Enm 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning 10/01 2021, and ending 9/30, 20 22

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879TE for the latest Information.

2021

OMB No. 1545-0047

Name of files EIN or SSN MARION COUNTY SENIOR CITIZENS, 55-0525606 Name and title of officer or person subject to tax PHILLIP BURTON **CHAIRPERSON** Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here 2a Form 990-EZ check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) _____ 2b 3a Form 1120-POL check here 4a Form 990-PF check here ▶ b Tax based on investment income (Form 990-PF, Part Vi, line 5) 4b 5a Form 8868 check here ▶ b Balance due (Form 8868, line 3c) 5b 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here Ba Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b 9a Form 5330 check here b Tax due (Form 5330, Part II, Ilne 19) 9b 10a Form 8038-CP check here . . . b Amount of credit payment requested (Form 8038-CP, Part III, line 22) .. 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and bellef, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my Intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential Information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only TETRICK & BARTLETT, PLLC 46065 __ to enter my PIN as my signature Enter five numbers, but on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the iRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 55136900610 Do not enter all zeros I certify that the above numeric entry Is my PiN, which Is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. mr Date > **ERO Must Retain This Form — See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

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

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

2021 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury

A	For the 2	021 calendar year, or tax year beginning 10/01/21, and ending 09/30/			Hisporton
	Check if appli			D Employer	identification number
		about.			
	Address chan			EE 0	E0EC0C
	Name change	Doing business as Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone	525606
	Initial return	105 MAPLEWOOD DRIVE	Roomsone		366-8779
	Final return!	City or town, state or province, country, and ZIP or foreign postal code	Ť		
	terminated	FAIRMONT WV 26554	1	C C	ints\$ 2,346,962
	Amended retu			G Gross rece	IDIS\$ 2,340,302
	Application pe		H(a) Is this a grou	p return for su	bordinates? Yes X No
	Application pe	I III DONION			rded? Yes No
		105 MAPLEWOOD DRIVE	H(b) Are all subo		
-		FAIRMONT WV 26554	II No,	attach a list. 3	See instructions
	Tax-exempt		_		
J	Website: 🕨	MAROINSENIORS.ORG	H(c) Group exem	nption number	•
K	Form of orga	nization: X Corporation Trust Association Other ▶ L	Year of formation: 19	971	M State of legal domicile: WV
P	art I	Summary			
	1 Bri	efly describe the organization's mission or most significant activities:			
(D)	ı	O PRIVIDE TRANSPORTATION, INFORMATION, REFERRAL, TRAIL	NING. MEAL	S. PEI	RSONAL
2	4.103	CARE AND OTHER SERVICES FOR THE SENIOR CITIZENS IN MAR			
E	100	and the superstance of the super	1011 0001111	Designation	
Ve	100	CONDUCTOR OF THE PROPERTY OF T	504 AV. B. S	10,000,000	
Governance	ı	eck this box ▶ if the organization discontinued its operations or di ^s pos ^e d of more than 2	5% of its not asse	1 1	10
∞5	l .	mber of voting members of the governing body (Part VI, line 1a)		3	13
e	4 Nu	mber of independent voting members of the governing body (Part VI, line 1b)		4	13
Activities &	5 Tot	al number of individuals employed in calendar year 2021 (Part V, line 2a)		5	104
Ą	6 Tot	al number of volunteers (estimate if necessary)		6	1
	7a Tot	al unrelated business revenue from Part VIII, column (C), line 12		7a	0
	b Ne	unrelated business taxable income from Form 990-T, Part I, line 11		7b	0
			Prior Year		Current Year
e e	8 Co	ntributions and grants (Part VIII, line 1h)	155	621	92,019
Revenue	9 Pro	gram service revenue (Part VIII, line 2g)	2,434	1,838	2,240,890
e ve	10 Inv	estment income (Part VIII, column (A), lines 3, 4, and 7d)	4	1,023	-101
ď	11 Oth	ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5	,454	12,555
		al revenue – add lines 8 through 11 (must equal Part VIII. column (A), line 12)	2,599		2,345,363
	i	ants and similar amounts paid (Part IX, column (A), lines 1–3)		0	0
		nefits paid to or for members (Part IX, column (A), line 4)		0	0
		laries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,768		1,798,158
ses			1,700	,000	1,730,130
en	l .	offessional fundraising fees (Part IX, column (A), line 11e)		0.000	Ü
Expenses		al fundraising expenses (Part IX, column (D), line 25)			621 220
ш	17 Oth	ner expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		,825	631,230
	18 To	al expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		8,894	2,429,388
	19 Re	venue less expenses. Subtract line 18 from line 12		5,042	-84,025
Net Assets or			Beginning of Curr		End of Year
sset	20 To	al assets (Part X, line 16)	2,477		2,335,338
Z Z	21 To	al liabilities (Part X, line 26)		043	80,518
		t assets or fund balances. Subtract line 21 from line 20	2,338	3,845	2,254,820
P	art II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedules and statem			owledge and belief, it is
tr	ue, correct	and complete. Declaration of preparer (other than officer) is based on all information of which preparer	has any knowledge	e	
Sig	gn	Signature of officer		Date	
He		PHILLIP BURTON CHAIF	RPERSON		
		Type or print name and title			
_	F	rini/Type preparer's name Preparer's signature	Date	Check	if PTIN
Pai	ای		06/05	/23 self-err	
	narer E	MEMDICK C DADMIEMM DIIC			55-0357807
	Only	PO BOX 1916	Fi	irm's EIN	
	,	GIADEGREE EN 26302 1016			304-624-5564
A4-		discuss this return with the preparer shown above? See instructions	P	hone no.	Yes No
ivia	U IIIP IKS	OISCUSS ONS TEATION WITH THE DIRECTOR SHOWN 200VEY SEE INSTRUCTIONS			T TES I INO

Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: TO PRIVIDE TRANSPORTATION, INFORMATION, REFERRAL, TRAINING, MEALS, PERSONA CARE AND OTHER SERVICES FOR THE SENIOR CITIZENS IN MARION COUNTY. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 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.	om 990 (2021) MARION COUNTY SE		55-0525606	Page 2
Britisy describe the organization's mission: TO PRIVIDE TRANSPORTATION, INFORMATION, REFERRAL, TRAINING, MEALS, PERSONA CARE AND OTHER SERVICES FOR THE SENIOR CITIZENS IN MARION COUNTY: Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-627	Part III Statement of Program Ser	vice Accomplishments	in Ahin Dort III	X
TO PRIVIDE TRANSPORTATION, INFORMATION, REFERRAL, TRAINING, MEALS, PERSONA CARE AND OTHER SERVICES FOR THE SENIOR CITIZENS IN MARION COUNTY. Did the organization undertake any significant program services during the year which were not listed on the prior Form 900 or 900-E27 If "res," describe these new services on Schedule O. Did the organization ceases conducting, or make significant changes in how it conducts, any program services, services? If "res," describe these changes on Schedule O. Describe the organization crosses conducting, or make significant changes in how it conducts, any program services, services? If "res," describe these changes on Schedule O. Describe the organization organization or program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(s) and 501(c)(d) organizations are required to export the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reports are vice reported.		is a response or note to any line	n this Part III	
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Did the organization undertake any significant program services during the year which were not listed on the prior Form 930 or 950-227				
prior Form 990 or 990-E27 If Yes, "Gescribe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If Yes, "Gescribe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by separess. Section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. a (Code:) (Expenses \$ 2,403,302 including grants of \$) (Revenue \$ 2,240,890 TO PRIVIDE TRANSPORTATION, INFORMATION, REFERRAL, TRAINING, MEALS, PERSONA CARE AND OTHER SERVICES FOR THE SENTOR CITIZENS IN MARION COUNTY. b (Code:) (Expenses \$ including grants of \$) (Revenue \$) c (Code:) (Expenses \$ including grants of \$) (Revenue \$) A d Other program services (Describe on Schedule O.) Gibbons \$ including grants of \$) (Revenue \$) (Code:) (Expenses \$ including grants of \$) (Revenue \$)	CARE AND UTIER SERVICES	FOR THE SENIOR CITY	ZENS IN MARION COUNTI	•
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	-	- 43	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
•	candidates for public office? If "Yes." complete Schedule C. Pert I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			-
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		
Ū	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	ł		i
	"Yes," complete Schedule D, Part I	6	1	x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-	_	┣┻-
8	complete Schoolide D. Boot III	١.		x
	complete Schedule D, Part III	8	-	1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a		1	l
	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	<u> 9</u>	 	X
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	*******	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	ļ		
	complete Schedule D, Part VI	<u>11a</u>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, ilne 16? If "Yes," complete Schedule D, Part VII	<u>11b</u>		X
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, ilne 16? If "Yes," complete Schedule D, Part VIII	<u>11c</u>	<u> </u>	X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			1
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<u>11d</u>		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<u>11e</u>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		l	
	Schedule D, Parts XI and XII	<u>12a</u>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			1
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	l	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	İ	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			T
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	<u> </u>		T
	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	ĺ	X
ь	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		1 -	
-•	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
DAA	germania are are are are are are are are are ar		99	n (2024)

