Extended to May 15, 2023

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information. and ending JUN 30, 2022 A For the 2021 calendar year, or tax year beginning JUL 1, 2021

3 C ap	heck if oplicable	C Name of organization		D Employer identific	cation number				
	Addre	Elderserve, Inc.							
	Name chang			61-60241	40				
	Initial return	~	Room/suite	E Telephone number					
	Final return	631 South 28th Street	1100111,00110	(502)587					
	termin ated			G Gross receipts \$	941,391.				
	Ameno			H(a) Is this a group return					
	Applic			for subordinates					
	pendir		40211	H(b) Are all subordinates in	·····= =				
ΙT	ax-ex	empt status: X 501(c)(3) 501(c) ()	or 527	1	list. See instructions				
JΝ	Vebsit	te: ▶ www.elderserveinc.org		H(c) Group exemption	n number 🕨				
K F	orm of	organization: X Corporation Trust Association Other	L Year		1 State of legal domicile; KY				
Pa	rt I	Summary							
	1	Briefly describe the organization's mission or most significant activities: ELDER	RSERVE	, INC. PROVI	IDES				
낕		SERVICES EMPOWER OLDER ADULTS TO LIVE IND	EPENDE	NTLY WITH D	IGNITY IN				
rna	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.				
8	3	Number of voting members of the governing body (Part VI, line 1a)		3	18				
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			18				
Se Se	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	26				
ξ	6	Total number of volunteers (estimate if necessary)			15				
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	22,471.				
\dashv	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.				
				Prior Year	Current Year				
ē		Contributions and grants (Part VIII, line 1h)		1,029,024.	891,881.				
en e		Program service revenue (Part VIII, line 2g)		284,930.	5,289.				
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		419,898.	835.				
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		119,383.	43,386.				
\dashv		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,853,235.	941,391.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
		Benefits paid to or for members (Part IX, column (A), line 4)		869,442.	526,226.				
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.00	0.				
Expenses	loa	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>	0.					
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,161,901.	600,091.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,031,343.	1,126,317.				
		Revenue less expenses. Subtract line 18 from line 12		-178,108.	-184,926.				
res Ses		Troveride 1656 experised. Oubtract line 16 from line 12		ginning of Current Year	End of Year				
ets	20	Total assets (Part X, line 16)		2,141,382.	1,376,544.				
et Assets ind Baland	21	Total liabilities (Part X, line 26)		1,072,175.	492,263.				
EE	22	Net assets or fund balances. Subtract line 21 from line 20		1,069,207.	884,281.				
Pa	rt II	Signature Block							
Jnde	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is				
rue,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.					
		Timothy Findley, Tr.		May 15, 2023					
Sign	1	Signature of officer Timothy Findley, Jr. (May 15, 2023 14:11 EDT)		Date					
Here	Э	Timothy Findley, CEO							
		Type or print name and title	l r	Ooto Lau E	DTIN				
		Print/Type preparer's name		Date Check C	PTIN				
Paid		Tammy G. Finch Sanny Action	0	5/15/23 self-employe					
	arer	Firm's name FFS, LLC	71	Firm's EIN ▶	85-2494549				
JSe	Only	Firm's address 12123 Shelbyville Road STE 100-1	. / <u>T</u>	Di. /E	02/ 201 2206				
		Louisville, KY 40243		Phone no. (5	02) 384-2306				
viay	tne II	RS discuss this return with the preparer shown above? See instructions			X Yes No				

479,084.

including grants of \$

Form 990 (2021)

Total program service expenses ▶

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		X
•	Schedule D, Part III	├°		1
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?			x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		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	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	<u>. </u>		<u></u>
.5		19		X
20a	complete Schedule G, Part III	20a		X
zua b		20a		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	domoctio government on trait ix, column (-y, interm in yes, complete scriedule i, Parts I and II	41		

