliation of Net Assets					П
5	Check if Schedule O contains a response or note to any line in this Part XI	1		, 340		<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	2				
2	Total expenses (must equal Part IX, column (A), line 25)	3	1	, 938		
3	Revenue less expenses. Subtract line 2 from line 1	4	1		2,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4 5	1	,083	3,00	05.
5	Net unrealized gains (losses) on investments					
6	Donated services and use of facilities	6 7				
7	Investment expenses					
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O).	9				_
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part A, me	10	1	10	 	60
	32, column (B))	10	1	,48	0,2	00.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	• •	• • •	<u>.</u>	es l	No
					es	NO
1	Accounting method used to prepare the Form 990: Cash Accrual Other	volain	on	200	11	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	<pre>http://www.com/com/com/com/com/com/com/com/com/com/</pre>		16 3	13	
	Schedule O.			2a	-	×
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	· ·		2a	100	
	If "Yes." check a box below to indicate whether the financial statements for the year were con-	npileu	0			
	reviewed on a separate basis, consolidated basis, or both:			111		
	Separate basis Consolidated basis Both consolidated and separate basis			2b	×	
b	Were the organization's financial statements audited by an independent accountant?			20	^	
	If "Yes," check a box below to indicate whether the financial statements for the year were and	neu or	a	1	2	
	separate basis, consolidated basis, or both:			200	2.4	
	Separate basis Consolidated basis Both consolidated and separate basis	orolabi	t of	1000		-
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersigni ant?		2c	~	
	the audit review or compilation of its financial statements and selection of an independent account	anti	••• ••	20	×	Co. Co.
	If the organization changed either its oversight process or selection process during the tax year, e	xpiain			100	
	Schedule O.		the	No. of Lot		IT-LA
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	מו מזא	ine	-		×
	Single Audit Act and OMB Circular A-133?	× •		3a		^
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not un	uergo		3b		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such	audits	. 1		000	
	REV 07/25/22 PRO			Form	990	(2021

	•	ſ				_	.	OMB No. 1545-0047
117 0 0000000000000000000000000000000000	EDULE A	Pub	lic Charity	Status and P	ublic	Suppo	ort	2021
(Form	990)	Complete if the organ	ization is a section 50	01(c)(3) organization or a sec	tion 4947(a)	(1) nonexem	pt charitable trust.	Open to Public
Departn	nent of the Treasury			n to Form 990 or Form m990 for instructions ar		st informa	tion.	Inspection
10000000000000	Revenue Service	GO TO	o www.irs.gov/For	maao for manuellons u	u ino jaro		Employer identification	
	·	ison County S	enior Cente	r, Inc.			63-0675772	
Dar	Reason	for Public Chari	tv Status. (All	organizations must	complet	te this pa	art.) See instruct	ions.
The o	raphization is no	ot a private foundati	ion because it is	: (For lines 1 through	12, check	c only one	e box.)	
1	A church, co	invention of church	es, or associatio	n of churches describ	ed in sec	ction 170	(D)(1)(A)(I).	
2			nital convice oras	Attach Schedule E (Fo anization described in	section	170(b)(1)	(A)(iii).	
3 4	A nospital of	search organization	operated in co	njunction with a hospi	ital descri	ibed in se	ection 170(b)(1)(A)(iii). Enter the
4	here it all a ma	me oity and state	0					
5	section 170	(b)(1)(A)(iv). (Comp	lete Part II.)	college or university o				ntal unit described in
6	🗌 A federal, st	ate, or local govern	ment or governn	nental unit described	in section	n 170(b)(1)(A)(v). mental unit or fro	m the general public
7	described in	section 170(b)(1)(A)(vi). (Complete	e Part II.)		a govern		m the general public
8			stion described	(1)(A)(vi). (Complete F in section 170(b)(1)($\Delta(ix) one$	erated in d	coniunction with a	land-grant college
9	or university	or a non-land-gran	it college of agri	culture (see Instructio	ns). Enter	the nam	e, city, and state	of the conege of
10	🗌 An organiza	tion that normally re n activities related t	ceives (1) more to its exempt fur	than 331/3% of its sup actions, subject to cer	port fron tain exce	n contrib ptions; a	utions, membersh nd (2) no more tha ction 511 tax) from	np tees, and gross an 331/3% of its m businesses
	support from	n gross investment	ter June 30, 197	5. See section 509(a))(2). (Con	nplete Pa	rt III.)	
11	An organiza	tion organized and	operated exclusion	ively to test for public	to perform	n the fund	ctions of, or to car	ry out the purposes of
12		mublicly ourported	organizations de	escribed in section 50	9(a)(1) or	section	509(a)(Z). See se	stion sustants, oncon
	the box on l	ines 12a through 12	d that describes	the type of supporting	organiza	tion and o	complete lines 126	, 121, and 129.
а	The second second	A supporting organi	zation operated	supervised, or control	olled by it	s suppor	ted organization(s	s), typically by giving
	the support	ported organization	s) the power to i ou must comple	regularly appoint or el te Part IV, Sections	A and B.	jointy of th		
b		A supporting organ	ization supervisi	ed or controlled in co	nnection	with its s	upported organiza	ation(s), by having
2	control	or management of t	he supporting or complete Part IV	rganization vested in f V. Sections A and C.	the same	persons	that control or ma	anage the supported
c	its supp	orted organization(s	s) (see instructio	ing organization oper ns). You must compl	ete Part	iv, secu	ons A, D, and L.	
d	that is n	ot functionally inter	rated. The organ	pporting organization nization generally mus omplete Part IV, Sec	st satisfy	a distribu	ition requirement	ported organization(s) and an attentiveness
e		his box if the organ	ization received	a written determination tionally integrated sup	on from th	ne IRS that	at it is a Type I, Ty	rpe II, Type III
f	Enter the nur	nber of supported c	organizations .		a 38 94	• • •		• •
<u>c</u>				oorted organization(s).	(iv) is the o	rganization	(v) Amount of moneta	ry (vi) Amount of
	(i) Name of suppo	rted organization	(ii) EIN	(described on lines 1-10 above (see instructions))	listed in you	ur governing ment?	support (see instructions)	other support (see instructions)
					Yes	No		
(A)					0			
(B)				5				
(C)	đi							
(D)								