Form **990** (2021)

Form 990 (2021) MARION COUNTY SENIOR CITIZENS, INC. 55-0525606

***	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	<u>No</u>
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	- 22		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
-74	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240	-	
C	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a		240	_	
23a	• • • • • • • • • • • • • • • • • • • •	25a		X
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	204	\vdash	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ĺ		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25b		X
20	If "Yes," complete Schedule L, Part I	200		
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%	امما		X
~=	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	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	1		x
	persons? If "Yes," complete Schedule L, Part III	27	******	<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more Individuals and/or organizations described in line 28a or 28b? If	-0-		v
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	_	_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			v
	conservation contributions? If "Yes," complete Schedule M	30	_	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	L	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
3 5 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	l.		
	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_		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1	i	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		ᆚ
	1 1		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0	_		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	_		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	16		X

Form	990 (2021) MARION COUNTY SENIOR CITIZENS, INC. 55-0525	606			Pa	<u> </u>
Pa	Statements Regarding Other IRS Filings and Tax Compliance (continu	ued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, flied for the calendar year ending with or within the year covered by this return	2a	104			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	3 .				
3 a	Did the organization have unrelated business gross Income of \$1,000 or more during the year?	 .		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	o		3b		
4a	At any time during the calendar year, did the organization have an Interest in, or a signature or other a	uthority	over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial	accoun	it)?	4a	***********	X
b	If "Yes," enter the name of the foreign country ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts	s (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		<u>X</u>
b	Did any taxable party notify the organization that it was or Is a party to a prohibited tax shelter transact	tion?		.5b		<u> </u>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	· · · · · · · · ·		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	е				
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or		ا ۵. ا	ļ	
_	gifts were not tax deductible?	.		6b		*****
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	oods		_	******	******
	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?			7 b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	5		,		
a	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d	•••••	7c	*****	
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e		······
f	Did the organization receive any futures, directly or indirectly, to pay premiums on a personal benefit contra		•••••	7f	1	
-	If the organization received a contribution of qualified intellectual property, did the organization file For		as mauired?	7g		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
•	sponsoring organization have excess business holdings at any time during the year?	a b , and	,	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		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b		_		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a	***********	**********
b	•	12b		-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	********	
	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	1 1				
	the organization is licensed to issue qualified health plans	13b		-		
C	Enter the amount of reserves on hand	13c		44-		77
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	\vdash	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			15		x
	excess parachute payment(s) during the year?	• • • • • • • •		13		
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco-	2	16		X
.0	If "Yes," complete Form 4720, Schedule O.	. IIICOITIE	· · · · · · · · · · · · · · · · · · ·			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	1		00000000		
••	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.	· · · · · · · · ·				

7	List the states with which a copy of this Form 990 is required to be filed ▶ ₩V
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
	Own website Another's website I Upon request Other (explain on Schedule O)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an
	financial statements available to the public during the tax year.
20	State the name, address, and telephone number of the person who possesses the organization's books and records

PHILLIP BURTON

FAIRMONT

105 MAPLEWOOD DRIVE

304-366-8779

WV 26554

				CITIZENS,				PagePage
Part VII	Compensatio	n of Office	rs, Director	rs, Trustees, Ke	y Emplo	yees,	Highest Cor	npensated Employees, and
	independent (Contractor	S					
	Check if Sched	dule O conta	ains a respo	onse or note to ar	n <u>y line in</u>	this P	Part VII	
					_			

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

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

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

Check this box if neither the orga		•				tion c	omp	ensated any current office	r, director, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	k, unle	Pos check ess pe	rson i irecto	than or highest compensated employee	en	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) DEBBIE HARVEY		-	_		-	18	\dashv			
(1,722222	40.00									
EXECUTIVE DIRECTOR	0.00		<u> </u>	X		\Box		100,934	0	
(2) DONNA HAGE		Π			Γ			-		
	1.50				l					
MEMBER	0.00	X			<u> </u>			0	0	
(3) PHILLIP BURTON		l				ll				
	1.50					1 1	- 1			
CHAIRPERSON	0.00	X		X	<u> </u>	Ш	_	0	0	
(4) CHRISTOPHER PAR		1				1 1				
	1.50			l		1 1				
TREASURER	0.00	X		<u> </u>	.	\sqcup		0	0	
(5) CHERYL MCDONALD						1 1				
	1.50	.				1		_	_	
MEMBER	0.00	<u> </u>			-	₩		0	0	
(6) TODD RUNDLE					1	1				
<u> </u>	1.50	.	ŀ		1			1	l	
MEMBER	0.00	X		-	-	-	_	0	ļ <u> </u>	
(7) REV. WESLEY Q. I	1.50]
MEMBER	0.00	x	ļ			\ '	1	lo	1 0	
(8) D.D. MEIGHEN	0.00	┿	╀	╢	┧	+-	-	ļ — — — — — — — — — — — — — — — — — — —	-	
(6) D. D. MEIGHEN	1.50									
MEMBER	0.00	$ \mathbf{x} $					l	0	\ o	
(9) SCOTT KINTY	1 - 5.50	┿	╁	╬	1-	\top	\vdash			
-,	1.50						1			
MEMBER	0.00	X		X				0	0	<u> </u>
(10) JOHN DOBBINS	1	†	\top	1	<u>'</u> _	T	I^-			
	1.50						1			
MEMBER	0.00	X					L	0	0	<u> </u>
(11) CHARLIE KOLB		\top	1	T	Г		Γ			
	1.50									
MEMBER	0.00	X) 0	O	·

Part VII Section A. Officers	Directors Tr	isto:	96 K	ev E	mel	OVAC	6 0	, INC. 55-052 nd Highest Compensated	Employees (see face	Page 8
23.00 CONTRACTOR	, Directors, 110		33, 10		C)	oyee	3, a	nd highest compensated	Employees (conunuea)	 -
(A) Name and title	(B) Average hours perweek	bo	x, uni Tiçer a	Pos ca\eck esspe nd a c	more rson	than o	an :e)	(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
(12) GEORGE JOHNST	1.50 0.00	x	 					O	0	0
(13) TRAVIS WAMSLE	1.50									
VICE CHAIRFERSON (14) GEORGE LEVITS	0.00	X		X				0	0	0
SECRETARY	1.50 0.00	x		x				0	О	0
1b Subtotal		ecti	on A			<u></u> 		100,934		
d T-4-1/- dd No 46 d 4-1						 		100,934	2100 000 of	
reportable compensation from t				tnos	e iist	ea ar	ove	y who received more than :	\$100,000 or	
 Did the organization list any for employee on line 1a? If "Yes," a For any individual listed on line 	complete Sched	lule .	J for	suct	ind	ividu	al		• • • • • • • • • • • • • • • • • • • •	yes No
organization and related organi individual	zations greater	than	\$15	0,00	0? If	"Yes	s," cc	omplete Schedule J for suc	h	4 X
5 Did any person listed on line 1a										5 X
for services rendered to the org				nden	ende					
for services rendered to the org Section B. Independent Contractor Complete this table for your five	s e highest comp				or th	e cal	ena			ar.
for services rendered to the org Section B. Independent Contractor Complete this table for your five compensation from the organiz	s e highest comp				or th	e cal	ena		(B) On afservices	(C) Compensation
for services rendered to the org Section B. Independent Contractor Complete this table for your five compensation from the organiz	e highest compo ation. Report co				or th	e cal	ena			
for services rendered to the org Section B. Independent Contractor Complete this table for your five compensation from the organiz	e highest compo ation. Report co				or th	e cal	ena			
for services rendered to the org Section B. Independent Contractor Complete this table for your five compensation from the organiz	e highest compo ation. Report co				or th	e cal	ena			

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

0

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under (A) Total revenue Unrelated business revenue sections 512-514 Giffs, Grants ilar Amounts 1a Federated campaigns 1a b Membership dues 1b 45 c Fundraising events 1c 2,276 d Related organizations 1d Contributions, and Other Simi e Government grants (contributions) 1e 70,828 f All other contributions, gifts, grants, 1f and similar amounts not included above 18,870 G Noncash contributions included in lines 1a-1f h Total, Add lines 1a-1f.... \blacktriangleright 92,019 **Business Code** 624110 1,035,898 2a COMMUNITY SERVICE PROGRAMMING 1,035,898 Program Service 624110 619,262 b STATE FUNDING-FEE FOR SERVICE 619,262 C FEDERAL FUNDING-FEE FOR SERVI 624110 490,471 490,471 624110 95,259 CASE MANAGEMENT 95,259 f All other program service revenue ▶ 2,240,890 g Total. Add lines 2a-2f...... 3 Investment income (including dividends, interest, and other similar amounts) -851 -851 4 Income from investment of tax-exempt bond proceeds 5 Royalties . (ii) Personal (i) Real 8,825 6a Gross rents b Less: rental expenses 6b C Rental inc. or (loss) 8,825 6с 8,825 8,825 Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets 750 7<u>a</u> other than inventory b Less: cost or other basis and sales exps. 750 c Gain or (loss) 7c 750 750 d Net gain or (loss) 8a Gross income from fundraising events (not including \$ 2,276 of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses 599 8b -1,599 -1,599 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** 624110 5,329 5,329 MISCELLANEOUS d All other revenue 5,329 e Total. Add lines 11a-11d ... \triangleright 0 2,345,363 2,246,118 Total revenue. See instructions .