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 (Parts I and III) 23 Did the organization are view "Yes" to Part IVI, Section A, line 3. 4, or 5, about compensation of the organization's current and former officers, fursition, the second of the organization are view to the part IVI, Section A, line 3. 4, or 5, about compensation of the organization's current and former officers, fursition, and the list and of the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after Documber 31, 2002? If "Yes," answer lines 24th through 24d and complete Schedule K, If "No," go to line 25s. 24b Did the organization markstan an escrow account other than a retunding escrow at any time during the year? 24d of the organization animation an escrow account other than a retunding escrow at any time during the year? 24d of the organization animation and as an 'on behalf of issuer for bonds outstanding at any time during the year? 24d of the organization animation and as an 'on behalf of issuer for bonds outstanding at any time during the year? 24d of the organization animation and as an 'on behalf of issuer for bonds outstanding at any time during the year? 24d of the organization animation and as an 'on behalf of issuer for bonds outstanding at any time during the year? 24d of the organization animation and as an 'on behalf of issuer for bonds outstanding at any time during the year? 24d of the organization animation and as an 'on behalf of issuer for bonds outstanding at any time during the year? 24d of 25s outstanding at any time during the year? 24d of 25s outstanding at any time during the year? 24d of 25s outstanding at any time during the year? 24d of 25s outstanding at any time during the year? 24d of 25s outstanding at any time during the year? 24d of 25s outstanding and any time during the year? 24d of 25s	Form	990 (2021) Elderserve, Inc. 61-60	<u> 24140</u>	P	age 4
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 21 "", two; "complete Schedule / Part is and III" 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 V II" "Yes," two 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 240 through 24d and complete Schedule V II" "No." yo o line 25a 24a	Pai	TIV Checklist of Required Schedules (continued)		Tv	
Part IX, column (A), line 2? if "Yes," complete Schedule I, Part I and III and former officers, directors, trustees, key employees, and highest compensation of the organization's ourent and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J bit the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," answer lines 245 through 24d and complete Schedule J "Who," or or line 26a — 249 10 bit the organization mavest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b	22	Did the erganization report more than \$5,000 of grants or other assistance to or for demostic individuals on		Yes	No
23 Did the organization answer "Yes" to Part WI, Section A, Line 3. 4, or 5, about compensation of the organization current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, W "Yes," to be list day of the very early twice is the very employee, and highest compensated employees? If "Yes," complete Schedule I, W "Yes," to be list day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule IV. If "Yes," to be list the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization annihilation an escrow account other than a refunding escrow at any time during the year? 24d Did to be organization with a disqualified person during the year? 14d Did the organization and as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d Did Did the organization with a disqualified person during the year? If "Yes," complete Schedule L, Part I Did the organization and the process of the year? If "Yes," complete Schedule L, Part I Did the organization and year of the organization sport forms 90 or 90-627 If "Yes," complete Schedule L, Part I Did Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 39% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributors or applicable filing thresholds, conditions, and exceptions; 3 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributors? If "Yes," complete Schedule	22		22		X
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Schedule J 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." yo to line 25e 24d 24d 24d 25chedule K. If "No." yo to line 25e 24d 24d 25chedule K. If "No." yo to line 25e 24d 25chedule K. If "No." yo to line 25e 24d 25chedule K. If "No." yo to line 25e 24d 25chedule K. If "No." yo to line 25e 24d 25chedule K. If "No." you had 501c(292) organizations beyond a temporary period exception? 24d 25chedule K. If "No." you had 501c(292) organizations beyond a temporary period exception? 24d 25chedule C. Part II 25chedule L. Part II 25ched					
24a Dit 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 2th through 24d and complete Schedule K. If "No." go to line 25a 24b Dit the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Dit the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Dit the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Dit the organization invest any proceeds of tax-exempt bonds? 24c Dit the organization are any time during the year? 24d Dit the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Dit the organization was that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Dit 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 shall be proceed that the transaction 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 organizations by 90 or 90 EZ? If "Yes," complete Schedule L, Part II Dit the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former of the organization provide a grant or other assistance to any current or former of the organization provide a grant or other assistance to any current or former office, direct, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part IV Dit the organization required to a business transaction with nor of the following parties (see the Schedule L, Part IV Dit the organization receive more than \$25,000 in non-cash contributions? If "Yes," comple			23		x
static 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. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a rethunding secrow at any time during the year to defease any tax-exempt bonds? 24d	24a				
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d 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)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25b b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not only of the organizations by 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 only of the organization's prior Forms 990 or 990-E2? If 'P'es,' complete Schedule L, Part I 25b 27c 28d 27d 28d 27d 28d 27d 28d 28d	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
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transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	Ь—	
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 It "Yes," complete Schedule L, Part I	25a				l
that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete Schedule I, Part I 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part II 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule I, Part III 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule I, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule I, Part IV 28 A Street, director, furstee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule I, Part IV 28 A 18 A current of one or more individuals and/or organizations described in line 28 or 28b? If "Yes," complete Schedule I, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule IM 30 Did the organization receive orotributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule IM 30 Did the organization will only the treasures or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule II		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	—	X
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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 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 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 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Test I Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a 0 1b 0		sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 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 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0		Part V, line 1	. 34	Ь—	X
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 36 Jid 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 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	b				
If "Yes," complete Schedule R, Part V, line 2 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 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0					<u> </u>
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 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			l
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			. 36		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O 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 I 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	37				3,7
Note: All Form 990 filers are required to complete Schedule O 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 I 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0		, ,	37		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 I 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	38			v	
Check if Schedule O contains a response or note to any line in this Part V Yes I 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	Pai		38		
1aEnter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a0bEnter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0	· al	Check if Schoolule O contains a reasonne or note to any line in this Bott V			
1aEnter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a0bEnter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0		Oneck if Schedule O contains a response of flote to any lifte in this Part v	<u></u>		N.
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1.	Enter the number reported in box 3 of Form 1006. Enter 0, if set applicable	0	res	No
b Effect the Humber of Forms will a find the Fat. Effect of Thot applicable			ŏ		
c I lid the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	\dashv		

Form **990** (2021)

(gambling) winnings to prize winners?

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			ugo -				
	- Commissed,		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 26							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file. See instructions.							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		х				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
	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		х				
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		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с						
	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		Х				
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).							
а	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						
С	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							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X				
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	, , , , , , , , , , , , , , , , , , , ,							
	sponsoring organization have excess business holdings at any time during the year?							
9								
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							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
a	Gross income from members or shareholders							
b	·							
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	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							
С	Enter the amount of reserves on hand 13c							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х				
	b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>							
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		х				
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any							
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.							

