



**2020 S.L. Gimbel Foundation Fund
COVID 19
FOOD Grant Application**

Internal Use Only:
Grant : _____

Organization / Agency Information

1) Organization/Agency Name: Cove Communities Senior Association, DBA The Joslyn Center		
2) Physical Address: 73750 Catalina Way		City/State/Zip Palm Desert CA 92260
3) Mailing Address: 73750 Catalina Way		City/State/Zip Palm Desert CA 92260
4) CEO or Director: Jack Newby		Title: Executive Director
5) Phone: 760-340-3220	6) Fax: 760-568-9230	7) Email: jackn@joslyncenter.org
8) Contact Person: Jack Newby		Title: Executive Director
9) Phone: 760-340-3220	10) Fax: 760-568-9230	11) Email: jackn@joslyncenter.org
12) Web Site Address: www.joslyncenter.org		13) Tax ID: 95-3622332

Program / Grant Information

Interest Area: Food

14) Program/Project Name: Meals on Wheels Senior Nutrition Program			15) Amount of Grant Requested: \$25,000
16) Total Organization Budget: \$1,101,336	17) Per 990, Percentage of Program Service Expenses (Column B/ Column A x 100): 83%	18) Per 990, Percentage of Management & General Expenses Only (Column C/ Column A x 100): 10%	19) Per 990, Percentage of Management & General Expenses and Fundraising (Column C+D / Column A x 100): 17%
20) Purpose of Grant Request (one sentence): The Joslyn Center requests the funding to support our Meals on Wheels senior nutrition program.			
21) Program Start Date (Month and Year): July 2020		22) Program End Date (Month and Year): June 2021	
23) Gimbel Grants Received: List Year(s) and Award Amount(s) \$0			

Signatures: Aurora Wilson - Aurora Wilson 5/15/20
 24) Board President / Chair: (Print name and Title) Aurora Wilson, Board President
 Signature: _____ Date: _____
 25) Executive Director/President: (Print name and Title) Jack Newby, Executive Director
 Signature: Jack Newby Date: 5-15-20

S.L. Gimbel Foundation Fund

FOOD Grant Application

Please provide the following information for items I. through IV. by answering all questions in **THREE (3) PAGES maximum-12 Font**. Please type and number all questions using the outline format. Be thorough, clear, specific, and concise. Any changes during the grant period must be requested through IECF.

I. Organization/Agency Background:

1) State your mission, vision, purpose, and provide a brief history.

Mission Statement: The Joslyn Center provides comprehensive programs and services for seniors 50+ in Indian Wells, Palm Desert, Rancho Mirage and surrounding communities.

Joslyn Center History:

Incorporated in 1981 as a non-profit organization, the Joslyn Center has helped seniors in Indian Wells, Rancho Mirage, Palm Desert and throughout the Coachella Valley to remain independent and active. The 20,000 square foot facility is located on a three-acre site and is the largest senior center in Riverside and San Bernardino Counties with over 2,200 members. The center is active with the National Council on Aging, local chambers of commerce, Aging Community Team, Office on Aging, and the national Meals on Wheels Association. An eleven-member Board of Directors guides seven full-time and five part-time staff. The center provides services to its members and the other community organizations and businesses that utilize the facility six days per week.

The Joslyn Center provides outreach and support to low income and isolated seniors who are facing food insecurity through our senior nutrition programs. These include Meals on Wheels, Penny's Pantry Food Bank, and the Let's Do Lunch programs. The Wellness Center which opened in 2017, provides comprehensive programs focusing on senior health, wellness and vitality through a series of evidence-based programs, classes and activities, and is based around four pillars of need: Mental Health, Healthy Aging, Exercise and Active Living, and Nutritional and Health Education.

Along with professionals specializing in older adult health, therapists, counselors, hospital representatives, physical therapists, physical fitness trainers, nutritionists and community-based experts in aging adults, The Joslyn Center incorporates an integrated holistic program for the rapidly growing senior population of the Coachella Valley. The Aging Mastery Program, Problem Solving Therapy, and Brain Boot Camp Programs along with our evidence-based exercise and education components, various arts and crafts clubs, socially engaging activities and senior focused community events, all together meet the hallmarks of our vision to improve the quality of life for older adults. The Joslyn Center was recognized by The National Council on Aging with an honorable mention in the Health and Wellness Category for the 2019 National Institute of Senior Centers Programs of Excellence.

2) What are your core programs and activities?

The Joslyn Center improves the quality of life for members through health and nutrition programs, activities, and social services. Our core Nutrition Programs including Meals on Wheels and Penny's Pantry Food Bank are viewed as essential programs and have experienced additional need during the coronavirus pandemic. Additionally, the Center offers over 85 engaging opportunities each week including, but not limited to the following programs and activities: free National Council on Aging evidence-based *Go4Life* and Aging Mastery Programs, calisthenics, and aerobic fitness classes, Problem Solving Therapy, and Brain Boot Camp, nutrition programs including Meals on Wheels and Penny's Pantry, wellness education seminars, skill based education programs, grief support, language classes, workshops in creative arts, entertainment, social services such as free tax and legal consultations, caregiver support, and hearing, blood pressure, and vision testing.

3) How many people do you serve?

The Joslyn Center serves 2,200 members alongside other local seniors age 50+ in Indian Wells, Palm Desert, Rancho Mirage and surrounding communities and welcomes between 250-400 visitors daily.

4) How many paid staff, full time and part-time?

Joslyn employs 7 full time members: executive director, development & marketing director, social services director, program director, operations director, development associate and lead custodian. There are 5 part time members: volunteer coordinator, counseling supervisor (LSCW), 2 wellness therapists (AMFT) and wellness center receptionist.

5) How many volunteers?

The Joslyn Center has over 80 volunteers who help make this center a lifeline for seniors in the Coachella Valley. Volunteers assist with almost every program, activity, and participate in every aspect of the daily operations. These special helpers provide support for many duties such as fundraising, special events, mail campaigns, delivery of nutritious meals, and general office tasks just to name a few.

II. Project Information: Describe your food distribution program. ANSWER ALL QUESTIONS.

1) Explain the community need including demographics, geographic characteristics of the area or community to be served, community conditions and income level.

The Joslyn Center is seeking funding from the Gimbel Foundation to support our core senior nutrition program: Meals on Wheels. The funding would be primarily directed to the purchase of food for Meals on Wheels recipients with the remainder allocated to essential components of the program that provide for the meal delivery. We are currently experiencing an increased need due to the coronavirus pandemic as seniors and older adults with underlying health conditions are being advised to remain home and not risk shopping for themselves.

Low income and homebound seniors with food insecurity issues are at risk of experiencing negative nutrition and health consequences. The Joslyn's Meals on Wheels program provide local low-income seniors with access to food and relief from hunger related to food insecurity. Healthy and nutritious meals are critical to the lives of seniors. According to HARC (Health Assessment and Research for Communities), the number of local seniors experiencing food insecurity is nearly 15,405. In Eastern Riverside County 45% of the adult population live in low-income households. The Joslyn Center is committed to enhancing the lives of our aging adults. By providing low income seniors access to healthy and nutritious food on a consistent basis, seniors may be able to remain independent in their own homes longer, and, as a result of an increase in their nutritional intake, may experience a lessening of or reduction in catastrophic health issues.

According to a recent nutrition program survey conducted by The Joslyn Center, 76% indicated that their income ranged in the extremely low to low income guidelines established by HUD based on their family size. These seniors are at highest risk for food insecurity because of both their income and the fact that many are homebound and unable to shop for themselves or cook their own meals. Older seniors are particularly vulnerable to increases in food costs. Many have only Social Security income which was determined when they retired. With individuals living longer, the Meal on Wheels is one of the major reasons they are able to remain living in their own home for a longer period of time. For example, a recent study released by the Senior Citizens League shows that the actual purchasing power of social security benefits for an individual who retired in year 2000 has decreased by 34% even taking to account their annual Cost of Living increases. According to our survey, nearly 50% of our nutrition programs recipients worry about whether they will have enough to eat and are living at extreme food insecurity. The annual COLA increase in social security does not begin to cover the other increases such as medical expenses. For example, according to the Senior Citizen League report, Medicare Part B premiums have increased 195% since 2000. Accordingly, The Joslyn Center's senior nutrition program provides vital sustenance to a vulnerable population that is impacted more by increases in medical care and prescription medication costs. Our senior nutrition programs are a true "safety net" program for a population that is experiencing ever increasing costs of living while depending on social security income that is not keeping up with those increasing costs.

2) What are the specific activities of the food program?

The Joslyn Center's Meals on Wheels program delivers fresh, nutritious meals to frail, homebound seniors Monday-Friday. The Center also provides frozen meals for the weekends. Currently, we are also providing emergency frozen meals to seniors and older adults in cooperation with the Riverside County Office on Aging. Volunteers perform wellness checks to determine any needs of the meal recipients as these daily visits are often the only contact the seniors have. The Joslyn Center provided a total of 15,293 healthy and nutritious meals this past year alone and is on track to serve over 17,000 this year. Menus are created by a senior nutrition expert and meals are delivered by volunteers. Pet

food is also available for those seniors who are unable to feed their much-loved pets. The Center does not receive any federal or state funds for its food programs serving an adult senior population who would otherwise go without meals. We're finding that fewer recipients are able to contribute toward the cost of meal.

