

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10/01/19, and ending 09/30/20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <div style="text-align: center;">AGEWELL SERVICES OF WEST MICHIGAN</div> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 275 WEST CLAY AVENUE, SUITE 100 City or town, state or province, country, and ZIP or foreign postal code MUSKEGON MI 49440	D Employer identification number 38-2033822 E Telephone number 231-733-8640 G Gross receipts \$ 4,109,997
F Name and address of principal officer: KRIS COLLEE 560 SEMINOLE RD. MUSKEGON MI 49444		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ WWW.AGEWELLSERVICES.ORG		H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1974 M State of legal domicile: MI

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: AGEWELL SERVICES MISSION IS TO PROMOTE HEALTHY AGING AND MAXIMIZE INDEPENDENCE THROUGH NUTRITION, WELLNESS, AND SUPPORTIVE SERVICES IN THE COMMUNITY. 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 11 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 11 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 140 6 Total number of volunteers (estimate if necessary) 6 275 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 5,781 b Net unrelated business taxable income from Form 990-T, line 39 7b 0													
Revenue	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">2,531,986</td> <td style="text-align: right;">3,254,696</td> </tr> <tr> <td style="text-align: right;">1,069,261</td> <td style="text-align: right;">782,229</td> </tr> <tr> <td style="text-align: right;">3,742</td> <td style="text-align: right;">7,391</td> </tr> <tr> <td style="text-align: right;">118,761</td> <td style="text-align: right;">35,640</td> </tr> <tr> <td style="text-align: right;">3,723,750</td> <td style="text-align: right;">4,079,956</td> </tr> </tbody> </table>	Prior Year	Current Year	2,531,986	3,254,696	1,069,261	782,229	3,742	7,391	118,761	35,640	3,723,750	4,079,956
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1,069,261	782,229													
3,742	7,391													
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Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 147,481 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: right;">0</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: right;">1,874,990</td> <td style="text-align: right;">2,079,259</td> </tr> <tr> <td style="text-align: right;">60,417</td> <td style="text-align: right;">63,874</td> </tr> <tr> <td style="text-align: right;">1,762,008</td> <td style="text-align: right;">1,901,306</td> </tr> <tr> <td style="text-align: right;">3,697,415</td> <td style="text-align: right;">4,044,439</td> </tr> <tr> <td style="text-align: right;">26,335</td> <td style="text-align: right;">35,517</td> </tr> </tbody> </table>	0	0	1,874,990	2,079,259	60,417	63,874	1,762,008	1,901,306	3,697,415	4,044,439	26,335	35,517
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Net Assets or Fund Balances	20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Beginning of Current Year</th> <th style="text-align: center;">End of Year</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">876,814</td> <td style="text-align: right;">1,344,308</td> </tr> <tr> <td style="text-align: right;">294,830</td> <td style="text-align: right;">716,537</td> </tr> <tr> <td style="text-align: right;">581,984</td> <td style="text-align: right;">627,771</td> </tr> </tbody> </table>	Beginning of Current Year	End of Year	876,814	1,344,308	294,830	716,537	581,984	627,771				
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876,814	1,344,308													
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Part II Signature Block

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

Sign Here	Signature of officer KRIS COLLEE Type or print name and title EXECUTIVE DIRECTOR	Date
Paid Preparer Use Only	Print/Type preparer's name BRENDA K. JACOBS, CPA Preparer's signature BRENDA K. JACOBS, CPA Date 01/25/21 Check <input type="checkbox"/> if self-employed PTIN P00691360 Firm's name ▶ BRICKLEY DELONG, P.C. Firm's EIN ▶ 38-2088116 PO BOX 999 Firm's address ▶ MUSKEGON, MI 49443-0999 Phone no. 231-726-5800	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

AGEWELL SERVICES MISSION IS TO PROMOTE HEALTHY AGING AND MAXIMIZE INDEPENDENCE THROUGH NUTRITION, WELLNESS, AND SUPPORTIVE SERVICES IN THE COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 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.

4a (Code:) (Expenses \$ **845,667** including grants of \$) (Revenue \$ **86,826**)
CONGREGATE - SERVE AT CONGREGATE MEAL SITES TO PARTICIPANTS IN MUSKEGON, OCEANA AND OTTAWA COUNTIES. DURING THE HEIGHT OF THE COVID-19 PANDEMIC MID MARCH THROUGH JUNE, MEALS WERE SERVED VIA CURBSIDE PICK-UP AT CENTRALIZED COMMUNITY LOCATIONS. STARTING IN THE SUMMER, MEALS WERE AGAIN AVAILABLE AT THE TRADITIONAL MEAL SITE LOCATIONS FOR CURBSIDE PICK-UP ONLY. MEALS SERVED 114,625

4b (Code:) (Expenses \$ **1,517,084** including grants of \$) (Revenue \$ **154,836**)
HOME DELIVERED - SERVE MEALS IN HOMES OF PARTICIPANTS IN MUSKEGON, OCEANA AND OTTAWA COUNTIES. MEALS SERVED 173,318

4c (Code:) (Expenses \$ **257,359** including grants of \$) (Revenue \$ **237,440**)
MEDICAID WAIVER - HOME DELIVERED MEALS AND CONGREGATE MEALS TO PARTICIPANTS IN MUSKEGON, OCEANA AND OTTAWA COUNTIES. INDIVIDUALS SERVED 201, MEALS SERVED 51,153.