Pai	Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See i	nstructions.		•	
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other			
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 wa	s filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or applications are considered as a second control of the contr	point	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by th	e following:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	hed a	t the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	<u>enue</u>	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	11a		X
b	Describe on 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			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe			
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				37	
a	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem					37
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi					
500	exempt status with respect to such arrangements? tion C. Disclosure			16b		
17 18	List the states with which a copy of this Form 990 is required to be filed ►KY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	4 000	-T (section 501(c)(2)	c Only/	availal	
.0	for public inspection. Indicate how you made these available. Check all that apply.	a 550	. (3334011 331 (0)(3)	orny)	avandi	510
	Own website X Another's website X Upon request Other (explain	on C	shadula (1)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con			l finan	cial	
.5	statements available to the public during the tax year.		toroot policy, and		J.UI	
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records			
_0	Elderserve, Inc (502)587-8673	arı				
	631 S 28th Street, Louisville, KY 40211					

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

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

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

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do			ition more than one			Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week				director/trustee)			from	from related	other
	(list any hours for	directo				L		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 (120)	and related
	below	Individual trustee or director	Institutional trustee	J.	Key employee	Highest compensated employee	-e	,		organizations
	line)	Indiv	Instit	Officer	Key 6	High	Former			
(1) Patty Belden	37.50									
CEO		X		Х				99,000.	0.	0.
(2) Steve Schulz	1.00									
President		Х						0.	0.	0.
(3) Paticia McGillan	1.00									
Vice President		X						0.	0.	0 .
(4) Eric Schrenger	1.00									
Secretary		X						0.	0.	0 .
(5) Julia Meredith	1.00									
Treasurer		X						0.	0.	0
(6) Allison Harris	1.00									
Director		Х						0.	0.	0 .
(7) Cara Lococo	1.00									
Director		Х						0.	0.	0 .
(8) Christopher Kipper	1.00							_	_	_
Director		Х						0.	0.	0 .
(9) Eileen Walsh	1.00							_		
Director		Х						0.	0.	0
(10) Frazier Curry	1.00							_	_	_
Director		Х						0.	0.	0
(11) Jackie Emerson	1.00							_	_	_
Director		Х						0.	0.	0 .
(12) Karen Paulin	1.00							_		
Director		Х						0.	0.	0 .
(13) Kate Vance	1.00							_		_
Director		Х						0.	0.	0 .
(14) Kathy Chlon	1.00							_		_
Director		Х				_		0.	0.	0 .
(15) Katie Gaughan	1.00	 								_
Director	1 22	Х				_		0.	0.	0 .
(16) Lydia Shina	1.00	 								
Director		Х				_		0.	0.	0 .
(17) Mary Romelfanger	1.00									_
Director		Х						0.	0.	0 (202)

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Section A. Officers, Directors, Trus		Ploy	ees,			ghes	st C	ompensated Employee	s (continued)			
(A)	(B) (C) Average Position					,		(D)	(E)			F)
Name and title	Average hours per		not c	heck i	more	than o		Reportable compensation	Reportable compensation			nated unt of
	week				rson is both an lirector/trustee)			from	from related			her
	(list any	ector						the	organizations	С		nsation
	hours for	or dire	a.			ted		organization	(W-2/1099-MISC/	'	fron	n the
	related	stee	truste		au	beusa		(W-2/1099-MISC/	1099-NEC)		•	ization
	organizations below	ual tr	ional		ploye	Highest compensated employee	١.	1099-NEC)		- 1		elated zations
	line)	individual trustee or director	Institutional trustee	Officer	Key employee	lighes mploy	Former			'	ngan	Zations
(18) Mike Cronan	1.00	_	_		×	1						
Director		Х						0.	0			0.
(19) Thomas Fenton	1.00											
Director		Х						0.	0	•		0.
		-										
		<u> </u>				_				_		
		-										
		┢	-			┢				-		
		1										
		1										
		<u> </u>										
		<u> </u>						00.000		_		
1b Subtotal								99,000.		•		0.
c Total from continuation sheets to Part VI								99,000.	0	•		0.
d Total (add lines 1b and 1c)							- ro			•		0.
compensation from the organization	ot iiiiiitea to tii	ose	IISLE	u au	ove	;) WII	io re	eceived more than \$100,0	Jou of reportable			0
compensation from the organization											Υ	es No
3 Did the organization list any former officer.	director, trust	ee, k	ey e	empl	ove	e, or	hiq	hest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J for s	•		•	•	•		•		•		3	Х
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			Į.	X
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes," com	plete Schedul	∋ <i>J f</i> c	or su	ıch r	oers	on				. !	5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co										isation	from	
the organization. Report compensation for (A)	ine calendar ye	sai e	riuii	ig w	ILIT C	ואי וכ	111111	(B)	ear.		(C)	
Name and business	address	NO	ONE	3				Description of s	ervices	Com	pens	ation
							-					
		—										
2 Total number of independent contractors (i	ncludina but n	ot lir	niter	to t	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organi					(
	-									Fo	rm 9 9	0 (2021)