(E)

Schedule	e A (Form 990) 2021						Page 2
Part	Delestele for Organiza	ations Descri	bed in Secti	ons 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(v	i) alifu undar
	Complete only if you checked th	he hay on line	5.7. or 8 of	Part I or If the	e organizatio	i lalleu lo qu	ally under
	Part III. If the organization fails to	quality unde	r the tests lis	sted below, pl	lease comple		
Section	on A. Public Support	(-) 0017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	dar year (or fiscal year beginning in) 🕨	(a) 2017	(D) 2018	(0) 2010	(4) 2020	(0) = = =	
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	1,498,396.	1,494,719.	1,565,646.	2,045,512.	2,005,339.	8,609,612.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	1,100,000	*			л	
3	The value of services or facilities furnished by a governmental unit to the organization without charge	300,000.	300,000.	300,000.	300,000.	300,000.	1,500,000.
4	Total. Add lines 1 through 3	1,798,396.	1,794,719.	1,865,646.	2, 545, 512.	2,303,339.	10,109,612.
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)						10,109,612.
6	Public support. Subtract line 5 from line 4	e de la composition					
Secti	on B. Total Support dar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Calen 7	Amounts from line 4	1,798,396.	1,794,719.	1,865,646.	2,345,512.	2,305,339.	10,109,612.
8	Gross income from interest, dividends,						
U	payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on	2					
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						10,109,612.
11	Total support. Add lines 7 through 10				State and a second	12	10,109,612.
12	Gross receipts from related activities, et First 5 years. If the Form 990 is for th	c. (see instruct	ions) Io firet secon	d third fourth	or fifth tax v	ear as a secti	on 501(c)(3)
13	organization, check this box and stop h	ere					🕨 🗌
Sect	ion C. Computation of Public Suppo	ort Percentag	je divided by line	11 column (ft)		14	100%
14	Public support percentage for 2021 (line Public support percentage from 2020 So	hodulo A Part	II line 14	10 100 100 E		15	100 %
15	and of an ant test 0001 If the order	nization did no	t check the bo	ox on line 13. a	and line 14 is a	331/3% or more	e, check this
16a	hav and aton here. The organization all	alifies as a pub	licly supporte	d organization			
b	33 ¹ / ₃ % support test – 2020. If the organizatio	nization did no n qualifies as a	t check a box publicly supp	on line 13 or 1 orted organiza	fa, and line 1:	5 IS 33 73% OF	
	10%-facts-and-circumstances test 10% or more, and if the organization Part VI how the organization meets the organization	meets the fact a facts-and-cir	s-and-circums cumstances te	est. The organ	ization qualifie	and stop here	y supported
b	10%-facts-and-circumstances test— 15 is 10% or more, and if the organizat in Part VI how the organization meets to organization	ion meets the he facts-and-c	facts-and-circ ircumstances	test. The organ	nization qualifi	es as a public	ly supported
10	Private foundation If the organization	did not chec	k a box on lir	ne 13, 16a, 16	b, 1/a, or 1/1	o, check this i	Jox and see
18	instructions		· · · · ·				► □