3) How do you identify/qualify those in need? How often is the food distribution offered?

Our intake for the programs includes a review of financial resources and sources of income for each client. We indicate low to moderate income is based on 150% of the Federal Poverty level. Additionally, the Elder Index which measures true cost of living estimates that the true cost of living in Riverside County for a single senior in average health is more than two times the poverty level. The Meals on Wheels Program is designed to meet these vital needs and provide resources for services to seniors who are living on the edge of poverty and below.

Utilizing volunteers, The Joslyn Center delivers fresh, nutritious meals to seniors daily every Monday-Friday and includes frozen meals for the weekends.

4) How many people will be served by the food distribution program (children, youth, adults, seniors)? Please explain how you keep track of number of people served with SL Gimbel funds. Seniors and older adults aged 55 and older who, because of a disability or other medical condition are homebound and unable to shop and prepare their own meals. Last fiscal year, we served 112 unduplicated clients and anticipate exceeding that number in the current fiscal year.

To track people served by SL Gimbel funds all recipients of our nutrition program must complete a short survey that includes confirmation of low-income level, number of persons in the immediate household, and city of residence. In addition, participants must provide identification. Meals on Wheel participants must fill out an application. No senior is ever turned away. Results are evaluated through surveys of program participants.

III. Project Budget

Include (Print) these Budget Instructions on the grant application. Do not delete.

Please provide a detailed line-item budget for your project by completing the budget form below. **The maximum requested amount is \$25,000** or 25% of your operating budget, whichever is less. You can request for less than \$25,000. You may delineate your line items requests per examples below:

- 70% of total request for the purchase of food items only. (Ex. Total request of \$25,000; 70% is \$17,500 for food)
- 20% of total request for transportation (Ex. Total request of \$25,000; 20% is \$5,000 for transportation)
- 10% of total request for coordination (Ex. Total request is \$25,000; 10% is \$2,500 for coordination)
- Canned tuna will not be funded.

Food items must be delineated (i.e. canned vegetables, soup, pasta, dried beans, rice, etc.).

For each food item, indicate the cost per unit (pound, carton, case, etc.) and the quantity. See attached example.

Line Item	Line Item Description	Requested Amount
<i>Fresh Meals</i>	4,091 prepared meals @ \$5.50/meal	\$22,500

<i>Transportation Costs</i>	5% of \$25,000 total request	\$1,250
<i>Coordination</i>	5% of \$25,00 total request	\$1,250
TOTAL:		\$25,000

IV. Administrative Expenses Percentage

This section calculates how much the organization spent for general management, overhead, indirect items as a percentage of the organization's total expenses. The figures are based on your most current **990 form that you submitted, Part IX Statement of Functional Expenses. Please make sure that the Form 990 you submit is no more than two (2) years old.**

Management & general expenses (Column C only)	/Total expenses (Column A)	= Administrative Percentage
\$111,951	\$1,069,815	10%

V. Supplemental Documents Checklist: Submit the following as attachments

- Your current 501(c) (3) final determination letter from the IRS
- List of your Board members and their affiliations
- Your most recent, filed 990 report.
- Part IX only of the 990 form, Statement of Functional Expenses (one page). **This form should be no older than 2 years.**
- Your current operating budget (Current calendar or fiscal year)

**S.L. Gimbel Foundation Fund
Food Grant Application**

III. Project Budget SAMPLE

Please provide a detailed line-item budget for your project by completing the budget form below. **The maximum requested amount is \$25,000** or 25% of your operating budget, whichever is less. You can request for less than \$25,000. You may delineate your line items requests per examples below:

- 70% of total request for the purchase of food items only. (Ex. Total request of \$25,000; 70% is \$17,500 for food)
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- Canned tuna will not be funded.

Food items must be delineated (i.e. canned vegetables, soup, pasta, dried beans, rice, etc.).

For each food item, indicate the cost per unit (pound, carton, case, etc.) and the quantity. See attached example.

Line Item	Line Item Description	Requested Amount
<i>Eggs</i>	15 dz/case, \$12/case , 100 cases	\$ 1,200
<i>Fresh Milk</i>	½ gallon 1%, \$2/unit , 2,400 units delivered	\$ 4,800
<i>Oil</i>	12 32 oz case, \$23/case , 100 cases	\$ 2,300
<i>Frozen Chicken Breast</i>	75 ind. wrapped breasts/case, \$115/case , 80 cases	\$ 9,200
<i>Transportation</i>	20% of \$25,000 total request	\$ 5,000
<i>Coordination</i>	10% of \$25,000 total request	\$ 2,500
TOTAL:		\$25,000



P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248364843
July 30, 2010 LTR 4168C E0
95-3622332 000000 00

00024544
BODC: TE

COVE COMMUNITIES SENIOR ASSOCIATION
73750 CATALINA WAY
PALM DESERT CA 92260-2906

Employer Identification Number: 95-3622332
Person to Contact: Ms. Osborne
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your July 21, 2010, request for information regarding your tax-exempt status.

Our records indicate that your organization was recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in August 1981.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Beginning with the organization's sixth taxable year and all succeeding years, it must meet one of the public support tests under section 170(b)(1)(A)(vi) or section 509(a)(2) as reported on Schedule A of the Form 990. If your organization does not meet the public support test for two consecutive years, it is required to file Form 990-PF, Return of Private Foundation, for the second tax year that the organization failed to meet the support test and will be reclassified as a private foundation.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

AUG 02 2010

0248364843
July 30, 2010 LTR 4168C E0
95-3622332 000000 00
00024545

COVE COMMUNITIES SENIOR ASSOCIATION
73750 CATALINA WAY
PALM DESERT CA 92260-2906

Sincerely yours,

Michele M. Sullivan

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations I

2019–2020 Board of Directors: Cove Communities Senior Association, Dba The Joslyn Center

Officers	Name	Principal Business & Title	Year Elected to Board of Directors
President	Aurora Wilson	College of The Desert Board of Trustees	2012
Vice President	Eileen Packer	Retired Non Profit Executive – Health & Aging – Area Office on Aging Representative	2017
Treasurer	Barry Kaufman	Retired Non Profit Director of Administration	2009
Secretary	Mary Gilstrap	Attorney	2013
Other Directors			
	Beverly Fitzgerald	Realtor	2014
	Peggy Leo	Retired Schoolteacher Community Volunteer Appointed Representative City of Palm Desert	2018
	Barbara Mitchell, LCSW	Retired Director of County of Riverside Adult Mental Health Programs	2019
	Arlene Lucchesi	Appointed Representative from the City of Indian Wells	2018
	Sanya Maffia	Investment Advisor at RBC Capital	2019
	Stephen Morgan	Administrator – Center for Spiritual Living – Appointed Rancho Mirage Representative	2018
	Janella Andrews, CPA	CPA at Lund and Guttry	2020

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.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning 7/01, 2018, and ending 6/30, 2019

B Check if applicable:	C	D Employer identification number		
<input type="checkbox"/> Address change	COVE COMMUNITIES SENIOR ASSOCIATION DBA JOSLYN CENTER 73750 CATALINA WAY PALM DESERT, CA 92260-2906	95-3622332		
<input type="checkbox"/> Name change		E Telephone number	(760) 340-3220	
<input type="checkbox"/> Initial return			G Gross receipts \$	1,630,614.
<input type="checkbox"/> Final return/terminated		F Name and address of principal officer: <u>BARRY KAUFMAN</u>	H(a) Is this a group return for subordinates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return		SAME AS C ABOVE	H(b) Are all subordinates included?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Application pending		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		H(c) Group exemption number ▶		
J Website: ▶ <u>WWW.JOSLYNCENTER.ORG</u>				
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: <u>1981</u>	M State of legal domicile: <u>CA</u>	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>THE JOSLYN CENTER PROVIDES HEALTH, RECREATIONAL, EDUCATIONAL, AND SOCIAL PROGRAMS ALONG WITH INFORMATION, REFERRAL, VOLUNTEER, AND SUPPORT SERVICES FOR ADULTS AGE 50+ IN THE COMMUNITIES OF INDIAN WELLS, PALM DESERT, RANCHO MIRAGE, AND SURROUNDING COMMUNITIES.</u>			
	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		12
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4		12
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5		14
	6	Total number of volunteers (estimate if necessary)	6		100
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		6,665.
	b Net unrelated business taxable income from Form 990-T, line 38.	7b		-11,062.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	601,923.	660,995.	
	9	Program service revenue (Part VIII, line 2g)	226,262.	315,016.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7)	-10,632.	54,016.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	106,160.	88,633.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	923,713.	1,118,660.	
	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)	523,391.	549,328.
		16a	Professional fundraising fees (Part IX, column (A), line 11e)		
		b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>68,763.</u>		
		17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	437,668.	520,487.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	961,059.	1,069,815.	
19	Revenue less expenses. Subtract line 18 from line 12	-37,346.	48,845.		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,334,676.	1,365,491.	
	21	Total liabilities (Part X, line 26)	74,193.	83,240.	
	22	Net assets or fund balances. Subtract line 21 from line 20	1,260,483.	1,282,251.	