Form 990 (2021) Elderserve, Inc.
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
10.10	4 -	Endowskied commissions 4-					00000010 0 12 0 11
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns 1a					
Sra Iou		Membership dues1b					
s, (Am		Fundraising events 1c					
ij a	d	Related organizations1d					
s, (mi	е	Government grants (contributions) 1e	742,989.				
ē	f	All other contributions, gifts, grants, and					
he j		similar amounts not included above 1f	148,892.				
ĒÖ	а	Noncash contributions included in lines 1a-1f					
Š	_	Total. Add lines 1a-1f		891,881.			
<u> </u>		Total Add in co Ta Ti	Business Code	00270021			
	۰.	Social Services	624100	5,289.	5,289.		
<u>i</u>			024100	3,203.	3,203.		
e c	b						
n S	С	·					
e a⊒	d	l					
Program Service Revenue	е						
ď	f	All other program service revenue					
	g	Total. Add lines 2a-2f)	5,289.			
	3	Investment income (including dividends, intere					
		other similar amounts)		835.			835.
	4	Income from investment of tax-exempt bond p					
	5						
	3	Royalties(i) Real	(ii) Personal				
			(ii) i ersoriai				
		Gross rents					
		Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss))				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
ā		and sales expenses 7b					
ther Revenue	c	Gain or (loss) 7c					
ě		Net gain or (loss)	<u> </u>				
포		Gross income from fundraising events (not					
풀	0 a						
0							
		contributions reported on line 1c). See	22 471				
		Part IV, line 188a	<u> </u>				
		Less: direct expenses 8b	0.	22 474		22 151	
		Net income or (loss) from fundraising events	<u> </u>	22,471.		22,471.	
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a	1				
	b	Less: direct expenses 9b					
	С	Net income or (loss) from gaming activities	>				
		Gross sales of inventory, less returns					
		and allowances10	a				
	h	Less: cost of goods sold 10					
		Net income or (loss) from sales of inventory	<u> </u>				
-+	С	THE THEOTHE OF (1055) HOTH SAIRS OF INVENTORY .	Business Code				
S		Miggollancoug Traces		20 015	20 015		
eor re	11 a	Miscellaneous Income	624100	20,915.	20,915.		
Miscellaneous Revenue	b						<u> </u>
e Se	С						
Ais	d	All other revenue					
_	е	Total. Add lines 11a-11d		20,915.			
	12	Total revenue. See instructions		941,391.	26,204.	22,471.	835.

132009 12-09-21

Form **990** (2021)