21 Schedule A (Form 9 90)

schedule	A (Form 990) 2021			F00(a)(0)			Page 3
Part I	II Support Schedule for Organiza	tions Descri	bed in Secti	on 509(a)(2)	nization failor	to qualify ur	der Part II
	(Complete only if you checked th	e box on line	10 of Part I	or if the organ	mploto Dart	1 to quality u	luer r urt n.
	If the organization fails to qualify	under the te	sts listed beig	ow, please cc	inplete Fait	1.)	
Sectio	on A. Public Support				(1) 0000	(-) 0001	(f) Total
Calend	dar vear (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(1) 10(a)
1	Gifts, grants, contributions, and membership fees				0		
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	X					
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf				e		
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5.						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						10
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	and and and all the second		A DECKER DECKER		Constant States	
8	Public support. (Subtract line 7c from		A HEALTHREE	A STATE OF			
	line 6.)	A DEC ADAR SHOT		A CONTRACTOR	+		
Secti	on B. Total Support dar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	(u) 2017	(
9	Gross income from interest, dividends,						
TUa	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
h	Unrelated business taxable income (less	1					
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included 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.)	L	1. final accord	d third fourth	or fifth tax)	ear as a sect	ion 501(c)(3)
14	First 5 years. If the Form 990 is for the	e organization	's first, secon	u, thiru, tourti	i, or min (ax)		► [
	organization, check this box and stop he					190 V20 10	
	ion C. Computation of Public Suppo Public support percentage for 2021 (line	P column (f)	divided by line	13 column (f))	. 15	9
15	Public support percentage for 2021 (line Public support percentage from 2020 Sc	badula A Par	t III line 15			. 16	9
	Public support percentage from 2020 Sc	nedule A, I a	entage		21 ASA 10 A M		
<u>16</u>	ion D Computation of Investment I		mn (f), divided	by line 13, co	lumn (f))	. 17	9
Sect	ion D. Computation of Investment In	(line 10c coll				10	9
Sect	Investment income percentage for 2021	A Schodula A	Part III line 1	7		. 10	
Sect 17 18	Investment income percentage for 2021 Investment income percentage from 202	20 Schedule A	, Part III, line 1 of check the bi	7	and line 15 is	more than 331	3%, and line
Sect	Investment income percentage for 2021 Investment income percentage from 202 331 ₃ % support tests-2021. If the orga	20 Schedule A nization did no cand stop her	, Part III, line 1 ot check the b e. The organiza	7 ox on line 14, ition qualifies as	 and line 15 is s a publicly sup	more than 331	/₃%, and line ation . ► [
Sect 17 18 19a	Investment income percentage for 2021 Investment income percentage from 202 331/3% support tests—2021. If the orga 17 is not more than 331/3%, check this box	20 Schedule A nization did no cand stop her ization did not	, Part III, line 1 ot check the be e. The organiza check a box o	7 ox on line 14, tion qualifies as n line 14 or line	and line 15 is and publicly sup 19a, and line	more than 33 ¹ ported organiz 16 is more thar	/3%, and line ation . ► 1 33 ¹ /3%, and
Sect 17 18	Investment income percentage for 2021 Investment income percentage from 202 331/3% support tests-2021. If the orga 17 is not more than 331/3%, check this box	20 Schedule A nization did no c and stop her ization did not s box and stop	, Part III, line 1 ot check the be e. The organiza check a box o here. The orga	7 ox on line 14, tion qualifies as n line 14 or line anization qualifie	and line 15 is s a publicly sup a 19a, and line es as a publicly	more than 33 ¹ ported organiz 16 is more thar supported org	/3%, and line ation . ► n 33 ¹ /3%, and anization ►

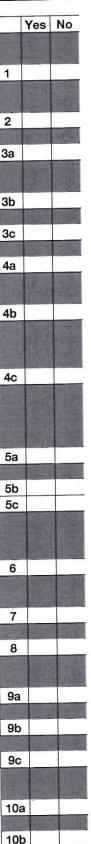
Schedule A (Form 990) 2021

Supporting Organizations Part IV

(Complete only if you checked a box in line 12 on 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

- Are all of the organization's supported organizations listed by name in the organization's governing 1 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.
- Did the organization have any supported organization that does not have an IRS determination of status 2 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor 7 (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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 8 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.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit C 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.)



provide detail in Part VI.