4d Other program services (Describe on Schedule O.)(Expenses \$ **1,136,381** including grants of \$) (Revenue \$ **303,127**)**4e** Total program service expenses **3,756,491**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	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 reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	140
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
3a	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	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
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 organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	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:		
a	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:		
a	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	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI ☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	11			
b Enter the number of voting members included on line 1a, above, who are independent		11		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	X	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **MI**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ 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, and 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

ELIZABETH JOHNSON

275 W. CLAY AVE, SUITE 100

MUSKEGON

MI 49440

231-733-8643

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LATONYA BEENE	1.00									
DIRECTOR	0.00	X						0	0	0
(2) KARLA BETTEN	1.00									
EX-OFFICIO	0.00	X						0	0	0
(3) SUSAN CHRISTENSEN	1.00									
DIRECTOR	0.00	X						0	0	0
(4) DIANE CUNNINGHAM	1.00									
PRESIDENT	0.00	X		X				0	0	0
(5) TOM DAKE	1.00									
CHAIR	0.00	X						0	0	0
(6) MARTY GERENCER	1.00									
DIRECTOR	0.00	X						0	0	0
(7) JANET HANSEN	1.00									
VICE PRESIDENT	0.00	X		X				0	0	0
(8) PHIL KELLY	1.00									
TREASURER	0.00	X		X				0	0	0
(9) JEAN ANN MCCANN	1.00									
SECRETARY	0.00	X		X				0	0	0
(10) MATT MILLS	1.00									
DIRECTOR	0.00	X						0	0	0
(11) KAREN MOGDICS	1.00									
DIRECTOR	0.00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) KRIS COLLEE	40.00									
EXECUTIVE DIRECTOR	0.00			X				72,900	0	4,303
1b Subtotal								72,900		4,303
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								72,900		4,303

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	2,668				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,887,263				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,364,765				
	g Noncash contributions included in lines 1a-1f	1g	\$ 37,379				
	h Total. Add lines 1a-1f						
Program Service Revenue			Business Code				
	2a CONTRACTED SERVICES			267,841	267,841		
	b MEDICAID WAIVER MEALS			237,440	237,440		
	c HOME DELIVERED MEALS			154,836	154,836		
	d CONGREGATE MEALS			86,826	86,826		
	e WELLNESS PROGRAM			31,557	31,557		
	f All other program service revenue			3,729	3,729		
	g Total. Add lines 2a-2f				782,229		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			7,391			7,391
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other				
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ 2,668 of contributions reported on line 1c). See Part IV, line 18	8a	18,910				
	b Less: direct expenses	8b	4,609				
	c Net income or (loss) from fundraising events			14,301			
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a	37,613					
b Less: cost of goods sold	10b	25,432					
c Net income or (loss) from sales of inventory			12,181	6,400	5,781		
Miscellaneous Revenue			Business Code				
	11a MISCELLANEOUS			9,158	9,158		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d				9,158		
12 Total revenue. See instructions				4,079,956	797,787	5,781	7,391

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	82,568	80,915	826	827
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,732,281	1,591,055	109,445	31,781
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	126,107	118,019	6,274	1,814
10 Payroll taxes	138,303	129,702	6,644	1,957
11 Fees for services (nonemployees):				
a Management				
b Legal	1,805	805	1,000	
c Accounting	22,145	22,145		
d Lobbying				
e Professional fundraising services. See Part IV, line 17	63,874			63,874
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	195,730	185,219		10,511
12 Advertising and promotion	14,528	5,366	7,411	1,751
13 Office expenses	119,127	85,162	610	33,355
14 Information technology	8,239	7,930	309	
15 Royalties				
16 Occupancy	223,875	223,554	321	
17 Travel	155,571	154,032	906	633
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1		1	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	62,472	62,472		
23 Insurance	61,907	61,907		
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.)				
a FOOD COSTS	837,431	837,431		
b SUPPLIES	133,002	131,779	811	412
c SMALL EQUIPMENT AND REPAIRS	52,629	51,957	406	266
d OTHER MISCELLANEOUS	12,491	6,688	5,503	300
e All other expenses	353	353		
25 Total functional expenses. Add lines 1 through 24e	4,044,439	3,756,491	140,467	147,481
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	288,954	2	626,688
	3 Pledges and grants receivable, net	242,485	3	303,512
	4 Accounts receivable, net	70,181	4	23,710
	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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	52,549	8	105,054
	9 Prepaid expenses and deferred charges	32,827	9	52,262
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,778,068		
	b Less: accumulated depreciation	10b 1,598,198	10c 139,388	179,870
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	50,430	15	53,212
16 Total assets. Add lines 1 through 15 (must equal line 33)	876,814	16	1,344,308	
Liabilities	17 Accounts payable and accrued expenses	280,404	17	332,033
	18 Grants payable		18	
	19 Deferred revenue	14,426	19	21,404
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	363,100
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	294,830	26	716,537
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/>			
	and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	523,363	27	595,742
	28 Net assets with donor restrictions	58,621	28	32,029
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/>			
	and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
31 Retained earnings, endowment, accumulated income, or other funds		31		
32 Total net assets or fund balances	581,984	32	627,771	
33 Total liabilities and net assets/fund balances	876,814	33	1,344,308	

Part XI Reconciliation of Net AssetsCheck 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	4,079,956
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,044,439
3	Revenue less expenses. Subtract line 2 from line 1	3	35,517
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	581,984
5	Net unrealized gains (losses) on investments	5	7,487
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	2,783
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	627,771

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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?	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	X	

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

2019**Open to Public
Inspection**

Name of the organization

AGEWELL SERVICES OF WEST MICHIGAN

Employer identification number

38-2033822**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2019

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,836,876	1,752,107	2,055,884	2,531,986	3,254,696	11,431,549
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,836,876	1,752,107	2,055,884	2,531,986	3,254,696	11,431,549
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						11,431,549

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	1,836,876	1,752,107	2,055,884	2,531,986	3,254,696	11,431,549
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	9,755	4,357	3,154	3,742	7,391	28,399
9 Net income from unrelated business activities, whether or not the business is regularly carried on	21,447	25,114	32,965	43,811	52,899	176,236
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	26,615	14,720	5,950	12,953	9,156	69,394
11 Total support. Add lines 7 through 10						11,705,578
12 Gross receipts from related activities, etc. (see instructions)					12	3,531,784

13 First five 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**

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	97.66%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	96.96%

16a 33 1/3% support test—2019. 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—2018.** 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—2019.** 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 organization ☐**b 10%-facts-and-circumstances test—2018.** 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 organization ☐**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five 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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/>	The organization satisfied the Activities Test. Complete line 2 below.
b	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. Complete line 3 below.
c	<input type="checkbox"/>	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
2 Activities Test. Answer (a) and (b) below.		
a		Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>
b		Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a		Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>
b		Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section 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		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2019 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
c	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