Form 990 (2021) Elderserve, Inc. Part IX Statement of Functional Expenses

Total expenses		Check if Schedule O contains a respons	e or note to any line in t	his Part IX(B)	(C)	(D)
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, foeign governments, and foreign individuals. See Part IV, line 15 and 16 (3 Grants and other assistance to foreign organizations, foeign governments, and foreign individuals. See Part IV, lines 15 and 16 (3 Grants and other assistance to foreign organizations, foeign governments, and foreign individuals. See Part IV, lines 15 and 16 (3 Grants and other assistance seed of the		, , ,	Total expenses	Program service expenses	Management and	Fundraising
2 Grants and other assistance to domestic individuals. See Part IV, Ine 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, Ines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation individed above to disqualified persons (as defined under section 4988(()3)(8) 7 Other salaries and wages 8 Person plan actruals and contributions (include section 4988(()3)(8) 9 Other employee benefits 9 Other employee benefits 9 Other employee benefits 9 Other employee benefits 10 Ago (1) A	1	Grants and other assistance to domestic organizations				
Individuals See Part N, line 22		and domestic governments. See Part IV, line 21				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 8 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 101,813. 98,759. 2,036. 1,01 6 Compensation or included above to disqualified persons (as defined under section 4858(V1) and persons (as defined under section 4858(V1) and persons (as defined under section 4858(V1) and persons described in section 4958(V3)(B) 7 Other salaries and wages 8 Persion plan accruals and contributions (include section 4016), and 4030) employer contributions (section 4016), and 4030 employer contributions (se	2	Grants and other assistance to domestic				
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		individuals. See Part IV, line 22				
Individuals. See Part IV, lines 15 and 16 4 8 8 8 8 8 8 8 8 8	3	Grants and other assistance to foreign				
## Benefits paid to or for members 101,813 98,759 2,036 1,03		organizations, foreign governments, and foreign				
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation in included above to disqualified persons (as defined under section 4958(f) (f)) and persons described in section 4958(f) (f)) and person described in section 4958(f) (f) and person described in section 4958(f) (f)) and person described in section 4958(f) (f) and person fine first 4958 (f) and person first 4958 (f)						
trustees, and key employees	4					
6 Compensation not included above to disqualified persons (as defined under section 4958()(3)(8)	5	Compensation of current officers, directors,				
persons (as defined under section 4986(r)(1)) and persons described in section 4986(c)(3)(8) 7 Other salaries and wages 350,013. 215,109. 129,622. 5,28 8 Pension plan accrusis and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 36,661. 25,467. 10,683. 51 Person of services (nonemployees): 1 Fees for services (nonemployees): 2 Management be Legal		trustees, and key employees	101,813.	98,759.	2,036.	1,018
persons described in section 4958(c)(3)(B) 7 Other salaries and vages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 9 Other employee benefits 1 36,661. 25,467. 10,683. 51 0 Payrol taxes 37,739. 26,216. 10,997. 52 1 Fees for services (nonemployees): 1 Fees for services (nonemployees): 2 Management 3 Management 4 Legal 4 Caccounting 5 Other, If line 15 gamount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion 3 Office expenses 1 4,415. 2,414. 12,001. 4 Information technology 1 101,233. 29,833. 71,400. 7 Travel 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 9 Conferences, conventions, and meetings 1 Insurance 1 Payments of travel or entertainment expenses for any federal, state, or local public officials 1 Insurance 2 Depreciation, depletion, and amortization 3 Insurance 4 Other expenses, Itamize expenses on to Schedule 0.) 4 Volunteer Stipends 5 All Other Expenses 4 4,199. 11,105. 17,149. 15,94 20 John Cartel and Casual Lab 7,564. 5,255. 2,204. 10 4 Information testing in the rest of the file 24, 11,126, 1	6	Compensation not included above to disqualified				
7 Other salaries and wages						
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits			252 242	245 422	100 500	
section 401(k) and 403(b) employer contributions) 9	7	I	350,013.	215,109.	129,622.	5,282
9 Other employee benefits 36,661. 25,467. 10,683. 51 Payroll taxes 37,739. 26,216. 10,997. 52 1 Fees for services (nonemployees): a Management b Legal	8	,				
1			26.661	05 465	10 600	-44
Fees for services (nonemployees): a Management	9			25,467.		511
a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 19g expenses on Sch 0.) 2 Advertising and promotion 3 Office expenses 14, 415. 2, 414. 12, 001. 4 Information technology 12, 126. 5 Royalties 6 Occupancy 101, 233. 29, 833. 71, 400. 7 Travel 2, 030. 2, 030. 8 Payments of travel or entertainment expenses for any feddral, state, or local public officials g Conferences, conventions, and meetings 1 payments to affiliates 2 Depreciation, depletion, and amortization 3 Insurance 4 Other expenses. Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25e, column (A), amount, list line 24e expenses on shedule 0.) 4 Volunteer Stipends 5 All Other Expenses 5 All Other Expenses 6 Contract and Casual Lab 7,564. 5,255. 2,204. 10 All other expenses. Add lines 1 through 24e 6 Joint costs. Complete this line only if the organization reported in column (B), loint costs from a combined educational campaign and fundraising solicitation.	10		37,739.	26,216.	10,997.	526
b Legal c Accounting d Lobbying	11	` ' ' '				
Accounting Color						
d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 3 Office expenses 14, 415. 2, 414. 12, 001. Information technology 12, 126. 12, 126. Royalties Occupancy 101, 233. 29, 833. 71, 400. Travel 2, 030. 2, 030. Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest 19, 596. 19, 596. 19, 596. 19, 596. 19, 596. 19, 596. 19, 596. 19, 596. 10, 963. 768. 60, 195. 10, 100. 100.		I				
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g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion 3 Office expenses 4 Information technology 5 Royalties 6 Occupancy 7 Travel 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 9 Conferences, conventions, and meetings 10 Interest 10 2, 222. 162,973. 100. 100. 100. 12,126. 12,126. 12,126. 12,126. 101,233. 29,833. 71,400. 71,400. 7 Travel 2,030. 2,030. 2,030. 19,596. 19,596. 19,596. 19,596. 19,596. 19,596. 19,596. 10 Payments to affiliates 2 Depreciation, depletion, and amortization 3 Insurance 4 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 4 Volunteer Stipends 5 All Other Expenses 6 Ocntract and Casual Lab 7,564. 5,255. 2,204. 10 1,126,317. 479,084. 623,843. 23,35 100. 100	е					
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2 Advertising and promotion	g	, -	165 105	2 222	160 073	
3 Office expenses		· · · · · · · · · · · · · · · · · · ·			162,973.	
Information technology	12	I			12 001	
Solution Royalties	13			2,414.	12,001.	
101,233. 29,833. 71,400. 7 Travel 2,030. 2,030. 2 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 9 Conferences, conventions, and meetings 10 Interest 19,596. 19,596. 1 Payments to affiliates 20 Depreciation, depletion, and amortization Insurance 60,963. 768. 60,195. 4 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 4 Volunteer Stipends 5All Other Expenses 6 23,247. 24,204. 10. 26. 317. 479,084. 623,843. 23,39. 36. 30 toosts. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	14		12,120.		12,120.	
7 Travel 2,030. 2,030. 2,030. 8 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest 19,596.	15	I	101 222	20 022	71 400	
Responses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) Volunteer Stipends Building Maintenace Contract and Casual Lab All other expenses Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	16				/1,400.	
for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) Volunteer Stipends All Other Expenses Contract and Casual Lab All other expenses All other expenses Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	17		4,030.	2,030.		
9 Conferences, conventions, and meetings 10 Interest 19,596. 19,596. 1 Payments to affiliates 2 Depreciation, depletion, and amortization 89,172. 89,172. 3 Insurance 60,963. 768. 60,195. 4 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a Volunteer Stipends 56,507. 56,507. b All Other Expenses 2 44,199. 11,105. 17,149. 15,949. c Building Maintenace 2 23,247. 23,247. d Contract and Casual Lab 6 All other expenses Add lines 1 through 24e 7,564. 5,255. 2,204. 10. 5 Total functional expenses. Add lines 1 through 24e 6 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	18	• •				
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Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a Volunteer Stipends b All Other Expenses c Building Maintenace d Contract and Casual Lab e All other expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. 89,172.	20		13,330.		19,390.	
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a Volunteer Stipends b All Other Expenses c Building Maintenace d Contract and Casual Lab e All other expenses Total functional expenses. Add lines 1 through 24e 6 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. 6 O, 963. 768. 60, 195. 6 O, 963. 768. 768. 7 O, 964. 768. 768. 7 O, 964. 768. 768. 7 O, 964. 768. 7 O,	21		QQ 172		20 172	
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a Volunteer Stipends b All Other Expenses c Building Maintenace d Contract and Casual Lab e All other expenses Total functional expenses. Add lines 1 through 24e 6 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	22			760		
above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a Volunteer Stipends b All Other Expenses c Building Maintenace d Contract and Casual Lab e All other expenses Total functional expenses. Add lines 1 through 24e d Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	23		00,303.	700.	00,133.	
a Volunteer Stipends b All Other Expenses c Building Maintenace d Contract and Casual Lab e All other expenses 5 Total functional expenses. Add lines 1 through 24e 6 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
b All Other Expenses c Building Maintenace d Contract and Casual Lab e All other expenses 5 Total functional expenses. Add lines 1 through 24e 6 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	_		56 507	56 507		
c Building Maintenace d Contract and Casual Lab e All other expenses 5 Total functional expenses. Add lines 1 through 24e 6 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.					17 149	15 945
d Contract and Casual Lab Pall other expenses 3,744. 3,299. 442. Total functional expenses. Add lines 1 through 24e 1,126,317. 479,084. 623,843. 23,39 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				11,100		10,545
All other expenses 3,744. 3,299. 442. Total functional expenses. Add lines 1 through 24e 1,126,317. 479,084. 623,843. 23,39 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	_			5.255.		105
5 Total functional expenses. Add lines 1 through 24e 1,126,317. 479,084. 623,843. 23,39 6 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.						3
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.						
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.			±,±20,3±1•	±17,00±•	023,043•	23,390
educational campaign and fundraising solicitation.	20					
		. , , ,				
Check here L. Liffollowing SOR 99-2 (ASC 959-720)		Check here if following SOP 98-2 (ASC 958-720)				