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

- Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 1 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?
- Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 2 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).
- By reason of the relationship described on line 2, above, did the organization's supported organizations have 3 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.

Section E. Type III Functionally Integrated Supporting Organizations

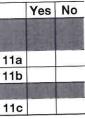
- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- Activities Test. Answer lines 2a and 2b below. 2
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а 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.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- 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.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b





3



Yes No

Page 5

Part '	A (Form 990) 2021 Type III Non-Functionally Integrated 509(a)(3) Supporting Orgonial Strength Strengt	ganiza	ations	
1 [Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	a trust	on Nov. 20, 1970 (exp.	tions A through E.
Section	on A-Adjusted Net Income		(A) Prior Year	(B) Current Ye (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		
Secti	on B-Minimum Asset Amount		(A) Prior Year	(B) Current Ye (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		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d	A second and a second	And Description and Discovery
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			- Hansata
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		
Secti	ion C-Distributable Amount			Current Yea
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	The second second	
2	Enter 0.85 of line 1.	2		1
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			

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

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Schedule A (Form 990) 2021

Part Secti	V Type III Non-Functionally Integrated 509(a)(3 on D-Distributions) Supporting Organi	zations (continu		Current Year
	the second	evempt purposes		1	
1	Amounts paid to supported organizations to accomplish e Amounts paid to perform activity that directly furthers exe	mot purposes of suppo	rted		
2	organizations, in excess of income from activity			2	
	organizations, in excess of income norm details	oses of supported orga	nizations	3	
3	Administrative expenses paid to accomplish exempt purp	uses of supported orga	in Lation o	4	
4	Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required-	provide details in Part	VI)	5	
5	Other distributions (<i>describe in Part VI</i>). See instructions.	provide dotaile in r are)	6	
6	Total annual distributions. Add lines 1 through 6.			7	
7	Distributions to attentive supported organizations to whic	h the organization is res	ponsive		
8	(provide details in Part VI). See instructions.	5		8	
	Distributable amount for 2021 from Section C, line 6			9	
9				10	
10	Line 8 amount divided by line 9 amount		(ii)		(iii)
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributi Pre-2021	ons	Distributabl Amount for 20
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
177	(reasonable cause required - explain in Part VI). See				
	instructions.		The second s		
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017			-	
С	From 2018				
d	From 2019			100	
е	From 2020				
f	Total of lines 3a through 3e			1.000	
g	Applied to underdistributions of prior years		Contraction Product in the		
h	Applied to 2021 distributable amount	States of the second states		_	In the party of the second
i	Carryover from 2016 not applied (see instructions)			-	
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from		THE REPAIR	0.02.	
	Section D, line 7: \$				
а	Applied to underdistributions of prior years		Standing of the Low Orld		
b	Applied to 2021 distributable amount	at the state of the second			The Real Property in the Party
С	Remainder. Subtract lines 4a and 4b from line 4.			-	Contraction of the
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.		The State of the S	1.5	_
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.	7			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:	A State of the sta		-	
а	Excess from 2017				
b					
с	Excess from 2019				
d	Excess from 2020				
е	- (0001	THE REP LEASE DESCRIPTION	- Property and		ad a second to the second

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Schedule A (Form 990) 2021

ц. ^{се}	Page 8
Schedule A (F	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.)
1	