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

PART II, LINE 10 - OTHER INCOME DETAIL**MISCELLANEOUS**

\$

69,394

COPY

**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

2019**Open to Public
Inspection**

Name of the organization

Employer identification number

AGEWELL SERVICES OF WEST MICHIGAN**38-2033822****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(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 that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, 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 report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- ☐ **a** Public exhibition
☐ **b** Scholarly research
☐ **c** Preservation for future generations
☐ **d** Loan or exchange program
☐ **e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	215,890	198,785	161,675	145,731	119,705
b Contributions	975	10,317	26,734	375	11,925
c Net investment earnings, gains, and losses	15,965	6,788	11,301	16,319	14,777
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses			925	750	676
g End of year balance	232,830	215,890	198,785	161,675	145,731

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment **▶ 100.00 %**

b Permanent endowment **▶ %**

c Term endowment **▶ %**

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,095,861	1,050,923	44,938
d Equipment		641,453	537,798	103,655
e Other		40,754	9,477	31,277
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				179,870

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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



Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	4,141,966
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	7,487
b	Donated services and use of facilities	2b	21,700
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	32,823
e	Add lines 2a through 2d	2e	62,010
3	Subtract line 2e from line 1	3	4,079,956
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	4,079,956

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	4,096,178
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	21,700
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	30,040
e	Add lines 2a through 2d	2e	51,740
3	Subtract line 2e from line 1	3	4,044,438
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	1
c	Add lines 4a and 4b	4c	1
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	4,044,439

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

THE AGEWELL SERVICES/MEALS ON WHEELS OF WEST MICHIGAN ENDOWMENT FUND

(ENDOWMENT FUND) WAS ESTABLISHED IN 2011 BY AGEWELL PRIMARILY TO TRANSFER

OPERATIONAL SURPLUSES, TO FUND ANY OPERATIONAL DEFICIENCIES AND TO RECEIVE

FUND CONTRIBUTIONS. THE AGREEMENT WITH THE COMMUNITY FOUNDATION ALLOWS THE

USE OF THE FUND INCOME AND PRINCIPAL TO BE USED FOR AGEWELL GENERAL

OPERATIONS.

PART X - FIN 48 FOOTNOTE

IN THE PREPARATION OF TAX RETURNS, TAX POSITIONS ARE TAKEN BASED ON

INTERPRETATION OF FEDERAL, STATE AND LOCAL INCOME TAX LAWS. MANAGEMENT

PERIODICALLY REVIEWS AND EVALUATES THE STATUS OF UNCERTAIN TAX POSITIONS

Part XIII Supplemental Information (continued)

AND MAKES ESTIMATES OF AMOUNTS, INCLUDING INTEREST AND PENALTIES,
ULTIMATELY DUE OR OWED. NO AMOUNTS HAVE BEEN IDENTIFIED, OR RECORDED, AS
UNCERTAIN TAX POSITIONS. FEDERAL, STATE AND LOCAL TAX RETURNS GENERALLY
REMAIN OPEN FOR EXAMINATION BY THE VARIOUS TAXING AUTHORITIES FOR A PERIOD
OF THREE OR FOUR YEARS.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

DIRECT FUNDRAISING EXPENSES	\$	4,608
COST OF GOODS SOLD	\$	25,432
GAIN FROM BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS	\$	2,783

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

DIRECT FUNDRAISING EXPENSES	\$	4,608
COST OF GOODS SOLD	\$	25,432

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

BOOK / TAX DEPRECIATION DIFFERENCE	\$	1
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SCHEDULE G
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019Open to Public
Inspection

Name of the organization

AGEWELL SERVICES OF WEST MICHIGAN

Employer identification number

38-2033822**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☒ Mail solicitations
- b** ☐ Internet and email solicitations
- c** ☐ Phone solicitations
- d** ☐ In-person solicitations
- e** ☐ Solicitation of non-government grants
- f** ☐ Solicitation of government grants
- g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?☒ **Yes** ☐ **No****b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
LAUTMAN, MASKA, NEILL & CO. 1 1730 RHODE ISLAND AVE. NW, SUITE 300 WASHINGTON DC 20036	DIRECT MAIL		X	240,658	63,874	176,784
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				240,658	63,874	176,784

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.**MICHIGAN**

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>HEELS FOR MEALS</u> (event type)	<u>DELIVERING HOPE</u> (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	14,318	7,260		21,578
	2 Less: Contributions	2,668			2,668
	3 Gross income (line 1 minus line 2)	11,650	7,260		18,910
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	2,668			2,668
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	1,493	448		1,941
	10 Direct expense summary. Add lines 4 through 9 in column (d)				4,609
	11 Net income summary. Subtract line 10 from line 3, column (d)				14,301

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue				
Direct Expenses	2 Cash prizes			
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain:

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
- c** If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE M
(Form 990)**Noncash Contributions**

OMB No. 1545-0047

2019**Open To Public
Inspection**Department of the Treasury
Internal Revenue Service

- **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- **Attach to Form 990.**
- **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

Employer identification number

AGEWELL SERVICES OF WEST MICHIGAN**38-2033822****Part I** **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	1	5,217	FAIR MARKET VALUE
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (FUNDR/PRIZES)	X	37	8,111	FAIR MARKET VALUE
26 Other ► (COMPUTERS/EQUIP)	X	3	24,051	FAIR MARKET VALUE
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