Part	X	Balance Sheet					
		Check if Schedule O contains a response or note	to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			421,447.	1	41,376
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			236,069.	3	
	4	Accounts receivable, net			-32,092.	4	22,032
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
		controlled entity or family member of any of these	e perso	ons		5	
	6	Loans and other receivables from other disqualifi	ed pers	sons (as defined			
		under section 4958(f)(1)), and persons described	in sect	ion 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net				7	
499619	8	Inventories for sale or use				8	
ξ	9	B			22,256.	9	5,370
- -	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,021,878.			
	b	Less: accumulated depreciation	10b	866,584.	1,238,685.	10c	1,155,294
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	255,017.	15	152,47		
	16	Total assets. Add lines 1 through 15 (must equa	2,141,382.	16	1,376,54		
	17	Accounts payable and accrued expenses			105,599.	17	63,40
	18	Grants payable		18			
	19	Deferred revenue		19			
:	20	Tax-exempt bond liabilities				20	
:	21	Escrow or custodial account liability. Complete F	art IV c	of Schedule D		21	
, :	22	Loans and other payables to any current or former	er office	er, director,			
		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
		controlled entity or family member of any of these	e perso	ons		22	3,65° 267,371
i :	23	Secured mortgages and notes payable to unrelate	ed thire	ı	275,926.	23	267,371
:	24	Unsecured notes and loans payable to unrelated	third p	arties		24	
:	25	Other liabilities (including federal income tax, pay	ables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			690,650.	25	157,830
:	26	Total liabilities. Add lines 17 through 25			1,072,175.	26	492,263
		Organizations that follow FASB ASC 958, check	ck here	• ► X			
3		and complete lines 27, 28, 32, and 33.					
2	27	Net assets without donor restrictions			888,199.	27	703,273
:	28	Net assets with donor restrictions			181,008.	28	181,008
		Organizations that do not follow FASB ASC 95	8, che	ck here ▶ 📖 📗			
:		and complete lines 29 through 33.					
; :	29	Capital stock or trust principal, or current funds				29	
	30	Paid-in or capital surplus, or land, building, or eq				30	
ξ :	31	Retained earnings, endowment, accumulated inc				31	
Net Assets of Fulld Balances	32	Total net assets or fund balances			1,069,207.	32	884,281
	33	Total liabilities and net assets/fund balances			2,141,382.	33	1,376,544 Form 990 (20

Pai	t 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		1,3					
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,12	6,3	<u> 17.</u>				
3	Revenue less expenses. Subtract line 2 from line 1	3	-18	4,9	26.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	coluṃn (B))	10	88	4,2	<u>81.</u>				
Pai	t XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?								
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit							
	Act and OMB Circular A-133?		За		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						
			Form	990	(2021)				

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization 61-6024140 Elderserve Inc. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Sec	ction A. Public Support	71	1	,						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
	Gifts, grants, contributions, and		• •			• •				
	membership fees received. (Do not									
	include any "unusual grants.")	2836370.	2896259.	1862918.	1029024.	891,881.	9516452.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge	0006000	0006050	1060010	1000004	001 001	0516450			
	Total. Add lines 1 through 3	2836370.	2896259.	1862918.	1029024.	891,881.	9516452.			
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)						9516452.			
	Public support. Subtract line 5 from line 4.						9510452.			
	ndar year (or fiscal year beginning in)	(a) 0017	(h) 2019	(a) 2010	(4) 2020	(a) 2021	(f) Total			
	Amounts from line 4	(a) 2017 2836370.	(b) 2018 2896259.	(c) 2019 1862918.	(d) 2020 1029024.	(e) 2021 891,881.	(f) Total 9516452.			
	Gross income from interest,	2030370	2000200.	1002510:	1023024.	051,001.	JJ104J2.			
0	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	14,927.	25,712.	14,179.	1,183.	835.	56,836.			
a	Net income from unrelated business	11/32/0	23 / / 12 0	11/1/50	2,2001	0331	30,0301			
Ū	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.)	31,514.	12,953.	5,390.	6,472.	20,915.	77,244.			
11	Total support. Add lines 7 through 10			,			9650532.			
12	Gross receipts from related activities,	etc. (see instruction	ns)			12 3	,029,926.			
	First 5 years. If the Form 990 is for th					01(c)(3)				
	organization, check this box and stop	here					>			
Sec	ction C. Computation of Publi	c Support Per	centage							
	Public support percentage for 2021 (li					14	98.61 %			
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	97 . 93 %			
16a	33 1/3% support test - 2021. If the o									
	stop here. The organization qualifies	as a publicly suppo	orted organization				> X			
b	33 1/3% support test - 2020. If the o	•		•		•				
	and stop here. The organization quali									
17a	10% -facts-and-circumstances test									
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization									
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
b	10% -facts-and-circumstances test	•				•	10% or			
	more, and if the organization meets the						. —			
	organization meets the facts-and-circu		-		•		>			
18										

Schedule A (Form 990) 2021

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.)