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	Date
	BARRY KAUFMAN Type or print name and title	TREASURER

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00404339
	Firm's name ▶ <u>MARYANOV MADSEN GORDON CAMPBELL</u>				Firm's EIN ▶ <u>95-3178278</u>
	Firm's address ▶ <u>PO BOX 1826</u> <u>PALM SPRINGS, CA 92263-1826</u>				Phone no. <u>(760) 320-6642</u>

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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 [X]

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 [X]

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 \$ 607,762. including grants of \$) (Revenue \$)

SENIOR ACTIVITIES-- PROVIDES RECREATIONAL ACTIVITIES, EXERCISE CLASSES, HEALTH SERVICES, AND EDUCATIONAL OPPORTUNITIES TO SENIOR CITIZENS IN THE SURROUNDING COMMUNITIES.

WELLNESS CENTER -

THE JOSLYN WELLNESS CENTER PROVIDES A HOLISTIC APPROACH TO SENIOR WELLNESS INCLUDING EVIDENCE-BASED CLASSES INCLUDING AGING MASTERY, BRAIN BOOT CAMP, PROBLEM SOLVING THERAPY, AND GO4LIFE EXERCISE PROGRAMS. THE WELLNESS CENTER ALSO HAS A FITNESS CENTER WITH PROFESSIONAL STYLE EXERCISE MACHINES.

4b (Code:) (Expenses \$ 281,339. including grants of \$) (Revenue \$)

MEALS ON WHEELS --

PROVIDES UP TO TWO MEALS PER DAY TO FRAIL, HOMEBOUND SENIORS. AVAILABLE TO RESIDENTS OF THE SURROUNDING COMMUNITIES. APPROXIMATELY 1,200 MEALS ARE SERVED PER MONTH.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 889,101.

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)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II		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? If 'Yes,' complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	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? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	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? If 'Yes,' complete Schedule D, Part VI	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? If 'Yes,' complete Schedule D, Part VII		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? If 'Yes,' complete Schedule D, Part VIII		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? If 'Yes,' complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 22? If 'Yes,' complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)		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? If 'Yes,' complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II		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? If 'Yes,' complete Schedule I, Parts I and III.		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.		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? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.		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? If 'Yes,' complete Schedule L, Part 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? If 'Yes,' complete Schedule L, Part I.		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.		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, or key employee? If 'Yes,' complete Schedule L, Part IV.		X
28b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.		X
28c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV.		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.		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)? If 'Yes,' complete Schedule R, Part V, line 2.		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.		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? If 'Yes,' complete Schedule R, Part VI.		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 Compliance

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

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1 c	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 14		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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 in 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	X	
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		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
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? 13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which 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 in 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? 15		X
If 'Yes,' see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If 'Yes,' complete Form 4720, Schedule O.			

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets?... 6 Did the organization have members or stockholders?... 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?... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?... 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 in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b 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. 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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? 15a The organization's CEO, Executive Director, or top management official. 15b Other officers or key employees of the organization. 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? 16b 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 NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in 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. SEE SCHEDULE O
20 State the name, address, and telephone number of the person who possesses the organization's books and records DIANE SYLVESTER 73750 CATALINA WAY PALM DESERT CA 92260-2906 (760) 340-3220

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

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

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

1 a 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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) DR. JENNA LE COMTE-HINLEY DIRECTOR	1 0	X					0.	0.	0.	
(2) MARGARET (PEGGY) LEO DIRECTOR	1 0	X					0.	0.	0.	
(3) RICK TINSLEY DIRECTOR	1 0	X					0.	0.	0.	
(4) BEVERLY FITZGERALD DIRECTOR	1 0	X					0.	0.	0.	
(5) MARY GILSTRAP SECRETARY	1 0	X		X			0.	0.	0.	
(6) BARRY KAUFMAN TREASURER	1 0	X		X			0.	0.	0.	
(7) ARLENE LUCCHESI DIRECTOR	1 0	X					0.	0.	0.	
(8) AURORA WILSON PRESIDENT	1 0	X		X			0.	0.	0.	
(9) SANYA MAFFIA DIRECTOR	1 0	X					0.	0.	0.	
(10) EILEEN PACKER DIRECTOR	1 0	X					0.	0.	0.	
(11) STEPHEN MORGAN DIRECTOR	1 0	X					0.	0.	0.	
(12) EDWARD WALSH VICE PRESIDENT	1 0	X		X			0.	0.	0.	
(13) JACK NEWBY EXECUTIVE DIR.	40 0			X			98,841.	0.	0.	
(14)										

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			
(15) -----									
(16) -----									
(17) -----									
(18) -----									
(19) -----									
(20) -----									
(21) -----									
(22) -----									
(23) -----									
(24) -----									
(25) -----									
1 b Sub-total						98,841.	0.	0.	
c Total from continuation sheets to Part VII, Section A						0.	0.	0.	
d Total (add lines 1b and 1c)						98,841.	0.	0.	
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			

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	Yes	No
3 Did the organization list any former officer, director, or 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.

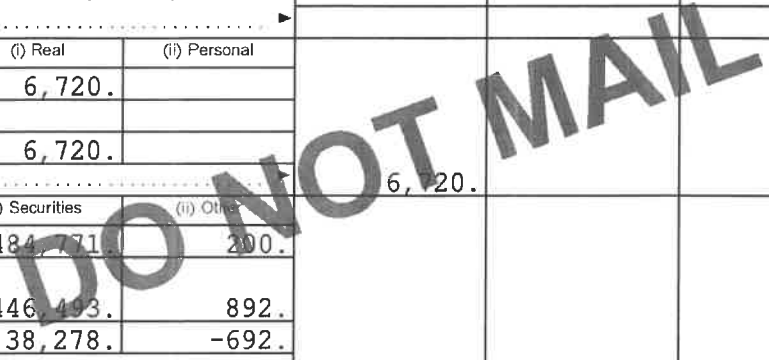
(A) Name and business address	(B) Description of services	(C) Compensation

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 Revenue

Check 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	1 a Federated campaigns	1 a				
	b Membership dues	1 b 81,660.				
	c Fundraising events	1 c 50,356.				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e 323,429.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 205,550.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f	▶ 660,995.				
Program Service Revenue	Business Code					
	2 a WELLNESS CENTER		127,425.	127,425.		
	b SENIOR ACTIVITIES		104,756.	104,756.		
	c MEALS ON WHEELS		76,170.	76,170.		
	d ADVERTISING		6,665.		6,665.	
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f	▶ 315,016.					
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)		16,430.		16,430.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	6,720.			
		(ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)	6,720.				
	d Net rental income or (loss)		6,720.		6,720.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	484,771.			
		(ii) Other	200.			
	b Less: cost or other basis and sales expenses	446,493.	892.			
	c Gain or (loss)	38,278.	-692.			
	d Net gain or (loss)		37,586.	37,586.		
	8 a Gross income from fundraising events (not including \$ 50,356 of contributions reported on line 1c). See Part IV, line 18	a 146,482.				
	b Less: direct expenses	b 64,569.				
c Net income or (loss) from fundraising events	▶ 81,913.			81,913.		
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities	▶					
10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory	▶					
Miscellaneous Revenue		Business Code				
11 a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d	▶					
12 Total revenue. See instructions	▶	1,118,660.	345,937.	6,665.	105,063.	



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.	101,340.	76,468.	13,304.	11,568.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	369,481.	278,797.	48,507.	42,177.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	15,630.	12,286.	2,406.	938.
9 Other employee benefits.	23,177.	16,963.	3,358.	2,856.
10 Payroll taxes.	39,700.	29,956.	5,212.	4,532.
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.	9,500.	8,550.	950.	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	5,796.	4,306.	749.	651.
12 Advertising and promotion.				
13 Office expenses.	2,250.	19,451.	2,799.	
14 Information technology.				
15 Royalties.				
16 Occupancy.				
17 Travel.				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	54,126.	51,804.	2,041.	281.
23 Insurance.	21,414.	15,053.	6,361.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>ACTIVITIES</u>	166,054.	164,998.		1,056.
b <u>WELLNESS CENTER</u>	84,472.	84,472.		
c <u>UTILITIES</u>	47,481.	42,733.	4,748.	
d <u>REPAIR & MAINTENANCE</u>	43,446.	40,170.	3,276.	
e All other expenses.	66,038.	43,094.	18,240.	4,704.
25 Total functional expenses. Add lines 1 through 24e.	1,069,815.	889,101.	111,951.	68,763.
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).				