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

Yes No

30a		X

31	X	

32a		X

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

COPY

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public
Inspection**

Name of the organization

AGEWELL SERVICES OF WEST MICHIGAN

Employer identification number

38-2033822**FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS****MISCELLANEOUS SERVICES - TO PROMOTE WELLNESS AND ENRICHMENT TO SENIORS.****THIS INCLUDES WELLNESS, FULL PAY, ELDER ABUSE, TRANSPORTATION, PATH, MATTER
OF BALANCE AND OTHER ACTIVITIES.****FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990****THE FINANCE DIRECTOR REVIEWS THE FORM 990 AFTER IT IS RETURNED FROM THE
CPA FIRM. IT IS REVIEWED FOR REASONABLENESS. THE FORM 990 IS SHARED AND
REVIEWED WITH THE EXECUTIVE DIRECTOR WHO WILL SIGN THE E-FILE SIGNATURE
AUTHORIZATION FORM.****FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY****HUMAN RESOURCES REQUIRES EMPLOYEES AND BOARD OF DIRECTORS TO COMPLETE A
CONFLICT OF INTEREST POLICY. SUPERVISORS REVIEW IT ANNUALLY FOR UPDATES
AND DOCUMENT THIS WITH EACH EMPLOYEE. THIS FORM IS KEPT IN THEIR
PERSONNEL FILE. THE EXECUTIVE DIRECTOR GETS FORMS COMPLETED AND UPDATED BY
THE BOARD ANNUALLY. A COMPILATION REVIEW OF THE FORMS ARE PRESENTED TO THE
PERSONNEL COMMITTEE ANNUALLY FOR REVIEW AND A REPORT GIVEN TO THE BOARD FOR
DISCUSSION AND ACCEPTANCE.****FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL****THE BOARD OF DIRECTORS PERSONNEL COMMITTEE WILL USE THE NON-PROFIT SALARY
SURVEY FOR WEST MICHIGAN AND IN ADDITION, REQUEST FROM 3-5 OTHER NON-
PROFITS THEIR EXECUTIVE DIRECTOR INFORMATION TO USE FOR COMPARISON. UPON
REVIEW AND DISCUSSION, THE PERSONNEL COMMITTEE WILL REPORT TO THE BOARD OF**

Name of the organization

AGEWELL SERVICES OF WEST MICHIGAN

Employer identification number

38-2033822

DIRECTORS TO ENSURE THE EXECUTIVE DIRECTOR IS COMPENSATED FAIRLY AND NOT IN EXCESS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. CONTACT INFORMATION IS

PROVIDED ON THE ORGANIZATION'S WEBSITE. ADDITIONALLY, THE ARTICLES OF

NONPROFIT INCORPORATION AND ANNUAL REPORTS ARE AVAILABLE FROM MICHIGAN DEPT OF ENERGY, LABOR & ECONOMIC GROWTH AT WWW.DLEG.STATE.MI.US/BCS_CORP.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

GAIN FROM BENEFICIAL INTEREST IN ASSETS HELD BY OT \$ 2,783

Filing Instructions

Agewell Services of West Michigan

Exempt Organization Business Tax Return

Taxable Year Ended September 30, 2020

Date Due: February 16, 2021

Remittance: None is required. Your Form 990-T for the tax year ended 9/30/20 shows no balance due.

Mail To: Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

If a private delivery service is used, mail to:
OSPC
1973 Rulon White Blvd.
Ogden, UT 84201-1000

Signature: The return should be signed and dated on Page 2 by an officer representing the organization.



Form **990-T**Department of the Treasury
Internal Revenue Service**Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))For calendar year 2019 or other tax year beginning **10/01/19**, and ending **09/30/20**Go to **www.irs.gov/Form990T** for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2019Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions.)
B Exempt under section <input checked="" type="checkbox"/> 501(c) (3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		AGEWELL SERVICES OF WEST MICHIGAN	38-2033822
		Number, street, and room or suite no. If a P.O. box, see instructions. 275 WEST CLAY AVENUE, SUITE 100	E Unrelated business activity code (See instructions.) 722210
		City or town, state or province, country, and ZIP or foreign postal code MUSKEGON MI 49440	
C Book value of all assets at end of year 1,344,308		F Group exemption number (See instructions.) ▶	
		G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Enter the number of the organization's unrelated trades or businesses. ▶ **1** Describe the only (or first) unrelated trade or business here
▶ **CAFE - OPEN TO THE PUBLIC**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of ▶ **ELIZABETH JOHNSON** Telephone number ▶ **231-733-8643**

Part I Unrelated Trade or Business Income			(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales	19,345				
b Less returns and allowances		c Balance ▶	1c 19,345		
2 Cost of goods sold (Schedule A, line 7)			2 13,564		
3 Gross profit. Subtract line 2 from line 1c			3 5,781		5,781
4a Capital gain net income (attach Schedule D)			4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			4b		
c Capital loss deduction for trusts			4c		
5 Income (loss) from partnership and S corporation (attach statement)			5		
6 Rent income (Schedule C)			6		
7 Unrelated debt-financed income (Schedule E)			7		
8 Interest, annuities, royalties, and rents from controlled organization (Schedule F)			8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			9		
10 Exploited exempt activity income (Schedule I)			10		
11 Advertising income (Schedule J)			11		
12 Other income (See instructions; attach schedule)			12		
13 Total. Combine lines 3 through 12			13 5,781		5,781

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)					
14 Compensation of officers, directors, and trustees (Schedule K)		14			
15 Salaries and wages		15		30,488	
16 Repairs and maintenance		16		181	
17 Bad debts		17			
18 Interest (attach schedule) (see instructions)		18			
19 Taxes and licenses		19		2,698	
20 Depreciation (attach Form 4562)	20		7,022		
21 Less depreciation claimed on Schedule A and elsewhere on return	21a			21b 7,022	
22 Depletion		22			
23 Contributions to deferred compensation plans		23			
24 Employee benefit programs		24		2,338	
25 Excess exempt expenses (Schedule I)		25			
26 Excess readership costs (Schedule J)		26			
27 Other deductions (attach schedule)	SEE STATEMENT 1	27		15,953	
28 Total deductions. Add lines 14 through 27		28		58,680	
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29		-52,899	
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		30			
31 Unrelated business taxable income. Subtract line 30 from line 29		31		-52,899	

Part III Total Unrelated Business Taxable income			
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	
35	Total unrelated business taxable income before pre-2018 NOLs and specific deductions. Subtract line 34 from the sum of lines 32 and 33	35	
36	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	0
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	0

Part IV Tax Computation			
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0