Statement of Functional Expenses

2301	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respons			proto column (A).	
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1					
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	100,934	100,062	872	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and		1		
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,697,224	1,682,558	14,666	
8	Pension plan accruals and contributions (include		1		
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits			l l	
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	2 050			
С	Accounting	7,850		7 / 850 -	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	· · ·				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	25,280	25,062	218	
14	Information technology				
15	Royalties	40 760	40 400		
16	Occupancy	40,762	40,409	353	
17	Travel	14,106	13,984	122	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			<u> </u>	
19	Conferences, conventions, and meetings				
20	Interest		<u> </u>	<u> </u>	
21	Payments to affiliates	07 400	96 040	400	
22	Depreciation, depletion, and amortization	87,420 65,380	86,940 64,815	480 565	
23	Insurance	65,380	04,613	363	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O.) FOOD PURCHASES	218,473	218,473		
a	· · · · · · · · · · · · · · · · · · ·	96,306	95,474	832	
Ь	REPAIRS & MAINTENANCE VEHICLE EXPENSES	60,904	60,904		
c d	TRAINING & DEVELOPMENT	6,080	6,027	53	···
_	All other expenses	8,669	8,594	75	
9 25	Total functional ex penses. Add lines 1 through 24e	2,429,388	2,403,302	26,086	0
25 26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundralsing solicitation. Check here	2,723,300	2,403,302	20,000	<u> </u>
	following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash—non-interest-bearing 734,189 482,366 Savings and temporary cash investments 201,999 95,299 445,754 75,561 Pledges and grants receivable, net 3 148,327 241,202 Accounts receivable, net 5 Loans and other receivables from 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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use R 17,004 Prepaid expenses and deferred charges 16,464 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 2,915,509 1,749,183 1.188.735 10c 1,166,326 b Less: accumulated depreciation ________10b Investments—publicly traded securities 11 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 Intangible assets 14 15 Other assets. See Part IV, line 11 15 2,477,888 2,335,338 Total assets. Add lines 1 through 15 (must equal line 33) 16 139,043 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other 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 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 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 139,043 80,518 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ X Fund Balances and complete lines 27, 28, 32, and 33. 2,338,845 2,254,820 Net assets without donor restrictions 27 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33. Assets or Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31 2,254,820 2,338,845 32 Total net assets or fund balances 2,335,338 Total liabilities and net assets/fund balances 2,477,888

Form 990 (2021)

26722 06/06/2023 8	:20 AM			
	orm 990) 2021 MARION COUNTY SENIOR C	CITIZENS, INC	. 55-0525606	Page \$
Part Vii	Investments – Other Securities.			
	Complete if the organization answered "Yes" on F		e 11b. See Form 990, P	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	
	· · · · · · · · · · · · · · · · · · ·		Cost or end-af-yea	ar market value
(1) Financial o				
(0) Other	ld equity interests			
(?)				
(B)				
(Ċ)				
(D)				
(E)				
(F)	·····. <u> </u>		!	
(G) (H)	······			
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part Vill	Investments - Program Related.			
	Complete if the organization answered "Yes" on F	orm 990 Part IV line	11c See Form 000 D	art Y line 13
	(a) Description of investment	(b) Book value	(c) Method of	
	(a) boson priori of virassirant	(B) OOOK 42/40	Cost or end-of-yea	
(1)				*
(2)	<u> </u>			
(3)				
(4)			<u> </u>	
(5)				
(6)				···
(7)			<u> </u>	
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on F	orm 990, Part IV, line	11d. See Form 990, P	art X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)		.	
Part X	Other Llabilities.			
	Complete if the organization answered "Yes" on F line 25.	orm 990, Part IV, line	e 11e or 11f. See Form	990, Part X,
1.	(a) Description of liability			(b) Book value
(1) Federal	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

	edule D (Form 990) 2021 MARION COUNTY SENIOR CI			Page 4
Pi	所名 Reconciliation of Revenue per Audited Financia		per Return.	
	Complete if the organization answered "Yes" on Fo			
1	Total revenue, gains, and other support per audited financial statements		1	2,345,363
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b		2b	10.0	
С		2c		
d				
е	Add lines 2a through 2d		2е	
3	Subtract line 2e from line 1		3	2,345,363
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	
5		12.)		2,345,363
**	Reconciliation of Expenses per Audited Financi			
22300000	Complete if the organization answered "Yes" on Fo		oo poi itolaiiii	
1			1	2,429,388
2				
_		2a		
a	Donated services and use of facilities	2b		
	Prior year adjustments	20		
C		2c		
d				
_	Add lines 2a through 2d		2e	2,429,388
3	Subtract line 2e from line 1		·····	2/425/500
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4.		
	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	2 420 388
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin		· · · · · · · · · · · · · · · · · · ·	2,429,388
5 P a	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.	ne 18.)	5	2,429,388
5 Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines XII) Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Part \	/, line 4; Part X, line	2,429,388
5 Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.	ne 18.) nd 4; Part IV, lines 1b and 2b; Part \	/, line 4; Part X, line	2,429,388
5 Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines XII) Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Part V t to provide any additional information	/, line 4; Part X, line on.	
5 Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 21 and 4c.) Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.) nd 4; Part IV, lines 1b and 2b; Part V t to provide any additional information	/, line 4; Part X, line on.	
5 Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 21 and 4c.) Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.) nd 4; Part IV, lines 1b and 2b; Part V t to provide any additional information	/, line 4; Part X, line on.	
5 Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 21 and 4c.) Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.) nd 4; Part IV, lines 1b and 2b; Part V t to provide any additional information	/, line 4; Part X, line on.	
5 Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 24.1) Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.) nd 4; Part IV, lines 1b and 2b; Part V t to provide any additional information	/, line 4; Part X, line on.	
5 Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 24.1) Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.) nd 4; Part IV, lines 1b and 2b; Part V t to provide any additional information	/, line 4; Part X, line on.	
5 Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 24.1) Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.) nd 4; Part IV, lines 1b and 2b; Part V t to provide any additional information	/, line 4; Part X, line on.	
5 Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 24.1) Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.) nd 4; Part IV, lines 1b and 2b; Part V t to provide any additional information	/, line 4; Part X, line on.	
5 Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 24.1) Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.) nd 4; Part IV, lines 1b and 2b; Part V t to provide any additional information	/, line 4; Part X, line on.	
5 Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 24.1) Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.) nd 4; Part IV, lines 1b and 2b; Part V t to provide any additional information	/, line 4; Part X, line on.	
5 Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 24.1) Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.) nd 4; Part IV, lines 1b and 2b; Part V t to provide any additional information	/, line 4; Part X, line on.	
5 Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 24.1) Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.) nd 4; Part IV, lines 1b and 2b; Part V t to provide any additional information	/, line 4; Part X, line on.	
5 Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 24.1) Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.) nd 4; Part IV, lines 1b and 2b; Part V t to provide any additional information	/, line 4; Part X, line on.	
5 Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 24.1) Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.) nd 4; Part IV, lines 1b and 2b; Part V t to provide any additional information	/, line 4; Part X, line on.	
5 Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 24.1) Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.) nd 4; Part IV, lines 1b and 2b; Part V t to provide any additional information	/, line 4; Part X, line on.	
5 Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 24.1) Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.) nd 4; Part IV, lines 1b and 2b; Part V t to provide any additional information	/, line 4; Part X, line on.	
5 Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 21 and 4c.) Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.) nd 4; Part IV, lines 1b and 2b; Part V t to provide any additional information	/, line 4; Part X, line on.	
5 Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 21 and 4c.) Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.) nd 4; Part IV, lines 1b and 2b; Part V t to provide any additional information	/, line 4; Part X, line on.	
5 Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 21 and 4c.) Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.) nd 4; Part IV, lines 1b and 2b; Part V t to provide any additional information	/, line 4; Part X, line on.	
5 Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 21 and 4c.) Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.) nd 4; Part IV, lines 1b and 2b; Part V t to provide any additional information	/, line 4; Part X, line on.	
5 Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 21 and 4c.) Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.) nd 4; Part IV, lines 1b and 2b; Part V t to provide any additional information	/, line 4; Part X, line on.	
5 Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 21 and 4c.) Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.) nd 4; Part IV, lines 1b and 2b; Part V t to provide any additional information	/, line 4; Part X, line on.	
5 Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 21 and 4c.) Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.) nd 4; Part IV, lines 1b and 2b; Part V t to provide any additional information	/, line 4; Part X, line on.	
5 Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 21 and 4c.) Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ne 18.) nd 4; Part IV, lines 1b and 2b; Part V t to provide any additional information	/, line 4; Part X, line on.	