DO NOT MAIL

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash — non-interest-bearing	300.	1	300.
	2	Savings and temporary cash investments	112,105.	2	82,479.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	24,250.	4	27,281.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	6,806.	9	9,644.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,573,240.		
	b	Less: accumulated depreciation	10b 837,339.	704,201.	10c 735,901.
	11	Investments — publicly traded securities	440,089.	11	462,961.
	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	46,925.	15	46,925.
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,334,676.	16	1,365,491.	
Liabilities	17	Accounts payable and accrued expenses	74,193.	17	83,240.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	74,193.	26	83,240.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	1,009,608.	27	1,065,751.
	28	Temporarily restricted net assets	50,875.	28	16,500.
	29	Permanently restricted net assets	200,000.	29	200,000.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	1,260,483.	33	1,282,251.	
34	Total liabilities and net assets/fund balances	1,334,676.	34	1,365,491.	

Part XI Reconciliation of Net Assets

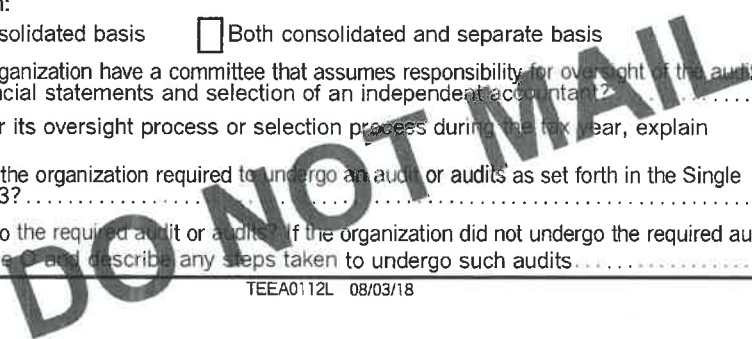
Check if Schedule O contains a response or note to any line in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,118,660.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,069,815.
3	Revenue less expenses. Subtract line 2 from line 1	3	48,845.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,260,483.
5	Net unrealized gains (losses) on investments	5	-27,077.
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 in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,282,251.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <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
2b	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	
2c	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 in 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
3b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		



SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization COVE COMMUNITIES SENIOR ASSOCIATION DBA JOSLYN CENTER	Employer identification number 95-3622332
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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							

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
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						
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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
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.						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33-1/3% support test—2018. 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.	<input type="checkbox"/>	
b 33-1/3% support test—2017. 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.	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2018. 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.	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2017. 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.	<input type="checkbox"/>	
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.	<input type="checkbox"/>	

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	568,793.	686,104.	675,828.	601,923.	660,995.	3,193,643.
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.	244,606.	282,700.	301,555.	320,606.	396,929.	1,546,396.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.	60,000.	60,000.	60,000.	60,000.	60,000.	300,000.
6 Total. Add lines 1 through 5.	873,399.	1,028,804.	1,037,383.	982,529.	1,117,924.	5,040,039.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.	0.	0.	0.	0.	0.	0.
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.	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8 Public support. (Subtract line 7c from line 6.)						5,040,039.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6.	873,399.	1,028,804.	1,037,383.	982,529.	1,117,924.	5,040,039.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	17,216.	18,580.	13,997.	15,129.	16,430.	81,352.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	17,216.	18,580.	13,997.	15,129.	16,430.	81,352.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
13 Total support. (Add lines 9, 10c, 11, and 12.)	890,615.	1,047,384.	1,051,380.	997,658.	1,134,354.	5,121,391.
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 2018 (line 8, column (f), divided by line 13, column (f)).	15	98.41 %
16 Public support percentage from 2017 Schedule A, Part III, line 15.	16	98.43 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)).	17	1.59 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17.	18	1.57 %

19a 33-1/3% support tests—2018. 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.

b 33-1/3% support tests—2017. 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.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

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

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? If 'Yes' to a, b, or c, provide detail in Part VI .		

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? 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.		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

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

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? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.		

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

		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
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? Provide details in Part VI .		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.		

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 6 to line 7)	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).		

BAA

Schedule A (Form 990 or 990-EZ) 2018

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			



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.)

DO NOT MAIL

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

Department of the Treasury
Internal Revenue Service

PUBLIC DISCLOSURE COPY

Schedule of Contributors

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

OMB No. 1545-0047

2018

Name of the organization **COVE COMMUNITIES SENIOR ASSOCIATION
DBA JOSLYN CENTER**

Employer identification number
95-3622332

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization COVE COMMUNITIES SENIOR ASSOCIATION	Employer identification number 95-3622332
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 219,932.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 151,268.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 80,957.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 22,640.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

DO NOT MAIL

Name of organization

Employer identification number

COVE COMMUNITIES SENIOR ASSOCIATION

95-3622332

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 45,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 9,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

DO NOT MAIL

Name of organization COVE COMMUNITIES SENIOR ASSOCIATION	Employer identification number 95-3622332
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u>		\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>14</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>15</u>		\$ <u>22,502.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>16</u>		\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>17</u>		\$ <u>48,040.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>18</u>		\$ <u>9,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

DO NOT MAIL

Name of organization COVE COMMUNITIES SENIOR ASSOCIATION	Employer identification number 95-3622332
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	----- ----- -----	\$ 6,530.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	----- ----- -----	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	----- ----- -----	\$ 6,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	----- ----- -----	\$ 8,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

DO NOT MAIL

Name of organization COVE COMMUNITIES SENIOR ASSOCIATION	Employer identification number 95-3622332
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

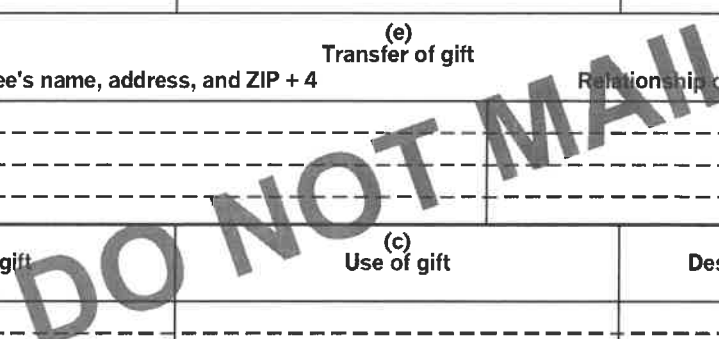
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	N/A ----- ----- -----	----- ----- -----	----- ----- -----
-----	----- ----- -----	----- ----- -----	----- ----- -----
-----	----- ----- -----	----- ----- -----	----- ----- -----
-----	----- ----- -----	----- ----- -----	----- ----- -----
-----	----- ----- -----	----- ----- -----	----- ----- -----
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-----	----- ----- -----	----- ----- -----	----- ----- -----

DO NOT MAIL

Name of organization **COVE COMMUNITIES SENIOR ASSOCIATION** Employer identification number **95-3622332**

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ N/A
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	N/A		
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	



**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

COVE COMMUNITIES SENIOR ASSOCIATION
DBA JOSLYN CENTER

Employer identification number

95-3622332

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? Yes 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? Yes 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 (e.g., 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 7/23/06, 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.

- 1 a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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. ▶ \$ 46,925.
- 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 SFAS 116 (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 are a 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 programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. **SEE 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.

- 1 a 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 | 1 c |
| d Additions during the year | 1 d |
| e Distributions during the year | 1 e |
| f Ending balance | 1 f |
- 2 a 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
1 a Beginning of year balance	250,875.	244,965.	223,589.	225,339.	268,631.
b Contributions	50,000.	44,656.	37,500.	19,000.	22,000.
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	550.	38,746.	16,124.	20,750.	65,292.
f Administrative expenses					
g End of year balance	300,325.	250,875.	244,965.	223,589.	225,339.

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

- a Board designated or quasi-endowment %
- b Permanent endowment 80.00 %
- c Temporarily restricted endowment 20.00 %

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

- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------|----|
| (i) unrelated organizations | 3a(i) | X |
| (ii) related organizations | 3a(ii) | X |
- b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? **3b**

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

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
1 a Land				
b Buildings		637,185.	337,321.	299,864.
c Leasehold improvements		652,109.	306,285.	345,824.
d Equipment		176,647.	103,243.	73,404.
e Other		107,299.	90,490.	16,809.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				735,901.

Part VII Investments – Other Securities.

N/A

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) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related.

N/A

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)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets.

N/A

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)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. SEE 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	1,090,372.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains (losses) on investments.....	2a	-27,077.
	b Donated services and use of facilities.....	2b	
	c Recoveries of prior year grants.....	2c	
	d Other (Describe in Part XIII.).....	2d	
	e Add lines 2a through 2d	2e	-27,077.
3	Subtract line 2e from line 1	3	1,117,449.
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.) SEE PART XIII.....	4b	1,211.
	c Add lines 4a and 4b	4c	1,211.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.).....	5	1,118,660.

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

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

1	Total expenses and losses per audited financial statements.....	1	1,071,026.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities.....	2a	
	b Prior year adjustments.....	2b	
	c Other losses.....	2c	
	d Other (Describe in Part XIII.) SEE PART XIII.....	2d	1,211.
	e Add lines 2a through 2d	2e	1,211.
3	Subtract line 2e from line 1	3	1,069,815.
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	
	c Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.).....	5	1,069,815.