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
-	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	Т	T	1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an extra to	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						. —
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

_			
	1		
	2		
L	3a		
	3b		
L	3с		
L	4a		
L	4b		
Н	4c		
	5a		
L	5b		
L	5с		
	6		
L	7		
L	8		
L	9a		
	9b		
L	9с		
L	10a		
	10b		
ule A	A (Forn	n 990)	2021

Vas No

Pai	Supporting Organizations (continued)			
		\perp	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	а		
	A family member of a person described on line 11a above?	b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	С		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
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,			
<u>Sac</u>	supervised, or controlled the supporting organization. 2 tion C. Type II Supporting Organizations			
<u> </u>	non o. Type ii oupporting organizations	\neg	V	NI -
	Ways a projective of the consequentiants of directors on two stages of wines the decrease and a projective of the directors		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)			
Sec	the supported organization(s). 1 tion 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		103	110
•	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).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	;		
Sec	tion 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).			
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	tion <u>s</u>	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	3		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.)		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
h	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	1		
	TANK THE PROPERTY OF A SERVICE OF A SERVICE OF CHEER OF THE CONCRES OF COURTES AND ACTIVITIES OF EACH			

3b

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

instructions).

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

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

2021

Elderserve, Inc. 61-6024140 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

Elderserve,	Inc
-------------	-----

61-6024140

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	John Moore 120 Adams Street Louisville, KY 40206-1802	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Atria Management Company LLC 300 East Market Street, Suite 100 Louisville, KY 40202	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Brown Forman Foundation 636 W Main St Louisville, KY 40202	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Page **3**

Name of organization

Employer identification number

Elderserve, Inc.

61-6024140

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
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Page 4

Schedule B (Form 990) (2021) Name of organization **Employer identification number** Elderserve, 61-6024140 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 info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

123454 11-11-21

Schedule B (Form 990) (2021)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

Elderserve, Inc.

Employer identification number 61-6024140

Pai	TI Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		unds or Ad	counts. Complete if the
	Organization driented (150 or) or other observations	(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 w	riting that the assets held in dono	or advised fund	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other pu	ırpose conferr	ing
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Forn	n 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).		
	Preservation of land for public use (for example, recreat	ion or education) Preserva	ation of a histo	orically important land area
	Protection of natural habitat	Preserva	ation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the	e form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
				2b
	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired at	•		
_	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated	by the organi	zation during the tax
_	year >			
4	Number of states where property subject to conservation ease	· · · · · · · · · · · · · · · · · · ·		
5	Does the organization have a written policy regarding the periodic r		· ·	Yes No
6	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	landling of violations, and emorcin	ig conservatio	in easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing co	neonyation oa	coments during the year
′	\$\\$\$ \$\$ \$\$	ing of violations, and emorcing co	i isei valioi i ea	sements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section	on 170(h)(4)(R)	(i)
Ü	and section 170(h)(4)(B)(ii)?	•		
9	In Part XIII, describe how the organization reports conservatio			
•	balance sheet, and include, if applicable, the text of the footnot		•	
	organization's accounting for conservation easements.	oto to the organization o imanolar t		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures,	or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue state	ment and bala	ance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or researc	ch in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes the	se items.	·
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statemer	nt and balance	sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research	in furtherance	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
				L 4
2	If the organization received or held works of art, historical trea	sures, or other similar assets for fi	inancial gain, _l	
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			> \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2021

132051 10-28-21

Land, Buildings, and Equipment.

omplete if the organization answered "Ves" on Form 900, Part IV, line 11a, See Form 900, Part Y, line 10

Complete if the organization answered trest on Form 990, Part IV, line Tra. See Form 990, Part A, line To.							
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value			
1a Land 66,730.							
b Buildings		596,840.	95,647.	501,193.			
c Leasehold improvements		897,380.	324,735.	572,645.			
d Equipment		460,928.	446,202.	14,726.			
e Other							
Total. Add lines 1a through 1e. (Column (d) must equa	1,155,294.						

Schedule D (Form 990) 2021

(a) Description	(b) Book value
(1) Client Accounts	152,472.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	152,472.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Client Accounts	152,472.
(3) Suspense Clearing Account	5,358.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	157,830.