Part V Tax and Payments			
46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800 (see instructions)	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (att. sch.)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 3	50	
51a	Payments: A 2018 overpayment credited to 2019	51a	
b	2019 estimated tax payments	51b	
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g	
52	Total payments. Add lines 51a through 51g	52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	0
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	56	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)			
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "YES," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "YES," enter the name of the foreign country here	Yes	No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "YES," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year		

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Signature of officer	Date	Title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	BRENDA K. JACOBS, CPA	BRENDA K. JACOBS, CPA	01/25/21	P00691360
	Firm's name	Firm's EIN		
	BRICKLEY DELONG, P.C.	38-2088116		
	PO BOX 999			
	Firm's address	Phone no.		
	MUSKEGON, MI 49443-0999	231-726-5800		

Schedule A – Cost of Goods Sold. Enter method of inventory valuation ► **COST METHOD**

1 Inventory at beginning of year	1	5,018	6 Inventory at end of year	6	3,359
2 Purchases	2	11,905	7 Cost of goods sold. Subtract		
3 Cost of labor	3		line 6 from line 5. Enter here and		
4a Additional sec. 263A costs	4a		in Part I, line 2	7	13,564
(attach schedule)					
b Other costs	4b		8 Do the rules of section 263A (with respect to		
(attach schedule)			property produced or acquired for resale) apply		
5 Total. Add lines 1 through 4b	5	16,923	to the organization?		X

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1) N/A
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►**Schedule E – Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1) N/A				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ►			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 ►				

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) N/A					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) N/A				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.

Schedule J – Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals from Part I ▶						
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			

Form 990-T (2019)

Form **990-T****Schedule M Loss Carryover Calculation****2019**Description **UNRELATED BUSINESS ACTIVITY**

Name

AGEWELL SERVICES OF WEST MICHIGAN

Taxpayer Identification Number

38-2033822Unincorporated Business Income Tax Code: **722210** Activity: **LIMITED-SERVICE EATING PLACES**

1	Activity income	1	5,781
2	Activity deductions	2	58,680
3	Activities income or loss, after deductions	3	-52,899
4	Losses carried over to this year (do not include amounts prior to 2018)	4	46,669
5	Enter 100% of the amount on Line 3, if both lines 3 and 4 are positive.	5	
6	Take the lesser of Line 4 or Line 5. Enter here and on Line 30 of Form 990-T or Schedule M	6	
7	Remaining losses to be carried forward to 2020 (Subtract Line 6 from line 4)	7	46,669
8	If line 3 is less than zero, enter that amount here as a positive number	8	52,899
9	Total loss carried forward to 2020 (Add lines 7 and 8)	9	99,568

COPY

Federal Statements**Statement 1 - Form 990-T, Part II, Line 28 - Other Deductions**

<u>Description</u>	<u>Amount</u>
ADVERTISING	\$ 72
OCCUPANCY	10,375
TRAVEL	134
ACCOUNTING	401
INFORMATION TECHNOLOGY	456
OFFICE	1,718
INSURANCE	334
OTHER PROFESSIONAL FEES	1,329
PRINTING AND PUBLICATIONS	1,134
TOTAL	<u>\$ 15,953</u>

COPY

Form **990****Event Income and Deduction Worksheet****2019**Description **HEELS FOR MEALS**

Name

AGEWELL SERVICES OF WEST MICHIGAN

Taxpayer Identification Number

38-2033822

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	11,650
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	2,668
7. Total revenue. Add lines 1 through 6	7.	14,318
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	4,161
15. Total expenses. Add lines 8 through 14	15.	4,161
16. Net Income/Loss. Line 7 minus Line 15	16.	10,157

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Information is indicated for use on Form 990-T schedule:

- ☐ Schedule E
☐ Schedule F
☐ Schedule G
☐ Schedule I
☐ Schedule J

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	2,668
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	1,493
Total Fundraising Expense	4,161

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Form **990****Event Income and Deduction Worksheet****2019**Description **DELIVERING HOPE**

Name

AGEWELL SERVICES OF WEST MICHIGAN

Taxpayer Identification Number

38-2033822

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	7,260
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. Total revenue. Add lines 1 through 6	7.	7,260
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	448
15. Total expenses. Add lines 8 through 14	15.	448
16. Net Income/Loss. Line 7 minus Line 15	16.	6,812

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Information is indicated for use on Form 990-T schedule:

- ☐ Schedule E
☐ Schedule F
☐ Schedule G
☐ Schedule I
☐ Schedule J

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	448
Total Fundraising Expense	448

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Form **990****Event Income and Deduction Worksheet****2019**Description **ALL OTHERS**

Name

AGEWELL SERVICES OF WEST MICHIGAN

Taxpayer Identification Number

38-2033822

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales 1. _____
 2. Advertising income 2. _____
 3. Circulation income 3. _____
 4. Other income 4. _____
 5. Returns and allowances 5. _____
 6. Contributions received 6. _____
 7. **Total revenue.** Add lines 1 through 6 7. _____
 8. Cost of Goods Sold 8. _____
 9. Employment Expense 9. _____
 10. Fees for services 10. _____
 11. Indirect Expense 11. _____
 12. Depreciation Expense 12. _____
 13. Exempt Activity Expense 13. _____
 14. Fundraising Expense 14. _____
 15. **Total expenses.** Add lines 8 through 14 15. _____
 16. **Net Income/Loss.** Line 7 minus Line 15 16. _____

Expense Details - Cost of Goods Sold:

Beginning inventory
 Purchases
 Labor
 Section 263A costs
 Other costs
 Ending inventory
Total Cost of Goods Sold

Expense Details - Employment Expense:

Compensation of officers
 Other salaries and wages
 Pension plan contributions
 Other employee benefits
 Payroll taxes
Total Employment Expense

Expense Details - Fees for Services:

Management
 Legal
 Accounting
 Lobbying
 Professional fundraising
 Investment management
 Other
Total Fees for Services

Information is indicated for use on Form 990-T schedule:

- ☐ Schedule E
☐ Schedule F
☐ Schedule G
☐ Schedule I
☐ Schedule J

Expense Details - Indirect Expense:

Advertising and promotion
 Office
 Printing/publication/postage
 Info technology/Maintenance
 Royalties & License Fees
 Occupancy/Real Estate Taxes
 Travel & Repairs
 Travel/entertainment (officials)
 Conferences/meetings
 Interest
 Insurance
Total Indirect Expense

Expense Details - Depreciation Expense:

On investment property
 On non-investment property
 Amortization
 Depletion
Total Depreciation Expense

Expense Details - Exempt Activity Expense:

Repairs and Maintenance
 Bad debts
 Taxes/licenses
 Charitable contributions
 Dividend recd deductions
 Readership costs
 Other expenses
Total Exempt Activity Expense

Expense Details - Fundraising Expense:

Cash prizes
 Non-cash prizes
 Rent and facility costs
 Food & beverages (Part II only)
 Entertainment (Part II only)
 Other direct expenses
Total Fundraising Expense

Allocation of Expense to Program Service Accomplishments:

First
 Second
 Third
 All other

Form **990****Event Income and Deduction Worksheet****2019**Description **CAFE UBIT**

Name

AGEWELL SERVICES OF WEST MICHIGAN

Taxpayer Identification Number

38-2033822

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	19,345
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. Total revenue. Add lines 1 through 6	7.	19,345
8. Cost of Goods Sold	8.	13,564
9. Employment Expense	9.	35,524
10. Fees for services	10.	1,730
11. Indirect Expense	11.	14,223
12. Depreciation Expense	12.	7,022
13. Exempt Activity Expense	13.	181
14. Fundraising Expense	14.	
15. Total expenses. Add lines 8 through 14	15.	72,244
16. Net Income/Loss. Line 7 minus Line 15	16.	-52,899

Expense Details - Cost of Goods Sold:

Beginning inventory	5,018
Purchases	11,905
Labor	
Section 263A costs	
Other costs	
Ending inventory	3,359
Total Cost of Goods Sold	13,564

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	30,488
Pension plan contributions	
Other employee benefits	2,338
Payroll taxes	2,698
Total Employment Expense	35,524

Expense Details - Fees for Services:

Management	
Legal	
Accounting	401
Lobbying	
Professional fundraising	
Investment management	
Other	1,329
Total Fees for Services	1,730

Information is indicated for use on Form 990-T schedule:

- ☐ Schedule E
☐ Schedule F
☐ Schedule G
☐ Schedule I
☐ Schedule J

Expense Details - Indirect Expense:

Advertising and promotion	72
Office	1,718
Printing/publication/postage	1,134
Info technology/Maintenance	456
Royalties & License Fees	
Occupancy/Real Estate Taxes	10,375
Travel & Repairs	134
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	334
Total Indirect Expense	14,223

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	7,022
Amortization	
Depletion	
Total Depreciation Expense	7,022

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	181
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	181

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
Total Fundraising Expense	

Allocation of Expense to Program Service Accomplishments:

First	58,680
Second	
Third	
All other	

Form **990****Event Income and Deduction Worksheet****2019**Description **CAFE NON-UBIT**

Name

AGEWELL SERVICES OF WEST MICHIGAN

Taxpayer Identification Number

38-2033822

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	18,268
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. Total revenue. Add lines 1 through 6	7.	18,268
8. Cost of Goods Sold	8.	11,868
9. Employment Expense	9.	33,547
10. Fees for services	10.	1,634
11. Indirect Expense	11.	13,429
12. Depreciation Expense	12.	6,630
13. Exempt Activity Expense	13.	172
14. Fundraising Expense	14.	
15. Total expenses. Add lines 8 through 14	15.	67,280
16. Net Income/Loss. Line 7 minus Line 15	16.	-49,012

Expense Details - Cost of Goods Sold:

Beginning inventory	3,798
Purchases	11,242
Labor	
Section 263A costs	
Other costs	
Ending inventory	3,172
Total Cost of Goods Sold	11,868

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	28,789
Pension plan contributions	
Other employee benefits	2,211
Payroll taxes	2,547
Total Employment Expense	33,547

Expense Details - Fees for Services:

Management	
Legal	
Accounting	379
Lobbying	
Professional fundraising	
Investment management	
Other	1,255
Total Fees for Services	1,634

Information is indicated for use on Form 990-T schedule:

- ☐ Schedule E
☐ Schedule F
☐ Schedule G
☐ Schedule I
☐ Schedule J

Expense Details - Indirect Expense:

Advertising and promotion	68
Office	1,622
Printing/publication/postage	1,070
Info technology/Maintenance	430
Royalties & License Fees	
Occupancy/Real Estate Taxes	9,797
Travel & Repairs	127
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	315
Total Indirect Expense	13,429

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	6,630
Amortization	
Depletion	
Total Depreciation Expense	6,630

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	172
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	172

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
Total Fundraising Expense	

Allocation of Expense to Program Service Accomplishments:

First	55,412
Second	
Third	
All other	

Net Operating Loss Carryover Worksheet for Pre-2018 Losses

Form **990-T****2019**For calendar year 2019, or tax year beginning **10/01/19**, ending **09/30/20**

Name

AGEWELL SERVICES OF WEST MICHIGANEmployer Identification Number
38-2033822

Preceding Taxable Year	Prior Year			Current Year	Next Year Carryover
	Adj. To NOL Inc/(Loss) After Adj.	NOL Utilized (Income Offset)	Carryovers to Current Year	Income Offset By Prior Carryover	
19th 09/30/99					
18th 09/30/00					
17th 09/30/01					
16th 09/30/02					
15th 09/30/03					
14th 09/30/04					
13th 09/30/05					
12th 09/30/06					
11th 09/30/07					
10th 09/30/08	-67,801		67,801		67,801
9th 09/30/09	-9,934		9,934		9,934
8th 09/30/10	-9,521		9,521		9,521
7th 09/30/11	-9,199		9,199		9,199
6th 09/30/12	-10,623		10,623		10,623
5th 09/30/13	-5,105		5,105		5,105
4th 09/30/14	-13,201		13,201		13,201
3rd 09/30/15	-4,870		4,870		4,870
2nd 09/30/16	-3,760		3,760		3,760
1st 09/30/17	-36,839		36,839		36,839
NOL carryover available to current year			170,853		
Current year	0			-1,000	
NOL carryover available to next year					170,853