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 III, LINE 4 - DESCRIPTION OF ORGANIZATION COLLECTIONS & HOW FURTHERS EXEMPT PURPOSE

THERE IS A STATUE IN THE PATIO AND ARTWORK THAT HAS BEEN DISPLAYED IN THE ORGANIZATION'S BUILDING FOR MANY YEARS ENHANCING THE ATMOSPHERE AND BRINGING ADDITIONAL ENJOYMENT TO THE SENIORS INVOLVED IN THE ACTIVITIES.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

PERMANENT RETRICTED FUNDS ARE TO BE MAINTAINED WITH ONLY THE EARNINGS USED FOR PROGRAMS AND OPERATIONS. TEMPORARILY RESTRICTED FUNDS ARE TO BE USED FOR THE PURPOSE DESIGNATED BY THE DONOR OR GRANTOR.

Part XIII Supplemental Information (continued)**PART X - FIN 48 FOOTNOTE**

THE CENTER IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE AND FROM STATE TAX UNDER SECTION 23701D OF THE CALIFORNIA REVENUE AND TAXATION CODE. IN ADDITION, THE CENTER QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B) (1) (A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION OTHER THAN A PRIVATE FOUNDATION UNDER SECTION 509(A) (1).

SCHEDULE D, PART XI, LINE 4B**OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

THEATRE EXPENSES.....	\$	1,211.
	TOTAL	<u>\$ 1,211.</u>

SCHEDULE D, PART XII, LINE 2D**OTHER EXPENSES AND LOSSES PER AUDITED F/S**

THEATRE EXPENSES.....	\$	1,211.
	TOTAL	<u>\$ 1,211.</u>

DO NOT MAIL

**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

2018

Open to Public Inspection

Name of the organization **COVE COMMUNITIES SENIOR ASSOCIATION
DBA JOSLYN CENTER**

Employer identification number
95-3622332

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 column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						0.

DO NOT MAIL

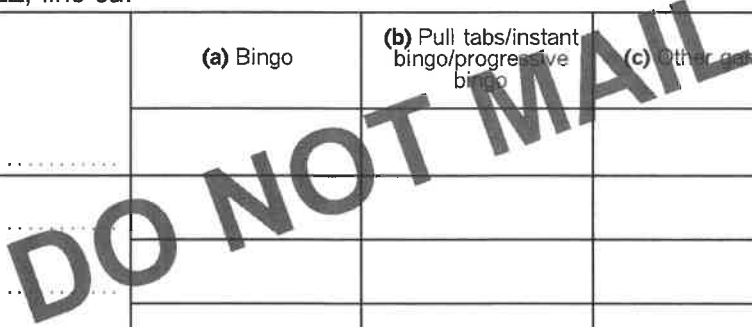
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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.

REVENUE	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
	FASHION SHOW (event type)	WINE PAIRING (event type)	1 (total number)	(add column (a) through column (c))		
1	Gross receipts	86,120.	75,441.	35,277.	196,838.	
2	Less: Contributions	6,445.	43,911.		50,356.	
3	Gross income (line 1 minus line 2)	79,675.	31,530.	35,277.	146,482.	
DIRECT EXPENSES	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	36,527.	26,831.	1,211.	64,569.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				64,569.
11	Net income summary. Subtract line 10 from line 3, column (d)				81,913.	

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.

REVENUE	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
				(add column (a) through column (c))
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
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	13 a	%
b An outside facility	13 b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

15 a 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 ▶ -----

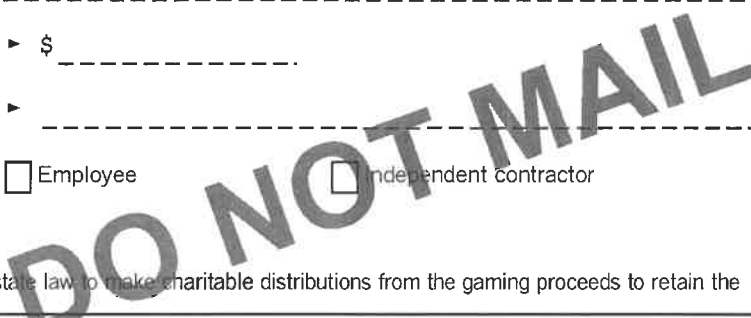
Director/officer Employee Independent contractor

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 O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

COVE COMMUNITIES SENIOR ASSOCIATION
DBA JOSLYN CENTER

Employer identification number

95-3622332

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE JOSLYN CENTER PROVIDES HEALTH, RECREATIONAL, EDUCATIONAL, AND SOCIAL PROGRAMS
ALONG WITH INFORMATION, REFERRAL, VOLUNTEER, AND SUPPORT SERVICES FOR ADULTS AGE 50+
IN THE COMMUNITIES OF INDIAN WELLS, PALM DESERT, RANCHO MIRAGE, AND SURROUNDING
COMMUNITIES.

FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER

MEMBERS PAY \$30 PER YEAR IN RETURN FOR RECEIPT OF THE ORGANIZATION'S NEWSLETTER OF
UPCOMING EVENTS AND MAY RECEIVE REDUCED RATES TO EVENTS AND CLASSES AS A MEMBERSHIP
BENEFIT.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

DRAFT COPIES OF THE TAX RETURN ARE PROVIDED TO THE BOARD OF DIRECTORS FOR THEIR
REVIEW AND APPROVAL PRIOR TO FILING OF THE RETURN.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

AN ANNUAL QUESTIONNAIRE IS USED TO DISCLOSE ANY CONFLICTS.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

ORGANIZATION RESEARCHES SALARIES FOR COMPARABLE POSITIONS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS CAN BE OBTAINED BY REQUEST
TO THE BOARD OF DIRECTORS.

2018

FEDERAL STATEMENTS

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COVE COMMUNITIES SENIOR ASSOCIATION
DBA JOSLYN CENTER

95-3622332

STATEMENT 1
FORM 990-T, PART I, LINE 12
OTHER INCOME

PROGRAM SERVICE REVENUE.....	\$	6,665.
TOTAL	\$	<u>6,665.</u>

STATEMENT 2
FORM 990-T, PART III, LINE 35
NET OPERATING LOSS DEDUCTION

LOSS YEAR ENDING	ORIGINAL LOSS	LOSS PREVIOUSLY USED	LOSS AVAILABLE
6/30/16	\$	1,949. \$	1,414. \$
NET OPERATING LOSS AVAILABLE.....			\$ 535.
TAXABLE INCOME.....			\$ -11,062.
NET OPERATING LOSS DEDUCTION (LIMITED TO TAXABLE INCOME).....			<u>\$ 0.</u>

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FORM 990/990-PF																
AUTO / TRANSPORT EQUIPMENT																
1	VAN	1/01/05	2/22/19	19,750							19,750	19,750	200DB HY	5		0
124	2018 DODGE RAM VAN	2/22/19		29,609							29,609		200DB HY	5	.20000	5,922
TOTAL AUTO / TRANSPORT EQUIP				49,359		0	0	0	0	0	49,359	19,750				5,922
BUILDINGS																
2	BUILDING #1 PP & E	VARIOUS		156,537							156,537	156,537	S/L HY	5		0
3	BUILDING #2 PP & E	VARIOUS		18,838							18,838	18,838	S/L HY	5		0
4	ART CENTER	4/01/98		91,569							91,569	47,450	S/L MM	39	.02564	2,348
5	WELLNESS CENTER	5/31/06		259,107							259,107	87,204	S/L MM	39	.02564	6,644
64	IRRIGATION METER	10/18/12		7,283							7,283	2,673	S/L HY	15	.06670	486
65	SHED-LAWN BOWLING	6/03/13		3,484							3,484	1,276	S/L HY	15	.06670	232
68	WATER METER BLDG #2	10/18/12		2,413							2,413	912	S/L	15		161
76	ROOF	6/30/14		97,954							97,954	10,048	S/L	39		2,512
TOTAL BUILDINGS				637,185		0	0	0	0	0	637,185	324,938				12,383
FURNITURE AND FIXTURES																
6	MID-FOLDING TABLES	4/13/98		8,165							8,165	8,165	S/L HY	7		0
7	10 ROUND TABLES	3/01/98		4,234							4,234	4,234	S/L HY	7		0
8	STAGE & POSERS	3/26/08		22,840							22,840	22,840	200DB HY	7		0
9	AUDITORIUM CHAIRS	1/01/05		12,560							12,560	12,560	200DB HY	5		0
10	STACKING CHAIRS	3/21/06		4,861							4,861	4,861	S/L HY	5		0
11	STORAGE CABINET	9/09/05		901							901	901	S/L HY	7		0