Schedule D (Fo	rm 990) 2021	MARION	COUNTY	SENIOR	CITIZENS,	INC.	55-0525606	Page 5
Part XIII	Supplemen	ntal Informa	tion (contin	ued)			55-0525606	
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	1990 (2021) MARION COUNTY SENIOR CITIZENS, INC. 55-0525606			Pa	ge <u>12</u>
2	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		 		
1	Total revenue (must equal Part VIII, column (A), line 12)	_1	2,	345,	<u> 363</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	_2	2,	429,	<u> 388</u>
3	Revenue less expenses. Subtract line 2 from line 1	_3		-84,	<u>025</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	_4	2,	338,	<u>845</u> .
5	Net unrealized gains (losses) on investments	6			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	2,	254,	<u>820</u>
	Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			Ш
			_	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?			2b X	<u></u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c X	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		[
	Single Audit Act and OMB Circular A-133?		Li	3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<u></u>] :	3b	
				Form 99	0 (2021)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

(am	ofthe	organization	MARTON	COIDIT	V CENTOD	CIMIZE	NC 1	NC			ification number
***		Deec			Y SENIOR				this part \ Ca	55-052	
					Status. (All or					e instructio	ons.
	orgai		-		se it is: (For lines 1	_	-				
1	· H										
2											
3	Н	•	•	•	•				•		acaitalla acasa
4	Ш		_	on operated	d in conjunction w	itin a nospitai (described	ın secuo	n 170(b)(1)(A)(iii)	. Enter the n	ospitars name,
5		city, and stat	•••••	ho honofit a	of a college or unit	· · · · · · · · · · · · · · · · · · ·					
9		-	(b)(1)(A)(iv). (Cor		of a college or unit	reisity owned	or operati	ed by a g	overnmental unit (jeschbed (ii	
6	\Box	•		•	overnmental unit	described in s	ection 17	'0(h)(1)(A	.Yv)		
7	Н			_	substantial part of				• • •	eneral nublic	•
•	ш		section 170(b)(1			no support in	om a gove		dilit of from the g	choral public	•
8					170(b)(1)(A)(vi). ((Complete Part	t II.)				
9	П	-			cribed in section	•	•	ed in conj	unction with a lan	d-grant colle	ge
					of agriculture (see						_
		university:								- 	
10	X) more than 33 1/3						SS
					npt functions, subj						
		• •	-		nd unrelated busin 0, 1975. See sect				•	sinesses	
11		•	-		exclusively to test				•		
12	\equiv	•	-	•	exclusively for the	•	•			out the numo	see of
12					ions described in a						
				-	scribes the type of	•					
	а	Type I. A	supporting organ	nization ope	erated, supervised	i, or controlled	l by its su	pported o	rganization(s), typ	ically by givi	ng
		the suppo	orted organization	n(s) the pov	ver to regularly ap	point or elect	a majority	of the di	rectors or trustees	of the	
		supportin	ig organization. Y	ou must c	omplete Part IV,	Sections A a	nd B.				
	b	Type II.	A supporting orga	ınization su	pervised or contro	olled in connec	tion with	its suppo	rted organization(s), by having	
			•	• • •	ting organization v		same pers	ons that	control or manage	the support	ed
			• •	•	Part IV, Sections		4	-41			tat.
	С				upporting organizatructions). You me					integrated w	itn,
	d		-		I. A supporting org	•				d organizatio	nn(s)
	_		-	-	e organization gen				• •	-	• •
			•	-	nust complete Pa	-	•		-		
	е				eived a written de				s a Type I, Type II	, Type III	
				••	n-functionally integ	grated support	ting organ	ization.			
	f		nber of supported	•							
	9_		1		ne supported organ		I a		<u> </u>		1
(e of supported panization	(ii)EiN		(III) Type of on (described on	•	(Iv) is the o	rganization rgoverning	(v) Amount of n support (s	•	(vi) Amount of other support (see
	ug	JE 12201011			above (see ins			ment?	instruction		instructions)
							Yes	No			
(A)			l				<u> </u>				
							1				
(B)							1				
							1	L			
(C)											
			<u> </u>				<u> </u>	<u> </u>			
(D)											
(E)								l			

MARION COUNTY SENIOR CITIZENS, INC. 55-0525606 Schedule A (Form 990)_2021 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(lv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (d) 2020 (e) 2021 (f) Total (a) 2017 (b) 2018 (c) 2019 Amounts from line 4 Gross income from interest, dividends. payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2020 Schedule A, Part II, line 14 16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test-2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

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

<u> Page 3</u>

Schedule A (Form 990) 2021

Part III

MARION COUNTY SENIOR CITIZENS, INC. 55-0525606

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

Sac	If the organization fails to tion A. Public Support	qualify under th	e tests listed b	elow, please co	omplete Part II.	<u>) </u>	
	ndar year (or fiscal year beginning in)	(a) 2047	(h) 0040	(-) 0040	(4) 0000	(-) 0004	10 7 1 1
	• • • • • •	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,271,253	2 260 500	2 445 205	2 525 060	0 037 650	11,758,684
2	Gross receipts from admissions, merchandise	2,211,253	2,269,508	2,445,205	2,535,068	2,237,650	11,730,664
2	sold or services performed, or facilities						
	furnished in any activity that is related to the	112 002	01 047	40 045	64 770	05 050	400 110
	organization's fax-exempt purpose	113,893	91,847	42,347	64,772	95,259	408,118
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities		İ				
	furnished by a governmental unit to the	1					
_	organization without charge						
6	Total. Add lines 1 through 5	2,385,146	2,361,355	2,487,552	2,599,840	2,332,909	12,166,802
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
Ь	Amounts included on lines 2 and 3					l	
	received from other than disqualified		ĺ	ľ		ľ	
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
-	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						12 ,166 ,802
	tion B. Total Support						
aler	idar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	2,385,146	2,361,355	2,487,552	2,599,840	2,332,909	12,166,802
Πa	Gross income from interest, dividends,						
va	payments received on securities loans, rents,						
	royalties, and income from similar sources	12,088	9,898	4,673	542	7,974	35,175
ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975]	Ì			Ì	
C	Add lines 10a and 10b	12,088	9,898	4,673	542	7,974	35,175
4	Net income from unrelated business		ŀ		1		
1	activities not included on line 10b, whether		ŀ				
	or not the business is regularly carried on						
2	Other income. Do not include gain or				1		
	loss from the sale of capital assets	1					
	(Explain in Part VI.)					6,079	6,079
3	Total support. (Add lines 9, 10c, 11,	1			ľ	ľ	
	and 12.)	2,397,234	2,371,253	2,492 <u>,</u> 225	2,600,382	2,346,962	12,208,056
4	First 5 years. If the Form 990 is for the or		econd, third, fourth	, or fifth tax year a	s a section 501(c)	(3)	. \square
	organization, check this box and stop her			· · · · · · · · · · · · · · · · · · ·	<u>.</u>		<u></u> <u>▶</u>
<u>Sec</u>	tion C. Computation of Public Su						
5	Public support percentage for 2021 (line 8	, column (f), divided	l by line 13, colum	n (f))		15	99.66%
6	Public support percentage from 2020 Scho	edule A, Part III, line	e 15				99.36%
Sec	tion D. Computation of Investme	nt Income Per	centage				
17	Investment income percentage for 2021 (I	ine 10c, column (f),	divided by line 13	, column (f))		_17	%_
8	investment income percentage from 2020 \$		line 17				%
l9a	33 1/3% support tests—2021. If the orga	•	• • • • • • • • • • • • • • • • • • • •				
	17 is not more than 33 1/3%, check this be						> X
ь	33 1/3% support tests—2020. If the orga			-			
_	line 18 is not more than 33 1/3%, check th						▶ □
20	Private foundation. If the organization did	•	•		•	-	: :

Schedule A (Form 990) 2021

Part IV Supporting Organizations

(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 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 under section 509(a)(1) or (2)? If *Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an Interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No