Form **990****Two Year Comparison Report****2018 & 2019**For calendar year 2019, or tax year beginning **10/01/19**, ending **09/30/20**

Name

Taxpayer Identification Number

AGEWELL SERVICES OF WEST MICHIGAN**38-2033822**

		2018	2019	Differences
Revenue	1. Contributions, gifts, grants	1. 1,051,913	1,367,433	315,520
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3. 1,480,073	1,887,263	407,190
	4. Program service revenue	4. 1,069,261	782,229	-287,032
	5. Investment income	5. 3,742	7,391	3,649
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8. 43,811	14,301	-29,510
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10. 61,997	12,181	-49,816
	11. Other revenue	11. 12,953	9,158	-3,795
	12. Total revenue. Add lines 1 through 11	12. 3,723,750	4,079,956	356,206
Expenses	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 75,210	82,568	7,358
	16. Salaries, other compensation, and employee benefits	16. 1,799,780	1,996,691	196,911
	17. Professional fundraising fees	17. 60,417	63,874	3,457
	18. Other professional fees	18. 110,407	219,680	109,273
	19. Occupancy, rent, utilities, and maintenance	19. 264,056	223,875	-40,181
	20. Depreciation and Depletion	20. 24,319	62,472	38,153
	21. Other expenses	21. 1,363,226	1,395,279	32,053
	22. Total expenses. Add lines 13 through 21	22. 3,697,415	4,044,439	347,024
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 26,335	35,517	9,182
Other Information	24. Total exempt revenue	24. 3,723,750	4,079,956	356,206
	25. Total unrelated revenue	25. 35,342	5,781	-29,561
	26. Total excludable revenue	26. 1,112,611	805,178	-307,433
	27. Total assets	27. 876,814	1,344,308	467,494
	28. Total liabilities	28. 294,830	716,537	421,707
	29. Retained earnings	29. 581,984	627,771	45,787
	30. Number of voting members of governing body	30. 7	11	
	31. Number of independent voting members of governing body	31. 7	11	
	32. Number of employees	32. 138	140	
	33. Number of volunteers	33. 300	275	

Form **990T****Two Year Comparison Report****2018 & 2019**For calendar year 2019, or tax year beginning **10/01/19**, ending **09/30/20**

Name

Taxpayer Identification Number

AGEWELL SERVICES OF WEST MICHIGAN**38-2033822**

		2018	2019	Differences
Revenue	1. Gross profit/loss on business activities	1. 35,342	5,781	-29,561
	2. Capital gains/losses	2.		
	3. Income/loss from partnerships and S corporations	3.		
	4. Rent income (net of expense)	4.		
	5. Unrelated debt-financed income (net of expense)	5.		
	6. Income from controlled organizations (net of expense)	6.		
	7. Section 501(c)(7)(9)(17) organization income (net of expense)	7.		
	8. Exploited exempt activity income (net of expense)	8.		
	9. Advertising income (net of expense)	9.		
	10. Other income	10.		
	11. Total trade or business income. Combine lines 1 through 10	11. 35,342	5,781	-29,561
Expenses	12. Compensation of officers, directors, and trustees	12.		
	13. Other salaries and wages	13. 55,393	30,488	-24,905
	14. Repairs and maintenance	14. 1,659	181	-1,478
	15. Bad debts	15.		
	16. Interest	16.		
	17. Taxes and licenses	17. 4,282	2,698	-1,584
	18. Charitable contributions	18.		
	19. Depreciation and Depletion	19. 135	7,022	6,887
	20. Contributions to deferred compensation plans	20.		
	21. Employee benefit programs	21. 2,097	2,338	241
	22. Other deductions	22. 18,445	15,953	-2,492
	23. Total deductions. Add lines 12 through 22	23. 82,011	58,680	-23,331
	24. Net income (990T/first activity); Subtract line 23 from 11	24. -46,669	-52,899	-6,230
	25. Number of unrelated business activities for this return	25. 1	1	
Tax & Credits	26. Unrelated business taxable income from all trades	26. -46,669		46,669
	27. Disallowed employee fringe benefits	27.		
	28. Charitable contributions	28.		
	29. Taxable income before NOL loss	29.		
	30. Net operating loss (pre-2018)	30.		
	31. Specific deduction	31. 1,000	1,000	
	32. Unrelated business taxable income.	32.		
	33. Income tax (corporate or trust)	33.		
	34. Proxy tax	34.		
	35. Other taxes	35.		
	36. Total taxes	36.		
	37. Other credits	37.		
	38. General business credit	38.		
	39. Credit for prior year minimum tax	39.		
	40. Total credits	40.		
Due/Refund	41. Net tax after credits	41.		
	42. Recapture taxes and 965 tax	42.		
	43. Total Taxes	43.		
	44. Prior year overpayment and estimated tax payments	44.		
	45. Payment made with extension	45.		
	46. Backup withholding and foreign withholding	46.		
	47. Other payments	47.		
	48. Total payments	48.		
	49. Balance due/(Overpayment)	49.		
	50. Overpayment applied to next year	50.		
	51. Penalties	51.		
	52. Total due/(Refund)	52.		