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12	THEATRE DRAPES	6/20/06		1,152							1,152	1,152	S/L HY	5		0
13	DESK - DIANE	6/11/07		1,570							1,570	1,570	S/L HY	7		0
14	EXIT SIGNAGE	7/10/06		2,033							2,033	2,033	S/L HY	5		0
15	CARPOST/MONUMENT LIGHTING	1/10/07		5,242							5,242	5,242	S/L HY	7		0
16	DESK - DANIEL'S	3/10/08		2,089							2,089	2,089	S/L HY	7		0
17	KAWAI BABY GRAND PIANO	11/01/07		10,000							10,000	9,731	200DB HY	7		0
18	BINGO EQUIPMENT	4/20/09		2,694							2,694	2,694	S/L HY	7		0
83	LEE'S OFFICE FURNITURE	11/30/14		1,745							1,745	1,055	S/L	5		349
84	EXTERIOR LIGHTING	12/31/14		5,350							5,350	1,071	S/L	15		357
85	LOBBY FURNITURE	5/01/15		10,105							10,105	6,063	S/L	5		2,021
117	BLDG 1 - FIXTURES/SIGNS	5/15/19		749							749		S/L	7		18
118	BLDG 2 - FIXTURES/SIGNS	5/15/19		749							749		S/L	7		18
120	LOBBY FURNITURE	5/31/19		10,260							10,260		200DB HY	7	.14290	1,466
TOTAL FURNITURE AND FIXTURE				107,299		0	0	0	0	0	107,299	86,261				4,229
DO NOT MAIL																
IMPROVEMENTS																
19	GROUND IMPROVEMENTS	VARIOUS		33,989							33,989	33,989	S/L MM	39	.02564	0
20	GROUND IMPROVEMENTS	1/01/96		4,640							4,640	4,640	S/L HY	5		0
21	BUILDING #1 IMPROVEMENTS	1/01/96		28,070							28,070	28,070	S/L HY	5		0
22	BUILDING #2 IMPROVEMENTS	1/01/96		6,051							6,051	6,051	S/L HY	5		0
23	GROUND IMPROVEMENTS - PAV	9/01/98		9,634							9,634	4,889	S/L MM	39	.02564	247
24	BLDG 1 - CARPETING	4/22/00		6,195							6,195	6,195	200DB HY	7		0
25	BLDG 1 - 8 CEILING FANS	6/05/01		2,065							2,065	2,065	200DB HY	7		0
26	GROUND IMPROV SIDEWALK	6/18/01		3,500							3,500	3,500	150DB HY	15		0
27	LIGHTING INDOOR	9/18/01		2,872							2,872	2,872	200DB HY	7		0
28	REMODELING	1/08/02		22,300							22,300	9,614	S/L MM	39	.02564	572

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29	REMODELING	2/07/02		4,970							4,970	2,080	S/L MM	39	.02564	127
30	LIGHTING - INDOOR	4/09/02		1,230							1,230	1,230	200DB HY	7		0
31	LIGHTING - OUTDOOR	4/27/02		1,280							1,280	1,280	200DB HY	7		0
32	CARPORTS	2/07/02		11,665							11,665	6,045	S/L MM	39	.02564	299
33	PARKING LOT CONCRETE	4/09/02		4,687							4,687	2,322	S/L MM	39	.02564	120
34	PARKING LOT PLANS - SURVE	7/10/02		1,222							1,222	684	S/L MM	39	.02564	31
35	CARPORTS	4/26/02		12,690							12,690	6,277	S/L MM	39	.02564	325
36	CARPORTS	6/07/02		2,990							2,990	1,487	S/L MM	39	.02564	77
37	CARPORTS	7/09/02		3,200							3,200	1,390	S/L MM	39	.02564	82
38	PARKING LOT ISLANDS	8/08/02		4,615							4,615	2,001	S/L MM	39	.02564	118
39	BATHROOM REMODELS	10/10/02		14,116							14,116	6,136	S/L MM	39	.02564	362
40	SOUND SYSTEM	12/09/03		5,623							5,623	5,623	200DB HY	7		0
41	PARKING LOT EXPANSION & L	3/16/04		69,013							69,013	25,273	S/L MM	39	.02564	1,769
42	BATHROOM REMODEL	6/20/06		8,440							8,440	2,601	S/L MM	39	.02564	216
43	ART CENTER & OFFICE A/C	12/28/05		3,944							3,944	1,267	S/L MM	39	.02564	101
44	MP3 CENTER FLOORING	10/20/05		5,896							5,896	4,834	S/L HY	10		0
45	NEW LIGHTING	8/10/05		2,772							2,772	2,772	S/L HY	7		0
46	OUTSIDE LIGHTING	5/10/06		1,823							1,823	1,823	S/L HY	7		0
47	SUB PANEL	6/20/06		2,495							2,495	2,495	S/L			0
48	NEW A/C - CLARK	7/20/06		3,200							3,200	981	S/L MM	39	.02564	82
49	NEW A/C - AGEING	8/10/06		3,400							3,400	1,033	S/L MM	39	.02564	87
50	BATHROOM REMODEL	7/20/06		5,600							5,600	1,722	S/L MM	39	.02564	144
51	9 A/C UNITS	8/10/07		52,500							52,500	51,055	S/L HY	10		0
52	ARTHUR NEWMAN THEATRE SI	4/10/08		2,725							2,725	715	S/L MM	39	.02564	70
53	KITCHEN REMODEL	2/10/09		26,770							26,770	16,965	S/L HY	15	.06670	1,786
75	CARPET	9/26/13		8,724							8,724	1,018	S/L			0
77	LIGHT FIXTURES EXTERIOR	6/05/14		1,285							1,285	351	S/L	15		86

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78	SOLAR TUBS	5/28/14		2,175							2,175	592	S/L	15		145
87	DRIP IRRIGATION VALVES	6/13/16		3,605							3,605	721	150DB MQ	15	.08000	288
88	TURF CONVERSION	10/20/15		49,244							49,244	11,853	150DB MQ	15	.07590	3,738
89	BUILDING #1 FLOORING	6/27/16		41,423							41,423	4,195	S/L	39		1,062
90	BUILDING #2 FLOORING	6/27/16		33,779							33,779	3,421	S/L	39		866
92	GRNDS IMPV (TREE REMOVAL)	11/16/16		7,925							7,925	836	S/L	15		528
93	COURTYARD TURF	6/19/17		26,230							26,230	1,749	S/L	15		1,749
94	SURVEILLANCE EQUIPMENT	5/01/17		9,639							9,639	2,249	S/L	5		1,928
95	ART CENTER REFURB	6/21/17		14,150							14,150	363	S/L	39		363
96	EXIT SIGN REPLACEMENT	8/01/16		1,788							1,788	686	S/L	5		358
97	THEATRE WIRING	1/31/17		4,350							4,350	158	S/L	39		112
98	GREEN ROOM REFURB	6/21/17		1,199							1,199	31	S/L	39		31
99	GAS LINE METER	6/05/17		4,970							4,970	1,077	S/L	5		994
100	CARPET AND TILE	9/30/16		6,780							6,780	2,373	S/L	5		1,356
109	FIRE SYSTEM WIRING	8/21/17		6,140							6,140	138	S/L	MM	39 .02564	157
110	PARKING LOT RESURFACE	12/12/17		10,488							10,488	349	S/L	HY	15 .06670	700
111	EXTERIOR PAINT & CONCRETE	6/13/18		25,120							25,120	27	S/L	MM	39 .02564	644
115	METAL EDGING - COURTYARD	2/28/19		3,465							3,465		S/L	HY	15 .03330	115
116	PARKING LOT LIGHTING	6/26/19		5,969							5,969		S/L	HY	15 .03330	199
119	HEAT & A/C - LOBBY	1/14/19		7,479							7,479		S/L	MM	39 .01177	88
TOTAL IMPROVEMENTS				652,109		0	0	0	0	0	652,109	284,163				22,122
MACHINERY AND EQUIPMENT																
54	STAGE LIGHTING	8/01/98		585							585	585	S/L	HY	7	0
55	PIANO DOLLY	3/01/99		550							550	550	S/L	HY	7	0
56	BABY GRAND PIANO-THEATRE	1/01/05		8,740							8,740	8,740	200DB	HY	7	0