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9a 9b 9c		

Schedu	e A (Form 990) 2021 MARION COUNTY SENIOR CITIZENS, INC. 55-05256	06 Pa	ege 5
Par	Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization?	11a	
b	A family member of a person described on line 11a above?	11b	
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,		
	provide detail in Part VI.	11c	
Secti	on B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,		
	directors, or trustees at all times during the tax year? 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.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization.	2	
Secti	on C. Type II Supporting Organizations		
		Yes	No_
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s).	1	
Secti	on D. All Type III Supporting Organizations		
<u> </u>		Yes	No_
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have		
	a significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.	3	
Secti	on E_Type III Functionally Integrated Supporting Organizations		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	s).	
а	The organization satisfied the Activities Test. Complete II ne 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst	7	
2	Activities Test. Answer lines 2a and 2b below.	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities.	2a	000000000
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.	2b	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a	

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

Schedule A (Form 990) 2021

	ile A (Form 990) 2021 MARION COUNTY SENIOR CITIZES			606 Page 6
Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Organical States of the Company of the			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No			
	Instructions. All other Type III non-functionally integrated supporting organizations mus	t com	plete Sections A through E	
Sect	ion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	6		
6				
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6]
7		7		-
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI);			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0, 015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	6		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
<u>-</u> _	Distributable Amount. Subtract line 5 from line 4, unless subject to	T		
_	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integrated		Il supporting organization	·
•	(see instructions).	,,,,,	FF G G	

MARION COUNTY SENIOR CITIZENS, INC. 55-0525606 Schedule A (Form 990) 2021 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2021 from Section C, line 6 Line 8 amount divided by line 9 amount (111) (ii) (i) Section E - Distribution Allocations (see instructions) **Excess Distributions Underdistributions** Distributable Amount for 2021 Pre-2021 Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reasonable cause required-explain in Part VI). See instructions. Excess distributions carryover, if any, to 2021 a From 2016 **b** From 2017 c From 2018 d From 2019. e From 2020. f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2021 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 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. Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2022. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2017. b Excess from 2018 ..

c Excess from 2019 d Excess from 2020 e Excess from 2021

DAA

Schedule A (Fort	Supplement III, line 12; FB, lines 1 and 3b;	ntal Inform Part IV, Se nd 2; Part I Part V, lind	nation. Proviction A, line IV, Section 6 e 1; Part V,	ride the expl s 1, 2, 3b, 3 C, line 1; Pa Section B, li	lanations rec c, 4b, 4c, 5a art IV, Section ine 1e; Part	ı, 6, 9a, 9b, 9c, n D, lines 2 and	, line 10; Pa 11a, 11b, ar l 3; Part IV, \$ nes 5, 6, and	rt II, line 17a or nd 11c; Part IV, Section E, lines I 8; and Part V,	Section 1c, 2a, 2b,
PART II	II, LINE	12 -	OTHER I	NCOME D	ETAIL	•••••			
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Schedule A (Form 990) 2021

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete If the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

Name of the organization

Employer identification number

M	ARION COUNTY SENIOR CITIZENS, INC.	55-0525606
	Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" on	unds or Other Similar Funds or Accounts.
	Complete it the organization and record to on	(a) Donor advised funds (b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization Inform all donors and donor advisors in writing the	at the assets held in donor advised
	funds are the organization's property, subject to the organization's exc	
6	Did the organization inform all grantees, donors, and donor advisors in	
	only for charitable purposes and not for the benefit of the donor or don	
	conferring impermissible private benefit?	
<i>:</i> 2:	Conservation Easements.	
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check	
	Preservation of land for public use (for example, recreation or educ	· · · · · · · · · · · · · · · · · · ·
	Protection of natural habitat	Preservation of a certified historic structure
	Preservation of open space	
2		Objective and the second secon
	easement on the last day of the tax year.	Held at the End of the Tax Yea
а	Total number of conservation easements	
b	Total acreage restricted by conservation easements	
С	Number of conservation easements on a certified historic structure inc	
d	Number of conservation easements included in (c) acquired after 7/25	
3	Number of conservation easements modified, transferred, released, ex	extinguished, or terminated by the organization during the
	tax year ▶	
4	Number of states where property subject to conservation easement is	s located
5	Does the organization have a written policy regarding the periodic mor	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing conservation easements during the year
		
7	Amount of expenses incurred in monitoring, inspecting, handling of vio	olations, and enforcing conservation easements during the year
	> \$	
8	Does each conservation easement reported on line 2(d) above satisfy	
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easer	• • • • • • • • • • • • • • • • • • • •
	balance sheet, and include, if applicable, the text of the footnote to the	e organization's financial statements that describes the
	organization's accounting for conservation easements.	, Historical Treasures, or Other Similar Assets.
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 8.
1a	If the organization elected, as permitted under FASB ASC 958, not to	
	of art, historical treasures, or other similar assets held for public exhibit	·
	service, provide in Part XIII the text of the footnote to its financial state	
ь	If the organization elected, as permitted under FASB ASC 958, to repo	
-	art, historical treasures, or other similar assets held for public exhibitio	
	provide the following amounts relating to these items:	•
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
	A	> \$
2		or other similar assets for financial gain, provide the
	following amounts required to be reported under FASB ASC 958 relati	
а	Revenue Included on Form 990, Part VIII, line 1	
	Assets included in Form 990. Part X	▶ \$

Sche	dule D (Form 990) 2021 MARION CO	UNTY SENIO	R CIT	IZENS,	INC.	55-05256	06		Pa	ge 2
	水川 Organizations Maintaining	Collections of	<u>Art, Histo</u>	<u>orical Trea</u>	asures <u>, c</u>	<u>or Other Simi</u>	<u>lar Assets</u>	<u>(continu</u>	<i>l</i> ed)_	
3	Using the organization's acquisition, accessio collection items (check all that apply):	n, and other records	s, check any	of the follow	ing that m	ake significant us	e of its			
а	Public exhibition	d 🔲 L	oan or excl	hange progra	am					
b	Scholarly research	e 🗌 (Other							
C	Preservation for future generations									
4	Provide a description of the organization's coll	ections and explain	how they fu	urther the org	anization's	s exempt purpose	in Part			
	XIII.									
5	During the year, did the organization solicit or	receive donations of	f art, histori	ical treasures	, or other s	simi!ar				
	assets to be sold to raise funds rather than to	be maintained as pa	art of the or	ganization's	collection?	ı 	• • • • • • • • • • • • • • • • • •	Ye	s 🗌	No
	R IV Escrow and Custodial Arra	ngements.							_	
	Complete if the organization 990, Part X, line 21.	answered "Yes"	on Form	990, Part	IV, line 9), or reported a	an amount o	on Form	1	
1a	Is the organization an agent, trustee, custodia	n or other intermedia	ary for conti	ributions or o	ther asset	s not	_			
	included on Form 990, Part X?							☐ Ye	s \square	No
ь	If "Yes," explain the arrangement in Part XIII a	nd complete the foll	owing table			· · · · · · · · · · · · · · · · · · ·		ш		
		·	•					Amount		_
c	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance									
	Did the organization include an amount on Fo	rm 990 Part Y line	21 for ecor	ow or custod	lial accoun	t liability?		Ye	٦٦	No
	If "Yes," explain the arrangement in Part XIII.								_	
And Sandy	Endowment Funds.	Official field to the ex	planation ne	as been prov	ided Off Te		·····	·····	·· 1 -1	
*****	Complete if the organization	answered "Yes"	on Form	990 Part	IV line 1	10				
	Complete ii tric organization	(a) Current year	(b) Prior		(c) Two yea		ree years back	(a) Four	years ba	ack
10	Designing of year halance	- (1, 021011, 702	(6) 1 1.61	you	(0) 1 110 300	(6) 11	ico youro baak	(0)100	<u> , , , , , , , , , , , , , , , , , , ,</u>	
	Beginning of year balance									
	Contributions							 		
C	Net investment earnings, gains, and			-				Ì		
	losses						* ****	} -		
	Grants or scholarships							 		
е	Other expenditures for facilities and									
_	programs							 		
f	Administrative expenses						 	 		
g	End of year balance							L		
2	Provide the estimated percentage of the curre	nt year end balance	(line 1g, co	olumn (a)) he	eld as:					
а	Board designated or quasi-endowment ▶	%								
b	Permanent endowment ▶ %									
C	Term endowment ▶ %									
	The percentages on lines 2a, 2b, and 2c shou	-								
3 a	Are there endowment funds not in the posses	sion of the organiza	tion that are	e held and ad	Iministered	for the				
	organization by:								Yes	No
	(I) Unrelated organizations							3a(l)		
	(il) Related organizations							3a(li)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on Sche	dule R?				3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment fund	ls.						
	n VI Land, Buildings, and Equip	oment.								
	Complete if the organization	answered "Yes"	on Form	990, Part	IV, line 1	11a. See Form	<u> 1990, Part 2</u>	<u>X, line 1</u>	<u>0</u>	
	Description of property	(a) Cost or other be	asis	(b) Cost or other	er basis	(c) Accumulate	ed	(d) Book	eulsv	
		(investment)		(other)		depreciation	<u> </u>			
1a	Land				3,576				33,5	
b	Buildings			1,95	8,102	1,185	,882	7	72,2	220
C	Leasehold improvements									
	Equipment			67	3,831	563	,301	1:	10,5	530

1,166,326

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

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

OMBNo. 1545-0047....