(Form	DULE D 990) ent of the Treasury Revenue Service	► Complete if the orga Part IV, line 6, 7, 8, 9, 10	Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.							
	f the organization			Employer identification number						
		lison County Senior Center	, Inc.	63-0675772						
Par	Organi	zations Maintaining Donor Advis	sed Funds or Other Similar Fund	ds or Accounts.						
T ai	Comple	ete if the organization answered "	res" on Form 990, Part IV, line 6.							
	Compi		(a) Donor advised funds	(b) Funds and other accounts						
1	Total number a	at end of year								
2	Aggregate valu	e of contributions to (during year) .								
3	Aggregate valu	ue of grants from (during year)								
4		the stand of year		ald in deper edviced						
5	Did the organi	ization inform all donors and donor a	advisors in writing that the assets ne							
	funds are the o	prganization inform all donors and donors prganization's property, subject to the zation inform all grantees, donors, ar	organization's exclusive legal control	at funds can be used						
6	only for charit	zation inform all grantees, donors, an able purposes and not for the benefin ermissible private benefit?	t of the donor or donor advisor, or it	of any other purpose						
Par	t II Conse	rvation Easements.								
	Compl	ete if the organization answered "	Yes" on Form 990, Part IV, line 7.							
1	Purpose(s) of	conservation easements held by the c	organization (check all that apply).							
	Preservation	of land for public use (for example, recre	ation or education)	of a historically important land area of a certified historic structure						
	 An and designs the second secon	of natural habitat		of a certified historic structure						
	Preservatio	on of open space s 2a through 2d if the organization he	Id a qualified conservation contributio	on in the form of a conservation						
2	Complete line	the last day of the tax year.		Held at the End of the Tax Year						
		of conservation easements		2a						
a	Total number	restricted by conservation easements		2b						
b	A DESCRIPTION OF A DESC	exercition accoments on a certified h	istoric structure included in (a) .	20						
c d	Number of co	onservation easements included in (c) acquired after 7/25/06, and not	· · 2d						
3	tax vear 🕨			minated by the organization during the						
4 5	Does the org	ates where property subject to conser ganization have a written policy reg d enforcement of the conservation eas	sements it holds?							
6	N			ng conservation easements during the year						
7	Þ.¢			g conservation easements during the year f section 170(h)(4)(B)(i)						
8	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	nservation easement reported on line 70(h)(4)(B)(ii)? escribe how the organization reports of								
9	balance shee	t, and include, if applicable, the text o s accounting for conservation easeme	t the footnote to the organization s in ents.	Idificial statements that describes the						
	Comp	izations Maintaining Collection lete if the organization answered '	'Yes" on Form 990. Part IV, line o							
1a	of art, histori	cal treasures, or other similar assets	to its financial statements that descri	nue statement and balance sheet works on, or research in furtherance of public ibes these items.						
b	If the organiz art, historical provide the fo	ation elected, as permitted under FA treasures, or other similar assets held ollowing amounts relating to these iter	SB ASC 958, to report in its revenue I for public exhibition, education, or r ms:	e statement and balance sneet works o esearch in furtherance of public service						
		LILL F DOO Dot V		► \$ Ar assets for financial gain, provide the						
2	following am	ounts required to be reported under F	ASB ASC 958 relating to these items							

100	Bedration Act Nation son the Instructions	for	Foi	rm 9	990	-													Schedule D (Form 990) 2021
D		•	- 10	- 12	-	-	-	-	-										Schedule D (Form 990) 2021
1.	Assets included in Form 990, Part X		1	125	100			÷.		:141)	242					888	•		þ
а	Revenue included on Form 990, Part VIII, line 1		2		٠	•3	•3	•	•	•	5.05	•	.•)	•	•	0.00	0.96		¢