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57	NEW MICROPHONES	1/31/06		1,254							1,254	1,254	S/L HY	7		0
58	WIRELESS MICS	12/20/06		2,000							2,000	2,000	S/L HY	7		0
59	WIRELESS MICS	8/21/06		2,000							2,000	2,000	S/L HY	7		0
60	AC CONDENSOR	7/02/10		3,250							3,250	3,250	S/L HY	7		0
61	PHONE SYSTEM	4/20/11		8,924							8,924	8,255	S/L HY	5		0
62	FREEZER	5/15/11		41,213							41,213	39,003	S/L HY	7		0
63	DIGITAL TELEVISION	6/25/12		2,400							2,400	2,229	S/L HY	7	.07140	171
66	DEV DIR COMPUTER	6/30/13		779							779	312	S/L			0
67	LR COMPUTER	6/30/13		779							779	312	S/L			0
69	LV COMPUTER	8/01/13		1,138							1,138	437	S/L			0
70	SERVER DRIVES	12/31/13		1,975							1,975	593	S/L			0
71	DS COMPUTER	4/30/14		825							825	193	S/L			0
72	DC COMPUTER	4/30/14		825							825	193	S/L			0
73	EW COMPUTER	4/30/14		825							825	193	S/L			0
74	BE COMPUTER	4/30/14		825							825	193	S/L			0
79	KITCHEN WARES	6/02/14		1,151							1,151	939	S/L	5		212
80	SERVER & SOFTWARE UPGRADE	3/31/15		5,395							5,395	3,507	S/L	5		1,079
81	COMMERCIAL MICROWAVES	10/30/14		5,067							5,067	3,715	S/L	5		1,013
82	DRINKING FOUNTAIN	10/24/14		1,461							1,461	356	S/L	15		97
86	WEBSITE DESIGN	6/08/15		8,875							8,875	5,325	S/L	5		1,775
91	MEALS ON WHEELS FOOD BAGS	11/30/15	6/30/19	5,238							5,238	3,824	200DB MQ	5	.11370	522
101	20 CARD TABLE	9/03/16		1,245							1,245	457	S/L	5		249
102	20 ARMED CHAIRS	9/03/16		1,665							1,665	611	S/L	5		333
103	CONDENSOR FAN	10/31/16		588							588	196	S/L	5		118
104	UTILITY CARTS	2/03/17		1,315							1,315	373	S/L	5		263
105	OFFICE CHAIRS DS & LV	3/03/17		739							739	197	S/L	5		148
106	EXHAUST FANS	6/30/17		1,333							1,333	267	S/L	5		267

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107	DRINKING FOUNTAIN	2/03/17		2,558							2,558	725	S/L	5		512
108	REFRIGERATOR	1/31/17		2,223							2,223	630	S/L	5		445
112	PROJECTOR & SCREEN	4/30/18		2,298							2,298	230	S/L HY	5	.20000	460
113	DONOR PERFECT SOFTWARE	9/13/17		2,595							2,595	433	S/L HY	3	.33330	865
114	WIFI KIT FOR SERVER	5/15/18		1,206							1,206	121	S/L HY	5	.20000	241
121	EX. EQUIP - WELLNESS CNTR	4/23/19		20,980							20,980		S/L	5		699
122	LIGHTING/SOUND EQ-THEATRE	6/27/19		2,952							2,952		S/L	5		0
123	FRIDGE FREEZER - MOW	6/30/19		4,505							4,505		S/L	5		0
TOTAL MACHINERY AND EQUIPME				152,276		0	0	0	0	0	152,276	92,198				9,469
TOTAL DEPRECIATION				1,598,228		0	0	0	0	0	1,598,228	807,310				54,125
GRAND TOTAL DEPRECIATION				1,598,228		0	0	0	0	0	1,598,228	807,310				54,125
DEPRECIATION ASSETS SOLD				24,988		0	0	0	0	0	24,988	23,574				522
DEPR REMAINING ASSETS				1,573,240		0	0	0	0	0	1,573,240	783,736				53,603

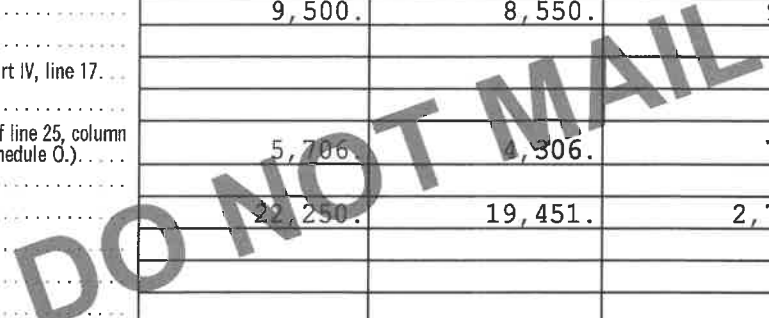
DO NOT MAIL

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.	101,340.	76,468.	13,304.	11,568.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	369,481.	278,797.	48,507.	42,177.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	15,630.	12,286.	2,406.	938.
9 Other employee benefits.	23,177.	16,963.	3,358.	2,856.
10 Payroll taxes.	39,700.	29,956.	5,212.	4,532.
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.	9,500.	8,550.	950.	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	5,786.	4,306.	749.	651.
12 Advertising and promotion.				
13 Office expenses.	22,250.	19,451.	2,799.	
14 Information technology.				
15 Royalties.				
16 Occupancy.				
17 Travel.				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	54,126.	51,804.	2,041.	281.
23 Insurance.	21,414.	15,053.	6,361.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>ACTIVITIES</u>	166,054.	164,998.		1,056.
b <u>WELLNESS CENTER</u>	84,472.	84,472.		
c <u>UTILITIES</u>	47,481.	42,733.	4,748.	
d <u>REPAIR & MAINTENANCE</u>	43,446.	40,170.	3,276.	
e All other expenses.	66,038.	43,094.	18,240.	4,704.
25 Total functional expenses. Add lines 1 through 24e.	1,069,815.	889,101.	111,951.	68,763.
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).				



Joslyn Senior Center Profit & Loss Budget Overview July 2019 through June 2020

The Joslyn Center -19/20 Budget	Jul '19 - Jun 20
Ordinary Income/Expense	
Income	
3999 · PUBLIC SUPPORT	
400 · Donations/Public Support	
400.01 · Annual Appeal	15,000.00
400.02 · Board Contribution	3,250.00
400.03 · Cornerstone Club	10,000.00
400.04 · Memorial/Tributes	1,750.00
400 · Donations/Public Support - Other	22,000.00
Total 400 · Donations/Public Support	52,000.00
402 · JPA/Joint Powers Authority	
402.01 · City of Palm Desert	230,929.00
402.02 · City of Rancho Mirage	84,900.00
402.03 · City of Indian Wells	23,772.00
Total 402 · JPA/Joint Powers Authority	339,601.00
405 · Buy a Brick	2,000.00
406 · Grants	
406.02 · Grace Helen Spearman Fnd-Lobby	0.00
Total 406 · Grants	0.00
406.09 · Grants-Other	
406.12 · Sidney Stern Trust	0.00
406.13 · Community Foundation	10,000.00
406.15 · Endowment Distribution	6,000.00
406.09 · Grants-Other - Other	15,000.00
Total 406.09 · Grants-Other	31,000.00
Total 3999 · PUBLIC SUPPORT	424,601.00
4000 · CAPITAL IMPROVEMENTS	
407 · Wellness Ctr-Exercise Equipment	0.00
407.03 · Capl Improve-City Reimbursement	
407.003 · PD-Cap Improve Reimb	0.00
407.004 · RM-Cap Improve Reimb	0.00
407.005 · IW-Cap Improve Reimb	0.00
Total 407.03 · Capl Improve-City Reimbursement	0.00
418 · Van Fund	0.00
Total 4000 · CAPITAL IMPROVEMENTS	0.00
4100 · GENERAL REVENUE	
420 · Digital Display Advertising	1,000.00
421 · Interest/Dividend Income-UBS	9,500.00
421a · Interest/Dividend Income-CF	0.00
421b · Interest/Dividend Income-RM	185.00
423 · Gain/Loss - Investment-UBS	0.00
423a · Gain/Loss - Investment-CF	0.00
424 · Membership - Business	22,000.00
425 · Memberships - New	23,500.00
426 · Memberships - Renewed	37,500.00
428 · Room Rentals	7,250.00
Total 4100 · GENERAL REVENUE	100,935.00
4300 · NEWSLETTER	
432 · Advertising-Newsletter	6,000.00
Total 4300 · NEWSLETTER	6,000.00
4559 · SOCIAL SERVICE	
404 · End Senior Hunger	9,000.00