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

MARION COUNTY SENIOR CITIZENS, INC.	55-0525606
FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS	
TO PRIVIDE TRANSPORTATION, INFORMATION, REFERRAL, TRAIN	ING, MEALS, PERSONAL
CARE AND OTHER SERVICES FOR THE SENIOR CITIZENS IN MARI	ON COUNTY.
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCK	HOLDERS
THE MEMBERS OF THE ORGANIZATION ARE LOCAL CITIZENS THAT	HAVE MET CERTAIN
AGE AND FINANCIAL GUIDELINES AS REQUIRED BY THE ORGANIZ	ATION'S POLICIES.
FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND TH	EIR RIGHTS
THE BOARD OF DIRECTORS ARE ELECTED BY THE MEMBERHISP AT	LARGE AND IT IS THE
RESPONSIBILITY OF TH EXISTING MEMBERS TO FILL AND BOARD	VACANCIES.
FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPRO	VAL OF MEMBERS
ALL INTERNAL REGULATIONS AND POLICIES RELATED TO THE MA	NAGEMENT AND
OPERATION OF THE ORGANIZATION ARE ESTABLISHED BY THE BO	ARD OF DIRECTORS.
THESE POLICIES ARE INDIRECTLRY SUBJECT TO THE APPROVAL	OF THE MEMBERSHIP AT
LARGE AS THEY ELECT THE BOARD OF DIRECTORS.	
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO	REVIEW FORM 990
THE ORGANIZATION RECIEVES A COPY OF THE 990 FOR REVIEW	AND APPROVAL PRIOR
TO FILING.	
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS	POLICY
THE ORGANIZATION REVIEWS AND ENSURES COMPLIANCE ANNUALL	¥.

Schedule O (Form 990) 2021 Name of the organization	Page 2 Employer identification number
MARION COUNTY SENIOR CITIZENS, INC.	55-0525606
FORM 990, PART VI, LINE 15A - COMPENSATION PROCES	SS FOR TOP OFFICIAL
THE EXECUTIVE DIRECTOR BASES SALARIES AND HOURLY	PAY BASED ON EMPLOYEE
PERFORMANCE; THE BOARD, WHOM DO NOT RECEIVE COMPE	ENSATION, MUST APPROVE THE
PAY RATES.	
ERI MIES.	
FORM 990, PART VI, LINE 15B - COMPENSATION PROCES	SS FOR OFFICERS
THE EXECUTIVE DIRECTOR BASES SALARIES AND HOURLY	PAY ON EMPLOYEE
PERFORMANCE; THE BOARD, WHO DO NOT RECEIVE COMPEN	NSATION, MUST APPROVE THE
PAY RATES.	
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS	DISCLOSURE EXPLANATION
THE ORGANIZATION MAKES DOCUMENTS AVAILABLE UPON I	
	PAGE 1 OF 1

INDEX

	Page
Independent Auditor's Report	1-3
Statement of Financial Position	4
Statement of Activities	5
Statement of Functional Expenses	6
Statement of Cash Flows	7
Notes to Financial Statements	8-16
SUPPLEMENTARY INFORMATION:	
Schedule of Federal Awards	17
Schedule of State Awards and Other Assistance	18
Independent Auditor's Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards	19-20
Schedule of Findings and Responses	21

INDEPENDENT AUDITOR'S REPORT

The Board of Directors
Marion County Senior Citizens, Inc.
Fairmont, West Virginia

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of Marion County Senior Citizens, Inc. (a nonprofit organization), which comprise the statement of financial position as of September 30, 2022, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements present fairly, in all material respects, the financial position of Marion County Senior Citizens, Inc. as of September 30, 2022, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Marion County Senior Citizens, Inc. and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Marion County Senior Citizens, Inc.'s ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards and Government Auditing Standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether
 due to fraud or error, and design and perform audit procedures responsive to those risks.
 Such procedures include examining, on a test basis, evidence regarding the amounts and
 disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit
 procedures that are appropriate in the circumstances, but not for the purpose of expressing
 an opinion on the effectiveness of Marion County Senior Citizens, Inc.'s internal control.
 Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Marion County Senior Citizens, Inc.'s ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of federal funds and schedule of state awards and other assistance are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of federal funds and schedule of state awards and other assistance are fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with Government Auditing Standards, we have also issued our report dated May 3, 2023, on our consideration of Marion County Senior Citizens, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Marion County Senior Citizens, Inc.'s internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards in considering Marion County Senior Citizens, Inc.'s internal control over financial reporting and compliance.

Textuck , Brewn , Pace

Clarksburg, West Virginia May 3, 2023

MARION COUNTY SENIOR CITIZENS, INC. STATEMENT OF FINANCIAL POSITION SEPTEMBER 30, 2022

ASSETS

Current Assets Cash and cash equivalents Certificate of deposit Accounts receivable Grants receivable Prepaid expenses	\$ 482,366 445,754 148,327 75,561 17,004	\$	1,169,012
Capital assets, net		_	1,166,326
TOTAL ASSETS		<u>\$_</u>	<u>2,335,338</u>
LIABILITIES AND NET ASSETS			
Current Liabilities Accounts payable Accrued wages Accrued payroll taxes Accrued compensated absences		\$	6,233 51,211 5,295 17,779
Total liabilities		_	80,518
Net Assets Without donor restrictions Total net assets TOTAL LIABILITIES AND NET ASSETS		 	2,254,820 2,254,820 2,335,338
101ML LIMBILITIES MAD ALL ASSETS		<u>w_</u>	<u>ىكالدالدوالدالدالدوك.</u>

See accompanying notes and independent auditor's report.

MARION COUNTY SENIOR CITIZENS, INC. STATEMENT OF ACTIVITIES FOR THE YEAR ENDED SEPTEMBER 30, 2022

	Without Donor Restrictions	With Donor Restrictions	Total
Revenue and Support			
Federal financial assistance	\$ 490,471	\$ -	\$ 490,471
State grant allocations	619,262	-	619,262
Contributions	92,019	-	92,019
Community service program	1,035,898	-	1,035,898
Rental income	8,825	-	8,825
Case management	95,259	-	95,259
Interest income	752	_	752
Gain on disposal of asset	750	-	750
Loss on investments	(1,603)	-	(1,603)
Miscellaneous	5,329	-	5,329
Net assets released from restrictions	-	-	-
Restriction satisfied by expenditure of funds			
Total Revenue and Support	2,346,962		2,346,962
Expenses			
Supporting services:			
Management and general	26,086	-	26,086
Fundraising	1,599	-	1,599
Program services:			
Title III - B	184,468	-	184,468
Title III - E	41,119	-	41,119
Title III - C	424,047	-	424,047
Life	171,767	-	171,767
Community service program	1,581,901		1,581,901
Total functional expenses	2,430,987	•	2,430,987
Change in net assets	(84,025)	-	(84,025)
Net assets - beginning	2,338,845	<u> </u>	2,338,845
Net assets - ending	<u>\$ 2,254,820</u>	<u>\$</u>	\$ 2,254,820

See accompanying notes and independent auditor's report.

MARION COUNTY SENIOR CITIZENS, INC. STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED SEPTEMBER 30, 2022

Program Services Supporting Services Community **Total** Title Title Title Service **Program** Management Total III-B III-E III-C Life **Programs** Service and General **Fundraising** Expenses Salaries and related expenses \$ 97,895 \$ 35,037 \$ 155,404 \$ 146,361 \$ 1,347,923 \$ 1,782,620 \$ 15,538 \$ \$ 1,798,158 Food purchases 218,473 218,473 218,473 678 243 1,077 1,014 9,337 12,349 108 Telephone 12,457 2,304 21,217 Utilities 552 2,446 28,060 28,305 1,541 245 Printing and office supplies 394 1,749 1,647 15,172 20,064 20,239 1,102 175 2,977 3,936 **Supplies** 216 77 343 323 34 3,970 Repairs and maintenance 7,839 72,192 95,474 5,243 1.877 8,323 832 96,306 Accounting and legal fees 7,850 7,850 10,574 13,984 Travel 768 275 1,219 1,148 122 14,106 Automobile expense 45,678 60,904 15,226 60,904 5,650 5,322 64,815 3,559 1,274 49,010 565 65,380 Insurance 1,599 **Fundraisers** 1,599 Licenses and permits 85 377 355 3,266 4,320 237 38 4,358 58 21 93 87 803 1.062 9 **Postage** 1,071 Training and development 495 4,558 6,027 53 331 118 525 6,080 Miscellaneous 235 84 373 351 3,231 4,274 37 4,311 1,082 12,769 4,521 26,927 41,641 86,940 Depreciation expense 480 87,420 26<u>,086</u> 1,599 **\$ 2,430,987** Total expenses \$ 184,468 \$ 41,119 \$ 424,047 \$ 171,767 \$ 1,581,901 \$ 2,403,302

See accompanying notes and independent auditor's report.