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Schedul	e D (Form 990) 2021								Page 2
	UL Organizations Maintaining	Collections of	Art, Hist	orical T	reasures,	or Oth	ner Similar As	sets (cor	ntinued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and o	ther record	ds, check	k any of the	follow	ing that make s	ignificant	use of its
	Public exhibition		d [loand	or exchange	progra	am		141
a									
b	Scholarly research	8							
	Preservation for future generations Provide a description of the organizat	ion's collections	and expla	in how th	nev further th	ne ora	anization's exer	npt purpos	se in Part
4	YIII								
5	During the year, did the organization assets to be sold to raise funds rather	than to be maint	donations ained as p	art of the	e organizatio	n's co	lection?		s 🗌 No
Part	IV Escrow and Custodial Arra	ingements.		V01.0000000	annerse an the matrice by	-	ř		-
	Complete if the organization	answered "Yes	s" on Fori	n 990, F	Part IV, line	9, or 1	reported an an	nount on	Form
	990 Part X line 21								
1a	Is the organization an agent, trustee, included on Form 990, Part X?	, custodian or ot	her interm	ediary fo	or contributio	ons or	other assets no	ot	s 🗆 No
320			loto the fol	lowing ta	able				
b	If "Yes," explain the arrangement in P	an An and comp		iowing to	1010.		A	mount	
						1c			
С	Beginning balance	• • • • • • •	• • •	g 122 - 1		1d			
d	Additions during the year		• • •	• •		10			
е	Distributions during the year	e a se se se e	* * * ×		• • • •	1f			
f	Ending balance				• • • • • • •				
2a	Did the organization include an amount	nt on Form 990, F	Part X, line	21, for e	scrow or cu	stodial	account liability		
b	If "Yes," explain the arrangement in P	art XIII. Check he	re if the ex	planation	n has been p	provide	ed on Part XIII .	· · · · · ·	
Part	t V Endowment Funds.					10			
	Complete if the organization		s" on For	m 990, F	Part IV, line	10.			years back
		(a) Current year	(b) Pric	or year	(c) Two years	back	(d) Three years bac	K (e) Four	years back
1a	Beginning of year balance								
b	Contributions								
с	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
e	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of	the current vear e	nd balanc	e (line 1g	, column (a)) held a	as:		
a	Board designated or quasi-endowme		%	98 194					
b	Permanent endowment ►								
c	Term endowment ► %								
C	The percentages on lines 2a, 2b, and	2c should equal	100%.						
30	Are there endowment funds not in th	e possession of	the organi	zation the	at are held a	and ad	ministered for tl	he	
Ja	organization by:								Yes No
	(i) Unrelated organizations		785 B B	o a az				3a(i)	
	.,			• • •		120 120			
	(ii) Related organizations If "Yes" on line 3a(ii), are the related of	· · · · · · ·	dae requi	red on Si	chedule R?				
b	If "Yes" on line 3a(II), are the related of	nganizations liste	ion's onde	wmont f	unde	•			
4	Describe in Part XIII the intended use	s of the organizat	ION S ENUC	WITIETICT	unus.				
Par	t VI Land, Buildings, and Equi Complete if the organization	onent.	e" on For	m 990	Part IV line	11a	See Form 990	Part X. I	ine 10.
		Tanswered Te	5 UNI U	(h) Cost	or other basis	(c)	Accumulated	(d) Bool	k value
	Description of property	(a) Cost or (invest			other)		epreciation		
1a	Land		0.		0.	1.5	P. Sataria		0.
· b	Buildings								
с	Leasehold improvements					_			1 004
d	Equipment			9	13,920.		321,936.	59	91,984.
•	Other	22 - 1 - 1							
Total	Add lines 1a through 1e. (Column (d)	must equal Form	990, Part J	X, columi	n (B), line 10	c.).	🕨 📔	59	91,984.
			REV 07/25/22 F					nedule D (Fo	rm 990) 2021

	Investments – Other Securities. Complete if the organization answered "Yes" on For	m 990, Part IV, line	11b. See Form 990, Part X, line 12
	 (a) Description of security or category (including name of security) 	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial	derivatives		
Closely h	eld equity interests		
E)			
F)			
G)			
H)			And the second
	mn (b) must equal Form 990, Part X, col. (B) line 12.)		
art VIII	Investments – Program Related. Complete if the organization answered "Yes" on For	m 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
ĺ			
)			
	8		
)			
))			
9) otal. (Colu	mm (b) must equal Form 990, Part X, col. (B) line 13.)		
3)	Other Assets	rm 990, Part IV, line	11d. See Form 990, Part X, line 1
) tal. (Colu	mm (b) must equal Form 990, Part X, col. (B) line 13.) . ► Other Assets. Complete if the organization answered "Yes" on For (a) Description	rm 990, Part IV, line	11d. See Form 990, Part X, line 15 (b) Book value
) tal. (Colu Part IX	Other Assets. Complete if the organization answered "Yes" on For	rm 990, Part IV, line	11d. See Form 990, Part X, line 1 (b) Book value
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) tal. (Colu art IX))))))	Other Assets. Complete if the organization answered "Yes" on For	rm 990, Part IV, line	11d. See Form 990, Part X, line 1 (b) Book value
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1 To 2 An a Do b Pri c Ott d Ott e Ad 3 Su 4 An a Inv	Complete if t ital expenses and le nounts included or onated services and ior year adjustment her losses her (Describe in Pa d lines 2a through ibtract line 2e from nounts included or vestment expenses	ne organizatio osses per audite line 1 but not o l use of facilities s rt XIII.) 2d line 1 Form 990, Part	on answere ed financial on Form 990 s 	ed "Yes" of statement 0, Part IX, I 	on Form 9 ts line 25: 	90, Part . 2a . 2b . 2c	IV, lir	ne 12a	enses p		
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 2 An a Do b Pri c Otil d Otil e Ad 3 Su 4 An a Inv 	nounts included or onated services and ior year adjustment her losses her (Describe in Pa Id lines 2a through ubtract line 2e from nounts included or vestment expenses	line 1 but not c I use of facilities s rt XIII.) 2d line 1 Form 990, Part	on Form 99(s 	0, Part IX, I 	line 25:	. 2a . 2b . 2c		• •	<u>.</u>	1	1,938
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e Ad 3 Su 4 An a Inv	Id lines 2a through abtract line 2e from nounts included or vestment expenses	2d line 1 Form 990, Part	 			. 2d					
 3 Su 4 An a Inv 	btract line 2e from nounts included or vestment expenses	line 1 Form 990, Part			\cdot \cdot \cdot						
4 An a Inv	nounts included or vestment expenses	Form 990, Part						• •	 345 545 	2e	1 020
a Inv	vestment expenses					• • •	· ·		2 61 CA	3	1,93
						10				20025	
b Ot							-			145.16	
12 V	her (Describe in Pa									4c	
	d lines 4a and 4b tal expenses. Add										1,93
5 To Part XII		al Information		equaliteri	1000, 1 dit	i, iiio i e.	<u>.,</u>				
Provide th	ne descriptions req	uired for Part II.	lines 3, 5,	and 9; Par	t III, lines 1a	a and 4; I	Part IV	/, lines	1b and 2	2b; Part V	/, line 4; Pa
2; Part XI,	, lines 2d and 4b; a	nd Part XII, line:	s 2d and 4b	o. Also con	nplete this	part to pi	rovide	any ac	ditional	informati	on.