Joslyn Senior Center Profit & Loss Budget Overview July 2019 through June 2020

The Joslyn Center -19/20 Budget	Jul '19 - Jun 20
458 · MOW-Barbara Steffens Fund	1,000.00
460 · MOW Client Fees	52,500.00
460.00 · Donations-MOW	16,000.00
460.02 · Grant-Aqua Caliente	5,000.00
460.05 · Grants-Other	
460.05a · Walmart	1,000.00
460.05b · Stater Brothers	3,000.00
460.05c · Banfield Charities	0.00
460.05d · Champions Volunteer Foundation	3,000.00
460.05e · Matthew Dragicevich Trust	0.00
460.05g · Misc - Other	1,300.00
460.05 · Grants-Other - Other	0.00
Total 460.05 · Grants-Other	8,300.00
460.06 · Grant-Jewish Federation	2,500.00
460.11 · Grant-Wells Fargo Foundation	5,000.00
460.13 · Grant-Bank of America	5,000.00
460.14 · Grant-Coeta & Donald Barker Fo	10,000.00
462 · Let's Do Lunch	
462.00 · Let's Do Lunch-Donations	500.00
462.02 · Grant--Jewish Federation	6,000.00
462 · Let's Do Lunch - Other	0.00
Total 462 · Let's Do Lunch	6,500.00
470 · Penny's Pantry	
470.01 · Grant-Barker Fondation	10,000.00
470.02 · Grant-Grace Helen Spearman	0.00
470 · Penny's Pantry - Other	1,500.00
Total 470 · Penny's Pantry	11,500.00
Total 4559 · SOCIAL SERVICE	132,300.00
4649 · PROGRAMS/ACTIVITIES	
465 · Lawn Bowling	
465.01 · Lawn Bowling-Dues	10,000.00
Total 465 · Lawn Bowling	10,000.00
466.01 · Grant-CV Wellness Foundation	10,000.00
466.02 · Grant-So Ca Edison-Emerg Prog	4,000.00
467 · Bridge	25,000.00
469 · Class Fees	48,000.00
471 · Big Casino Bingo	4,000.00
472 · Wellness Center	
472.0 · Class Fee-Wellness	2,500.00
472.00 · Wellness Center-Donations	0.00
472.01 · Grant-Grace Helen Spearman	35,000.00
472.02 · Grant-Regional Access Project	0.00
472.03 · Grant-Newman's Own	5,000.00
472.04 · Grant-Desert Healthcrrc Dist	67,000.00
472.05 · Grant-Auen Foundation	22,500.00
472.06 · Grants-Misc-Other	15,000.00
Total 472 · Wellness Center	147,000.00
Total 4649 · PROGRAMS/ACTIVITIES	248,000.00
4800 · NEWMAN THEATRE	
481.00 · Room Rentals	10,000.00
481.050 · Grant-Newmans Own	6,000.00
481.07 · Donations	0.00

Joslyn Senior Center
Profit & Loss Budget Overview
 July 2019 through June 2020

The Joslyn Center -19/20 Budget	Jul '19 - Jun 20
481.10 · Grant-Riverside Cnty Treasurer	0.00
Total 4800 · NEWMAN THEATRE	16,000.00
4900 · SPECIAL EVENT	
490 · Social Events	
490.00 · Social Event Sponsors	7,000.00
490.01 · Health Fair-Spring	7,000.00
490.02 · Health Fair-Fall	12,000.00
490 · Social Events - Other	5,000.00
Total 490 · Social Events	31,000.00
491 · Open House	0.00
492 · Wine Pairing	
492.01 · Wine Paring-Tickets	8,000.00
492.02 · Wine Paring-Donations	24,500.00
492.03 · Wine Pairing-Sponsors	25,000.00
492 · Wine Pairing - Other	0.00
Total 492 · Wine Pairing	57,500.00
494 · Fashion Show	
494.01 · Fashion Show - Donations	7,000.00
494.02 · Fashion Show - Tickets	11,500.00
494.03 · Fashion Show - Wine Pull	6,500.00
494.04 · Fashion Show-Sponsor	45,000.00
494.06 · Fashion Show-Auction	15,000.00
Total 494 · Fashion Show	85,000.00
Total 4900 · SPECIAL EVENT	173,500.00
Total Income	1,101,336.00
Expense	
5000 · ADMINISTRATION	
503 · Auto Mileage Reim.	500.00
504 · Business Partnership Exp	0.00
505 · Bank Charges	2,400.00
506 · UBS Fees	2,250.00
506a · CF-Community Foundation Fees	2,500.00
507 · Computer Maint/Equip	3,500.00
508 · Webiste Host/Services	300.00
509 · Donor Perfect Subscription Fee	4,500.00
511 · Insurance/Improper Sexual Cond	1,777.00
512 · Insurance/Board	3,441.00
513 · Insurance/Gen. & Liability	15,289.00
514 · ER-403 (B) Matching	12,500.00
515 · Insurance - Center Van	1,029.00
516 · Medical Insurance	22,500.00
518 · Lunch/Dinner-Staff	1,000.00
520 · Miscellaneous	0.00
521 · Copier Lease/Copies	13,402.00
522 · Office Supplies	3,100.00
523 · Printing/Stationary	4,500.00
524 · Payroll Fees	5,700.00
525 · Payroll Taxes	32,904.00
527 · Postage - Office	3,310.00
532 · Salaries	
532.01 · Salaries-Temp Help	0.00
532 · Salaries - Other	360,770.00
Total 532 · Salaries	360,770.00

Joslyn Senior Center
Profit & Loss Budget Overview
July 2019 through June 2020

The Joslyn Center -19/20 Budget	<u>Jul '19 - Jun 20</u>
534 · Taxes, Other	100.00
535 · Volunteer Lunch/Badges, Etc	3,300.00
539 · Workers Comp	5,500.00
Total 5000 · ADMINISTRATION	<u>506,072.00</u>
5400 · OPERATIONAL	
547 · Furniture /Equipment	500.00
550 · Maint-Bldg/Equip/Supplies	13,000.00
551 · Trash Pickup	3,145.00
552 · Maint.-Grounds Maint.	18,000.00
554 · Prof Serv-Piano Move/Tune	240.00
555 · Security - Alarm	2,500.00
557 · Utilities-A/C, Elec, Gas, Water	38,000.00
558 · Utilities-Telephone	6,500.00
Total 5400 · OPERATIONAL	<u>81,885.00</u>
5600 · CAPITAL IMPROVEMENT	
560.05 · A/C-Heat Units	0.00
560.06 · Van Purchase	0.00
562 · Captial Improvements	0.00
562.02 · Furniture-Lobby	0.00
562.03 · Turf Conversion	0.00
562.04 · Exterior Lighting	0.00
563.01 · Website	0.00
566 · Wellness Ctr-Exercise Equipment	0.00
Total 5600 · CAPITAL IMPROVEMENT	<u>0.00</u>
5699 · SOCIAL SERVICE'	
543 · Auto Exp./Gas, Maint.-Van	2,500.00
570 · Social Service-MOW	72,000.00
571 · MOW-Personnel	72,804.00
572 · Congregate Meal	0.00
574 · Let's Do Lunch	7,000.00
607 · Penny's Pantry	5,000.00
Total 5699 · SOCIAL SERVICE'	<u>159,304.00</u>
5759 · NEWSLETTER EXPENSE	
576 · Postage	4,200.00
578 · Printing	13,000.00
581 · Volunteer Lunches	500.00
Total 5759 · NEWSLETTER EXPENSE	<u>17,700.00</u>
5900 · PUBLIC RELATIONS	
590 · Public Relations	3,000.00
590.01 · Donor Relation/Development	3,000.00
590.02 · Marketing/Advertising	6,000.00
590.03 · Annual Appeal Expense	1,500.00
590.04 · End Senior Hunger Expense	1,500.00
Total 5900 · PUBLIC RELATIONS	<u>15,000.00</u>
6100 · PROFESSIONAL	
587 · Accounting - Audit	10,000.00
588 · Adopt A Brick	350.00
589 · Board Development	250.00
591 · Dues & Subscriptions	3,500.00
592.02 · Strategic Plan	1,500.00
594 · Mtgs-Seminars/Prof. Training	1,500.00
Total 6100 · PROFESSIONAL	<u>17,100.00</u>
6200 · PROGRAMS/ACTIVITIES'	

Joslyn Senior Center
Profit & Loss Budget Overview
 July 2019 through June 2020

The Joslyn Center -19/20 Budget	<u>Jul '19 - Jun 20</u>
573 · Cooling Center	150.00
573.00 · So Ca Edison-Emergency Program	2,500.00
600 · Maint - Lawn Bowling	10,000.00
601 · Class Instructors	32,500.00
602 · Materials	1,000.00
605 · Big Casino Bingo	750.00
606 · Program-Personnel	56,925.00
610 · Wellness Center	
610.01 · Wellness Ctr-Director	55,000.00
610.02 · Wellness Ctr-Interns	10,000.00
610.03 · Wellness Ctr Personnel	18,500.00
610.04 · Wellness Ctr-Trainer	13,700.00
610 · Wellness Center - Other	12,000.00
Total 610 · Wellness Center	<u>109,200.00</u>
Total 6200 · PROGRAMS/ACTIVITIES'	<u>213,025.00</u>
6300 · SPECIAL EVENTS	
618 · Social Events	11,000.00
618.01 · Health Fair-Spring	1,000.00
618.02 · Health Fair-Fall	2,250.00
618.03 · Hospitality-Coffee/Supplies	5,500.00
621 · Open House Expense	4,000.00
622 · Wine Pairing	28,000.00
631 · Fashion Show	
631.01 · Fashion Show Expense	37,000.00
Total 631 · Fashion Show	<u>37,000.00</u>
Total 6300 · SPECIAL EVENTS	<u>88,750.00</u>
6600 · NEWMAN THEATRE'	
660.16 · Stage Flooring	0.00
660.23 · Lighting/Sound Equip	2,500.00
Total 6600 · NEWMAN THEATRE'	<u>2,500.00</u>
715 · DEPRECIATION	0.00
Total Expense	<u>1,101,336.00</u>
Net Ordinary Income	<u>0.00</u>
	<u>0.00</u>