MARION COUNTY SENIOR CITIZENS, INC. STATEMENT OF CASH FLOWS FOR THE YEAR ENDED SEPTEMBER 30, 2022

Cash Flows from Operating Activities		
Change in net assets	\$ (84	1,025)
Adjustments to reconcile change in net assets to	•	
net cash provided by operating activities:		
Depreciation	87	7,420
Gain on disposal of asset		(750)
(Increase) decrease in:		
Accounts receivable	65	5,734
Grants receivable	46	5,879
Prepaid expense		(540)
Increase (decrease) in:		
Accounts payable		(473)
Accrued wages	(50),300)
Accrued payroll taxes	(9	9,359)
Accrued compensated absences	1	,607
Net cash provided by operating activities		\$ 56,193
Cash Flows from Investing Activities		
Proceeds from disposal of asset		750
Purchase of certificate of deposit	(243	3,755)
Purchase of capital assets	(65	<u>5,011)</u>
Net cash (used in) investment activities		(308,016)
Net decrease in cash		(251,823)
Cash at beginning of year		734,189
Cash at end of year		<u>\$ 482,366</u>

See accompanying notes and independent auditor's report.

MARION COUNTY SENIOR CITIZENS, INC. NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

(a) Organization and Nature of Operations

Marion County Senior Citizens, Inc. (the Organization) provides a variety of social services to the elderly of Marion County, West Virginia. In-home care is provided to those Seniors that are otherwise unable to maintain independent living. Transportation throughout the local community as well as to and from the Senior Center is provided to those Seniors who require such services. The Organization is supported by various federal, state, and county governments in addition to contributions from Seniors and the local community.

(b) Basis of Accounting and Reporting

Marion County Senior Citizen's, Inc. uses the accrual basis of accounting. Accordingly, revenues are recognized when earned and expenses are recognized when incurred. The Entity maintains its accounting records and prepares its financial reports in accordance with the grantor funding cycles.

(c) Basis of Presentation

The financial statements are prepared in accordance with Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 958-205, Not-for-Profit Entities, Presentation of Financial Statements. During 2019, the Organization adopted the provisions of Accounting Standards Updated ("ASU") 2016-14, Not-for-Profit Entities (Topic 958) Presentation of Financial Statements of Not-for-Profit Entities, which improves the current net asset classification and the related information presented in the financial statements and notes about the Organization's liquidity, financial performance, and cash flows.

The Organization reports information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions and net assets with donor restriction.

Net Assets Without Donor Restriction – Net assets that are not subject to or are no longer subject to donor-imposed stipulations.

Net Assets With Donor Restriction – Net assets whose use is limited by donor-imposed time and/or purpose restrictions.

MARION COUNTY SENIOR CITIZENS, INC. NOTES TO FINANCIAL STATEMENTS (CONT'D)

Revenues are reported as increases in net assets without donor restriction unless use of the related assets is limited by donor-imposed restrictions. Expenses are reported as decreases in net assets without donor restriction. Gains and losses on investments and other assets or liabilities are reported as increases or decreases in net assets without donor restrictions unless their use is restricted by explicit donor stipulation or by law. Expirations of donor restrictions on the net assets (i.e., the donor-stipulated purpose has been fulfilled and/or the stipulated time period has elapsed) are reported as reclassifications between the applicable classes of net assets. The Organization has adopted a policy to classify donor restricted contributions as without donor restrictions to the extent that donor restrictions were met in the year the contribution was received.

Revenue Recognition - Revenue from Exchange Transactions

Marion County Senior Citizens, Inc. recognizes revenue in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) 2014-09, Revenue from Contracts with Customers, as amended. ASU 2014-09 applies to exchange transactions with customers that are bound by contracts or similar arrangements and establishes a performance obligation approach to revenue recognition. Marion County Senior Citizens, Inc. recorded the following exchange transactions revenue in its statement of activities:

Contributions and Grants – The Organization receives contributions and grants from various sources to assist in its operations. This revenue is recognized by the Organization when received.

Program Income – The Organization receives revenue from providing various services to senior citizens under Title III-B, III-D, Title III-E, Life programs, Lighthouse programs and other federal and state programs. This revenue is recognized by the Organization when received.

(d) Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from these estimates.

MARION COUNTY SENIOR CITIZENS, INC. NOTES TO FINANCIAL STATEMENTS (CONT'D)

(e) Income Tax Exemption

The Organization is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code, except on net income derived from unrelated business activities. The Organization does not have any income from unrelated business activities. Management believes that it has appropriate support for any tax positions taken, and as such, does not have any uncertain tax positions that are material to the financial statements.

The Organization's Return of Organization Exempt from Income Tax (Form 990) has not yet been filed for 2021. Generally, the returns will be subject to examination by the Internal Revenue Service (IRS) for three years after they are filed.

(f) Contributions and Grants

Contributions that are restricted by the donor are reported as increases in net assets without donor restrictions if the restrictions expire (that is, when a stipulated time restriction ends or purpose restriction is accomplished) in the reporting period in which the revenue is recognized. All other donor-restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restriction and report in the statement of activities as net assets released from restrictions.

(g) Donated Services

Donated services are recognized as contributions in accordance with FASB Codification (ASC) 958-605, "Revenue Recognition", if the services (a) create or enhance nonfinancial assets or (b) require specialized skills, are performed by people with those skills, and would otherwise be purchased by the Organization. No services received by the Organization met these requirements.

(h) Cash and Cash Equivalents and Certificate of Deposit

For purposes of the statement of cash flows, the Organization considers cash and cash equivalents to be cash on hand and deposits with banking institutions, while the certificate of deposit is reported separately at cost which approximates fair value.

MARION COUNTY SENIOR CITIZENS, INC. NOTES TO FINANCIAL STATEMENTS (CONT'D)

Investment risk is categorized as follows:

Interest rate risk – The risk that changes in interest rates will adversely affect the fair value of an investment.

Credit risk – The risk that an issuer or other counterparty to an investment will not fulfill its obligations.

Custodial credit risk – The risk that, in the event of the failure of the counterparty to a transaction, the Organization will not be able to recover the value of investment or collateral securities that are in the possession of an outside party.

(i) Accounts Receivable and Grants Receivable

Uncollectible receivables are eliminated in the fiscal period that the receivables are actually determined to be uncollectible. Management has indicated that the accounts receivable and grants receivable, as shown in the accompanying financial statements, will be collected in full.

(i) Capital Assets

Capital assets are recorded at cost with depreciation being calculated by the straight line method over the estimated useful lives of the assets as follows:

Land	None
Vehicles	5 years
Equipment	5-10 years
Buildings and improvements	15-40 years

(k) Compensated Absences

Amounts owed to employees for earned but unused vacation time are accrued as a liability in the statement of financial position. As of September 30, 2022, the Organization had \$17,779 in accrued compensated absences.

MARION COUNTY SENIOR CITIZENS, INC. NOTES TO FINANCIAL STATEMENTS (CONT'D)

2. Liquidity and Funds Available

The Organization has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due. The following table reflects the Organization's financial assets as of September 30, 2022, reduced by amounts not available for general expenditures within one year:

Financial assets:		
Cash and cash equivalents	\$	482,366
Certificates of deposit		445,754
Accounts receivable		148,327
Grants receivable		<u>75,561</u>
Financial assets, at year end		1,152,008
Financial assets available to meet cash needs for general expenditures		
liabilities, and other obligations within one year	\$_	1,152,008

3. Deposits

The Organization's deposits are categorized to give an indication of the level of risk assumed by the Organization at September 30, 2022. The categories are described as follows:

- Category 1 Insured or collateralized with securities held by the Organization or its agent in the Organization's name.
- Category 2 Collateralized with securities held by the pledging financial institution's trust department or agent in the Organization's name.

Category 3 - Uncollateralized.