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

Schedule D (Form 990) 2021

Pai	t XI Reconciliation of Revenue per Audited Financial	otatements with nevent	por motarm	
	Complete if the organization answered "Yes" on Form 990, Par	t IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statemen	ts	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	3			
b	Donated services and use of facilities			
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е				
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	<u>4b</u>		
С				
5 Do:	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. lirt XII Reconciliation of Expenses per Audited Financia	ne 12.)	5	
Pai		_	es per neturn.	
	Complete if the organization answered "Yes" on Form 990, Par		T . T	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا م ا		
a	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	,	<u> </u>		
_				
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	40		
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)			
b	Other (Describe in Part XIII.)			
_	A 1 1 12 A 1 A 1		40	
	Add lines 4a and 4b			
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. This must equal Form 990. Part I.			
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information.	line 18.)	5	ΧI
5 Pa l Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. This must equal Form 990. Part I. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II.	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa l Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information.	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa l Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. This must equal Form 990. Part I. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II.	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa l Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. This must equal Form 990. Part I. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II.	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa l Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. This must equal Form 990. Part I. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II.	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa l Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. This must equal Form 990. Part I. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II.	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa l Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. This must equal Form 990. Part I. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II.	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa l Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. This must equal Form 990. Part I. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II.	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa l Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. This must equal Form 990. Part I. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II.	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa l Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. This must equal Form 990. Part I. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II.	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa l Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. This must equal Form 990. Part I. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II.	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa l Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. This must equal Form 990. Part I. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II.	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa l Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. This must equal Form 990. Part I. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II.	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa l Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. This must equal Form 990. Part I. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II.	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa l Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. This must equal Form 990. Part I. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II.	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa l Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. This must equal Form 990. Part I. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II.	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa l Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. This must equal Form 990. Part I. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II.	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa l Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. This must equal Form 990. Part I. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II.	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa l Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. This must equal Form 990. Part I. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II.	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa l Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. This must equal Form 990. Part I. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II.	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa l Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. This must equal Form 990. Part I. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II.	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa l Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. This must equal Form 990. Part I. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II.	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa l Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. This must equal Form 990. Part I. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II.	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	XI,
5 Pa l Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. This must equal Form 990. Part I. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II. Total expenses. Add lines 3 and 4c. This must equal Form 990. Part II.	line 18.) a and 4; Part IV, lines 1b and 2b; Pa	5	XI,

SCHEDULE L

Department of the Treasury

(Form 990)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** 61-6024140 Elderserve, Inc. Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (h) Approved (d) Loan to or (a) Name of (b) Relationship (c) Purpose (i) Written (e) Original (f) Balance due (g) In by board or from the interested person with organization of loan principal amount default? agreement? committee? organization? To From Yes No Yes No Yes No Julia Meredith Treasure To assis Х 3,657. 3,657 Х Х Х 3,657. Total **\$ Grants or Assistance Benefiting Interested Persons.** Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (c) Amount of (e) Purpose of (b) Relationship between (d) Type of assistance assistance assistance interested person and the organization

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

Schedule L (Form 990) 2021

See Part V for Continuations

(a) Name of interested person	(b) Relationship between interested	(c) Amount of	(d) Description of	(e) Sharing of organization's	
	person and the organization	transaction	transaction	reven	ues? No
				163	140
Part V Supplemental Information.					
Provide additional information for resp	onses to questions on Schedule L (see in	nstructions).			
Schedule L, Part II, Loans	To and From Interes	ted Persons	3 :		
(a) Name of Person: Julia	Meredith				
(b) Relationship with Orga	nization: Treasurer				
(c) Purpose of Loan: To as		expenses			
(c) rurpose or roun. To us	bibe with operating	скрепось			

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

Elderserve, 61-6024140 Inc. Form 990, Part Line 1, Description of Organization Mission: LOUISVILLE/JEFFERSON COUNTY. Form 990, Part VI, Section B, line 11b: PART VI, LINE 11B: AN ELECTRONIC COPY OF THE COMPLETED FORM 990 IS EMAILED TO MANAGEMENT FOR THEIR REVIEW AND COMMENTS PRIOR TO FILING THE FORM Form 990, Part VI, Section B, Line 12c: ANNUALLY, EACH MEMBER OF THE BOARD OF DIRECTORS IS ASKED TO COMPLETE AN AFFIRMATION OF COMPLIANCE AND A DISCLOSURE STATEMENT. THE DISCLOSURE STATEMENTS ARE THEN REVIEWED BY THE CEO AND CFO TO DETERMINE ANY NEED FOR ADDITIONAL INFORMATION. A RECORD IS KEPT OF ALL TRANSACTIONS IN WHICH A PERSON HAS A CONFLICT OF INTEREST AND THE PROCEDURES FOLLOWED IN SUCH INSTANCES. Form 990, Part VI, Section B, Line 15:

THE CEO PREPARES A SELF-EVALUATION AND IS EVALUATED BASED ON GOALS AND OBJECTIVES FOR THE YEAR BY THE EXECUTIVE COMMITTEE. THE COMPENSATION AMOUNT IS DETERMINED PRIMARILY THROUGH CONMPARABLE DATA AND IS APPROVED BY EXECUTIVE COMMITTEE., OTHER OFFICERS AND EMPLOYEES ARE EVALUATED

INTERNALLY AND COMPENSATION IS DETERMINED PRIMARILY BY COMPARABLE DATA.

Form 990, Part VI, Section C, Line 19:

THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE ON GUIDESTAR AND UPON

REQUEST. GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE ALSO

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2									
Name of the organ	ization	Elderserve	e, I	nc.					Employer identification number 61-6024140
AVAILABLE	UPON	REQUEST.	AN	ANNUAL	REPORT	THAT	INCLUDES	FI	NANCIAL
INFORMATIO	ON								

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print 61-6024140 Elderserve, Inc. File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 631 South 28th Street return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. Louisville, KY 40211 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) Elderserve, Inc. • The books are in the care of ▶ 631 S 28th Street - Louisville, KY 40211 Telephone No. ► (502)587-8673 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. May 15, 2023 ____, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or ightharpoonup X tax year beginning JUL 1, 2021 $\underline{\hspace{0.5cm}}$, and ending $\underline{\hspace{0.5cm}}$ JUN $\hspace{0.5cm}$ 30 , $\hspace{0.5cm}$ 2022 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

2021 Elderserve, Inc Form 990 Federal Income Tax Return (PUBLISHING COPY)

Final Audit Report 2023-05-15

Created: 2023-05-15

By: Tammy Finch (tfinch@finchfinancialservices.com)

Status: Signed

Transaction ID: CBJCHBCAABAAl2GeMVsxUfXkDw66c4ziFVJs1YbYdrUc

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