Form **SchM****Two Year Comparison for Unrelated Business Activity****2018 & 2019**For calendar year 2019, or tax year beginning **10/01/19**, ending **09/30/20**

Organization Name

AGEWELL SERVICES OF WEST MICHIGAN

Taxpayer Identification Number

38-2033822Unincorporated Business Income Tax Code: **722210**Activity: **UNRELATED BUSINESS ACTIVITY**

		2018	2019	Differences
Revenue	1. Gross profit/loss on business activities	1. 35,342	5,781	-29,561
	2. Capital gains/losses	2.		
	3. Income/loss from partnerships and S corporations	3.		
	4. Rental income (net of expense)	4.		
	5. Unrelated debt-financed income (net of expense)	5.		
	6. Interest, and other income from controlled organizations (net of expense)	6.		
	7. Investment income of specific organizations (net of expense)	7.		
	8. Exploited exempt activity income (net of expense)	8.		
	9. Advertising income (net of expense)	9.		
	10. Other income	10.		
	11. Total trade or business income. Combine lines 1 through 10	11. 35,342	5,781	-29,561
Expenses	12. Compensation of officers, directors, and trustees	12.		
	13. Other salaries and wages	13. 55,393	30,488	-24,905
	14. Repairs and maintenance	14. 1,659	181	-1,478
	15. Bad debts	15.		
	16. Interest	16.		
	17. Taxes and licenses	17. 4,282	2,698	-1,584
	18. Depreciation and Depletion	18. 135	7,022	6,887
	19. Contributions to deferred compensation plans	19.		
	20. Employee benefit programs	20. 2,097	2,338	241
	21. Other deductions	21. 18,445	15,953	-2,492
	22. Total deductions. Add lines 12 through 22	22. 82,011	58,680	-23,331
	23. Taxable income before deductions. Subtract line 23 from 11	23. -46,669	-52,899	-6,230
	24. Deductible losses	24.	46,669	46,669
	25. Unrelated business taxable income (loss)	25. -46,669	-99,568	-52,899

Form **990****Tax Return History****2019**

Name

AGEWELL SERVICES OF WEST MICHIGAN

Employer Identification Number

38-2033822

	2015	2016	2017	2018	2019	2020
Contributions, gifts, grants		1,752,107	2,055,884	2,531,986	3,254,696	
Membership dues						
Program service revenue		1,424,152	1,373,966	1,069,261	782,229	
Capital gain or loss						
Investment income		4,357	3,154	3,742	7,391	
Fundraising revenue (income/loss)		25,114	32,965	43,811	14,301	
Gaming revenue (income/loss)						
Other revenue		86,935	86,478	74,950	21,339	
Total revenue		3,292,665	3,552,447	3,723,750	4,079,956	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.		73,421	53,304	75,210	82,568	
Other compensation		1,668,483	1,738,883	1,799,780	1,996,691	
Professional fees		188,881	166,012	170,824	283,554	
Occupancy costs		216,908	233,029	264,056	223,875	
Depreciation and depletion		32,749	8,868	24,319	62,472	
Other expenses		1,268,668	1,343,322	1,363,226	1,395,279	
Total expenses		3,449,110	3,543,418	3,697,415	4,044,439	
Excess or (Deficit)		-156,445	9,029	26,335	35,517	
Total exempt revenue		3,292,665	3,552,447	3,723,750	4,079,956	
Total unrelated revenue		35,335	36,120	35,342	5,781	
Total excludable revenue		1,480,109	1,427,478	1,112,611	805,178	
Total Assets		752,711	799,297	876,814	1,344,308	
Total Liabilities		217,063	249,289	294,830	716,537	
Net Fund Balances		535,648	550,008	581,984	627,771	

Form **990T****Tax Return History****2019**

Name

AGEWELL SERVICES OF WEST MICHIGAN

Employer Identification Number

38-2033822

* Income shown net of expenses

	2015	2016	2017	2018	2019	2020
Business activity profit/loss		35,335	36,120	35,342	5,781	
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.		35,335	36,120	35,342	5,781	
Compensation of officers, ect.						
Other salaries and wages		27,947	48,113	55,393	30,488	
Repairs and maintenance		854	1,361	1,659	181	
Bad debts						
Interest						
Taxes and licenses		1,700	3,466	4,282	2,698	
Charitable contributions						
Depreciation and Depletion		475	21	135	7,022	
Deferred compensation plans						
Employee benefit programs		1,869	3,694	2,097	2,338	

Form **990T**

Tax Return History

2019

Name**AGEWELL SERVICES OF WEST MICHIGAN**

Employer Identification Number**38-2033822**

	2015	2016	2017	2018	2019	2020
Other deductions		6,250	16,304	18,445	15,953	
Net income (990T/first activity)		-3,760	-36,839	-46,669	-52,899	
UBTI from all trades	0	0	0	0	0	
Taxable employee fringe benefits						
Charitable contributions						
Net operating loss deduction						
Specific deduction				1,000	1,000	
Income after expense and deductions						
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

Taxable Interest on Investments

Description		Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
INTEREST AND DIVIDENDS	\$	2,091		14			
OTHER INTEREST INCOME		5,300		14			
TOTAL	\$	7,391					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
CONTRACTED SERVICES	\$ 259,603	\$ 185,218	\$	\$ 74,385
LESS PROFESSIONAL FUNDR	-63,874			-63,874
LESS CAFE	-2,583	-2,583		
CAFE UBIT				
CONTRACTED SERVICES	1,329	1,329		
CAFE NON-UBIT				
CONTRACTED SERVICES	1,255	1,255		
TOTAL	\$ 195,730	\$ 185,219	\$ 0	\$ 10,511

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
REPAIRS AND MAINTENANCE	\$ 181	\$ 181	\$	\$
	172	172		
TOTAL	\$ 353	\$ 353	\$ 0	\$ 0

38-2033822

Federal Statements

FYE: 9/30/2020

Schedule A, Part II, Line 12 - Current year

Description	Amount
MEDICAID WAIVER MEALS	\$ 237,440
WELLNESS PROGRAM	31,557
CONTRACTED SERVICES	267,841
CONGREGATE MEALS	86,826
HOME DELIVERED MEALS	154,836
OTHER PROGRAM	3,729
MISCELLANEOUS	9,158
HEELS FOR MEALS	11,650
DELIVERING HOPE	7,260
ALL OTHERS	
CAFE NON-UBIT	18,268
TOTAL	\$ 828,565

HEELS FOR MEALS

Other Direct Fundraising or Gaming Expenses

Description	Amount
	\$ 1,493
TOTAL	\$ 1,493

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Client Note**1/7/2021 11:11 AM [jhl]**

Take a look at Sch D page 4 - Notice how the Line 1 and Line 1 for each part here both agree to the audited statements? They need to everytime - exactly. I added \$2 to revenues and expenses (other revenue, and other mgt & gen exp) on the 990 in order to get them to tie. Make sure they do each time.

-noted/CAS

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