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Supplemental					
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				a	
 	3	 	 	 	

001		Supplement	al Informatio	n Regardi	ng Fundr	aising or Gami	ng Activities	OMB No. 1545-0047
(Form	DULE G 990)	Complete if	and the second	"Vac"	on Form 990	, Part IV, line 17, 18, o Form 990-EZ, line 6a.	or 19. or 11 the	2021
-	nent of the Treasury		► At	ttach to Form	990 or Form	990-EZ.		Open to Public
Internal	Revenue Service	Þ	Go to www.irs.gov/	Form990 for ir	structions a	nd the latest informat	Employer identifi	Inspection cation number
Name o	of the organization	Country	Contor Cont	tor Inc			63-0675772	
Hunt Par	sville-Mad	ison County	Complete if th	e organiza	ation answ	vered "Yes" on F	orm 990, Part IV,	line 17.
Par	Eorm 99	90-EZ filers are n	ot required to	complete	this part.			
1	Indicate wheth	ner the organizatio	n raised funds t	hrough any	of the follo	owing activities. C	heck all that apply.	
а	Mail solicit			e L f [Solicitati	on of non-govern on of government	ment grants	
b		d email solicitatio	ns			undraising events		
c d	Phone soli	solicitations		0	-			
2a	Did the even	-	ten or oral agre	ement with	any individ	lual (including offi	cers, directors, trus	tees,
	or key employ	listed in Form	990, Part VII) o	r entity in co	onnection v	with professional	unuraising services	
b	If "Yes," list th compensated	ne 10 highest paid at least \$5,000 by	individuals or e the organizatio	entities (func on.	draisers) pu	ursuant to agreem	ients under which t	he fundraiser is to be
	(i) Name and addre or entity (fu	ess of individual ndraiser)	(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No			
1						*		
2								
3								
4								
5								
6				_				
7								
8								
9			1.4					
10								
Tota	1				►			
3	List all states	in which the orga	anization is regi	stered or lic	ensed to s	solicit contribution	ns or has been noti	fied it is exempt from
	registration o	r licensing.						
								chedule G (Form 990) 202