		<u>Bank</u>			<u>Ca</u>	tegory			9	<u>Carrying</u>
]	<u>Balance</u>		<u>1</u>		<u>2</u>		<u>3</u>		Amount
Cash and cash equivalents Certificate of deposit	\$	537,964 445,754	\$	250,000 445,754	\$ _	287,964	\$	-	\$ _	482,366 445,754
Total deposits	\$	983,718	<u>\$</u>	695,754	<u>\$</u>	287,964	<u>\$</u>	-	<u>\$</u>	928,120

MARION COUNTY SENIOR CITIZENS, INC. NOTES TO FINANCIAL STATEMENTS (CONTD)

4. Grants Receivable

Grants receivable consist of the following at September 30, 2022:

Lighthouse	\$ 25,643
Title III-B	7,425
Title III-C Nutrition	16,909
Life	19,047
MIPPA	1,601
SHIP	4,532
Title III-E	 404
	\$ 75,561

5. Capital Assets

Capital asset activity for the year ended September 30, 2022 was as follows:

	Beginning Balance	<u>Additions</u>	Dispositions	Ending Balance
Non-Depreciable Assets				
Land	\$ 283,576	<u>\$</u>	<u>s -</u>	\$ 283,576
Total non-depreciable assets	<u>283,576</u>			283,576
Depreciable Assets				
Buildings and improvements	1,958,102	-	•	1,958,102
Vehicles	391,273	63,035	36,246	418,062
Equipment	<u>253,793</u>	<u>1,976</u>		255,769
Total depreciable assets	<u>2,603,168</u>	<u>65,011</u>	<u>36,246</u>	<u>2,631,933</u>
Less: accumulated depreciation				
Buildings and improvements	1,134,087	51,795	-	1,185,882
Vehicles	313,934	31,871	36,246	309,559
Equipment	<u>249,988</u>	<u>3,754</u>		253,742
Total accumulated depreciation	1,698,009	<u>87,420</u>	36,246	1,749,183
Total depreciable assets, net	905,159	(22,409)		<u>882,750</u>
Total capital assets, net	\$ 1,188,735	\$ (22,409)	<u>\$</u> -	\$ 1,166,326

MARION COUNTY SENIOR CITIZENS, INC. NOTES TO FINANCIAL STATEMENTS (CONT'D)

6. Retirement Program

All employees are eligible to be included in the Organization's retirement program. The defined-contribution plan establishes a simple individual retirement account for each participant. The Organization will match up to 3% of a participating employee's gross wages. The Organization contributed \$9,349 to the employees' retirement accounts during the fiscal year ending September 30, 2022.

7. Advertising Costs

The Organization expenses advertising costs as incurred. There were no advertising costs for the year ended September 30, 2022.

8. Concentration of Risks

The Organization receives a majority of its support from federal and state grants. Any significant reduction in the level of this support could have a material effect on the Organization's programs and activities.

The Organization purchases meals for seniors from a single vendor. Any significant reduction in the availability or a significant increase in the cost of these goods from this vendor could have a material effect on the Organization's programs and activities.

The Organization is at risk of loss from various torts and suits and mitigates this risk by maintaining insurance with the West Virginia Board of Risk.

9. Net Asset with Donor Restrictions

The Organization did not have net assets with donor restrictions as of September 30, 2022.

10. Functional Expenses

The costs of providing various programs and other activities have been summarized on a functional basis in the Statement of Activities. The statement of Functional Expenses presents the natural classification of expenses by function. Accordingly, certain costs have been allocated among the programs and supporting services benefited. The expenses are allocated on the basis of estimates of time and effort.

MARION COUNTY SENIOR CITIZENS, INC. NOTES TO FINANCIAL STATEMENTS (CONT'D)

11. Operating Lease

The Organization entered an operating lease for office equipment in February 2019. The payments made during the year ended September 30, 2022 are classified in office expense. The obligated future payments are as follows:

For the year ended September 30,

2023	\$ 4,776
2024	 2,786
	\$ 7,562

12. Recently Issued Accounting Standards

The following accounting pronouncements were recently issued by the FASB:

In February 2016, the FASB issued ASU No. 2016-02, Leases (Topic 842). This ASU requires that a lease liability and related right-of-use-asset representing the lessee's right to use or control the asset be recorded on the consolidated statement of financial position upon the commencement of all leases except for short-term leases. Leases will be classified as either finance leases or operating leases, which are substantially similar to the classification criteria for distinguishing between capital leases and operating in existing lease accounting guidance. As a result, the effect of leases in the consolidated statement of activities and changes in net assets and the consolidated statement of cash flows will be substantially unchanged from the existing lease accounting guidance. The ASU is effective for fiscal years beginning after December 15, 2021. Early adoption is permitted. The Organization is currently evaluating the full effect that the adoption of this standard will have on the financial statements.

MARION COUNTY SENIOR CITIZENS, INC. NOTES TO FINANCIAL STATEMENTS (CONTD)

13. Contract Assets and Contract Liabilities

Contract assets consist of accounts receivable and grants receivable as follows:

\$ 241,202
\$ 148,327
\$ 95,299
\$ 75,561
\$ 6,707
\$ 6,233
\$ \$ \$

14. COVID-19

Subsequent to September 30, 2022, the novel coronavirus (COVID-19) outbreak continues to be a public health emergency. There have been mandates from international, federal, state, and local authorities requiring forced closures of various schools, businesses, and other facilities and organizations. In response to this, the U.S. Government has allocated and spent trillions of dollars in economic aid. Should these trends continue, the impact could have a material adverse effect on the Organization's financial position, results of operations, and cash flows.

15. Subsequent Event

The Organization has considered all subsequent events through May 3, 2023, the date the financial statements were made available.

MARION COUNTY SENIOR CITIZENS, INC. SCHEDULE OF FEDERAL AWARDS FOR THE YEAR ENDED SEPTEMBER 30, 2022

<u>Federal G</u>	Grantor Program	Federal CFDA Number	4	inancial Awards ecognized
U.S. Department of Health and	l Human Services			
Title III - B		93.044	\$	59,913
Title III - E		93.052		26,558
Title III - C		93.045		402,700
Elder Abuse		93.568		1,300
Total Federal Funds			<u>\$</u>	490,471

See accompanying notes and independent auditor's report.

MARION COUNTY SENIOR CITIZENS, INC. SCHEDULE OF STATE AWARDS AND OTHER ASSISTANCE FOR THE YEAR ENDED SEPTEMBER 30, 2022

West Virginia Bureau of Senior Services Through the Bel-O-Mar Regional Council:	<u>Financial</u> <u>Awards</u> <u>Recognized</u>
LIFE	\$ 190,117
Lighthouse	228,237
Fair	107,819
Shine	21,516
MIPPA	12,000
State matching funds	<u>59,573</u>
Total State Funds	<u>\$ 619,262</u>

See accompanying notes and independent auditor's report.

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

The Board of Directors
Marion County Senior Citizens, Inc.
Fairmont, West Virginia

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Marion County Senior Citizens, Inc. (a nonprofit organization), which comprise the statement of financial position as of September 30, 2022, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated May 3, 2023.

Report on Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered Marion County Senior Citizens, Inc.'s internal control over financial reporting (internal control) as a basis for designing the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Marion County Senior Citizens, Inc.'s internal control. Accordingly, we do not express an opinion on the effectiveness of the Marion County Senior Citizens, Inc.'s internal control.

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

Page 2

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. We did identify a certain deficiency in internal control, described in the accompanying schedule of findings and responses as item #2022-001 that we consider to be a material weakness.

Report on Compliance and Other Matters

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

Marion County Senior Citizens, Inc.'s Response to Findings

Government Auditing Standards requires the auditor to perform limited procedures on Marion County Senior Citizens, Inc.'s response to the finding identified in our audit and described in the accompanying schedule of findings and responses. Marion County Senior Citizens, Inc.'s response was not subjected to the auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on the response.

Purpose of this Report

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

Titud , Breuer. PLIC

Clarksburg, West Virginia May 3, 2023

MARION COUNTY SENIOR CITIZENS, INC. SCHEDULE OF FINDINGS AND RESPONSES FOR THE YEAR ENDED SEPTEMBER 30, 2022

#2022-001 Segregation of Duties

Criteria: Analysis of the internal control system indicated a lack of segregation of duties in certain areas of the accounting process.

Condition: Responsibility for approving, executing, and recording transactions and custody of the resulting asset arising from the transaction is not assigned to separate individuals.

Cause: Responsibilities of approval, execution, recording and custody have been distributed among the office staff to the best degree possible; however, complete segregation of duties is not economically feasible given the limited office staff employed.

Effect: Because of the lack of segregation duties in certain accounting areas, internal control elements do not reduce to a relatively low level the risk that irregularities in amounts that would be material in relation to the financial statements being audited may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions.

Recommendation: We recommend that management and the Board of Director's continue to provide oversight and independent review functions and exercise due diligence and professional skepticism in relation to the Organization's financial operations.

View of Responsible Officials and Planned Corrective Action: This has been a finding each year of the audit and one that we are unable to correct due to the nature of the non-profit and not able to resolve due to the fact that it is not economically feasible at this time.

Status: This condition was reported in the prior year as audit finding #2021-001.

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