Schedule G (Form 990) 2021

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. Part II

		gross receipts greater that	1,45,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	1 Gross receipts				
Œ	2 3					
	4					
	5	5 Noncash prizes				
Direct Expenses	6	6 Rent/facility costs				
t Exp	7	7 Food and beverages			x	
Direct	8	8 Entertainment				
	9	9 Other direct expenses .				
	10 11	0 Direct expense summary. Ad 1 Net income summary. Subtra	d lines 4 through 9 in c act line 10 from line 3, c	olumn (d) olumn (d)	· · · · · · · · · ·	
Pa	rt I	1 Net income summary. Subtra Gaming. Complete if th. \$15,000 on Form 990-E2	e organization answe Z, line 6a.	ered "Yes" on Form §	990, Part IV, line 19, o	or reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	1 Gross revenue		,		
ses	2	2 Cash prizes				
Direct Expenses	3	3 Noncash prizes				
Direct	4	4 Rent/facility costs	i.			3
	5	5 Other direct expenses .				
	6	6 Volunteer labor	⊠ Yes% □ No	☐ Yes% ☐ No	☐ Yes% ☐ No	
	7	7 Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d)		
	8	8 Net gaming income summar	y. Subtract line 7 from I	ine 1, column (d)		
	а	Enter the state(s) in which the or Is the organization licensed to co If "No," explain:	onduct gaming activities			
10		Were any of the organization's g If "Yes," explain:	aming licenses revoked	d, suspended, or termin	ated during the tax year	? . 🗌 Yes 🗌 No

¹⁸			Page 3
Schedule	e G (Form 990) 2021 Does the organization conduct gaming activities with nonmembers?	Ves	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		
	formed to administer charitable gaming?	Yes	🗌 No
13	Indicate the percentage of gaming activity conducted in: The organization's facility		%
a	The organization's facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and		
14	records:	20 2	
	Name ►		
	Address ►		
150	Does the organization have a contract with a third party from whom the organization receives gaming		Transie (
		Yes	No No
b	If "Yes," enter the amount of gaming revenue received by the organization < \$ and the		
	amount of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ►		
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation > \$		
	Description of services provided ►		
	Director/officer		
17	Mandatory distributions:		
a	to the experimention required under state law to make charitable distributions from the gaming proceeds to		
u	retain the state gaming license?		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
	spent in the organization's own exempt activities during the tax year ▶ \$	(iii) and	(v): and
Part	 Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additio See instructions. 	nal infor	mation.
BAA	REV 07/25/22 PRO Sched	lule G (Forn	n 990) 2021

Noncash	Contributions
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омв №. 1545-0047

Open to Public

Inspection

SCHEDULE	М	
(Form 990)		

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Internal Revenue Service Name of the organization

Department of the Treasury

Huntsville-Madison County Senior Center, Inc.

Employer identification	number
63-0675772	

Part	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art-Historical treasures	4			
3	Art-Fractional interests				
4	Books and publications				
5	Clothing and household		The second product of		
	goods				<i>N</i>
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property		A		
9	Securities - Publicly traded				
10	Securities-Closely held stock .				
11	Securities-Partnership, LLC,				
	or trust interests				
12	Securities-Miscellaneous				
13	Qualified conservation				
	contribution—Historic				
	structures				
14	Qualified conservation				
	contribution-Other				
15	Real estate-Residential			200.000	Contraction and Luca
16	Real estate—Commercial	×	1	300,000.	fair value
17	Real estate-Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies	4			
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► ()				
26	Other ► ()		B		
27	Other► ()				
28	Other ► () Number of Forms 8283 received	t by the or	ganization during the tax	vear for contributions for	
29	which the organization completer	d Form 828	3, Part V, Donee Acknowle	dgement	29
	which the organization completes		aa 180		Yes No
200	During the year, did the organiza	tion receiv	e by contribution any prop	erty reported in Part I, line	s 1 through
30a	28, that it must hold for at least	three years	from the date of the initial	contribution, and which is	n't required

b	If "Yes," describe the arrangement in Part II.	
31	Does the organization have a gift acceptance	policy that requires the review of any nonstandard
	contributions?	
32a	Does the organization hire or use third parties of	related organizations to solicit, process, or sell noncash

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to be used for exempt purposes for the entire holding period?

b If "Yes," describe in Part II.
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

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contributions?

.

30a

31

32a

×

×

×

	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether of contributions, the number of items received
11	the organization is reporting in Part I, column (b), the number of contributions, the number of items received
	or a combination of both. Also complete this part for any additional information.
	· · · · · · · · · · · · · · · · · · ·

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SCHEDULE O	Supplemental Information to Form 990 or 990-EZ		OMB No. 1545-0047
(Form 990)	(0) Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.		2021
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. 		Open to Public Inspection
Name of the organization		COMPANYABILITY DOC. NO. 1	fication number
Huntsville-Mad	ison County Senior Center, Inc.	63-067577	2
Pt VI, Line 11b: The tax return is reviewed by the board of directors prior			
to submission			
Pt VI, Line 15a: Compensation reviewed annually			