

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2021

Prepared for	SURREY SERVICES FOR SENIORS, INC 60 SURREY WAY DEVON, PA 19333
Prepared by	MAILLIE LLP 500 NORTH LEWIS ROAD LIMERICK, PA 19468
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2021.

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

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.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SURREY SERVICES FOR SENIORS, INC Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 60 SURREY WAY City or town, state or province, country, and ZIP or foreign postal code DEVON, PA 19333 F Name and address of principal officer: JILL WHITCOMB SAME AS C ABOVE	D Employer identification number 23-2610145 E Telephone number 610-647-6404 G Gross receipts \$ 7,521,522. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ SURREYSERVICES.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1990 M State of legal domicile: PA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SURREY INSPIRES AND ENABLES ALL OF US, AS WE AGE, TO LIVE WITH INDEPENDENCE AND DIGNITY, AND AS 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 24 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 23 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 132 6 Total number of volunteers (estimate if necessary) 6 310 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 2,111,693. Prior Year 4,060,030. Current Year 9 Program service revenue (Part VIII, line 2g) 2,547,272. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 91,672. 153,632. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 97,784. 21,116. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,848,421. 5,959,400.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 359,020. 256,153. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,546,774. 2,602,294. 16a Professional fundraising fees (Part IX, column (A), line 11e) 43,300. 39,364. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 288,031. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,268,651. 1,129,092. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,217,745. 4,026,903. 19 Revenue less expenses. Subtract line 18 from line 12 -369,324. 1,932,497.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 7,057,404. Beginning of Current Year 8,481,263. End of Year 21 Total liabilities (Part X, line 26) 1,156,787. 320,575. 22 Net assets or fund balances. Subtract line 21 from line 20 5,900,617. 8,160,688.	

Part II Signature Block

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

Sign Here	Signature of officer JILL WHITCOMB, PRESIDENT & CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name S. MARK FUGA CPA	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P00635736
	Firm's name ▶ MAILLIE LLP Firm's address ▶ 500 NORTH LEWIS ROAD LIMERICK, PA 19468	Firm's EIN ▶ 23-1518888 Phone no. 6109351420

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SURREY INSPIRES AND ENABLES ALL OF US, AS WE AGE, TO LIVE WITH INDEPENDENCE AND DIGNITY, AND AS ENGAGED MEMBERS OF THE COMMUNITY.

SURREY IS A LEADER IN PROVIDING AGING SERVICES TO HELP OLDER ADULTS IN

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 1,397,193. including grants of \$) (Revenue \$ 1,539,783.) HOME CARE SERVICES - SURREY'S COMPREHENSIVE APPROACH TO AGING IN PLACE INCLUDES A CONTINUUM OF SERVICES PROVIDED BY EXPERIENCED NURSES, TRAINED SOCIAL WORKERS, EXPERIENCED STAFF AND VOLUNTEERS, THAT ENABLE OLDER ADULTS TO RECEIVE THE OPTIMAL LEVEL OF HELP THEY NEED AT ALL STAGES OF THE AGING PROCESS, FROM THOSE WHO ARE WELL AND ACTIVE, TO THOSE WHO ARE FRAIL. SURREY'S HOME CARE PROGRAM IS A VITAL SAFETY NET FOR OLDER ADULTS WHO LIVE AT HOME, ESPECIALLY THOSE WHO ARE ALONE, AND MOST VULNERABLE. DUE TO THE ONGOING PANDEMIC, WE WITNESSED MORE ELDERLY INDIVIDUALS CHOOSING TO REMAIN AT HOME RATHER THAN ENTER A SENIOR LIVING FACILITY. SURREY HOME CARE OFFERS: GERIATRIC CARE MANAGEMENT; RN CARE MANAGEMENT SERVICES; MEDICAL PROCEDURE ESCORT SERVICE; TELEHEALTH SUPPORT; PERSONAL FINANCE MANAGEMENT; LIVE-IN CARE; PERSONAL

4b (Code:) (Expenses \$ 1,247,912. including grants of \$) (Revenue \$ 179,814.) COMMUNITY SERVICES - ONE OF THE GREATEST ADVANTAGES THAT SETS SURREY APART FROM OTHER SENIOR SERVICES ORGANIZATIONS IS THE ABILITY TO COORDINATE AND WRAP CRITICALLY NEEDED SERVICES LIKE TRANSPORTATION, NUTRITION, PROGRAMS AND ACTIVITIES, INFORMATION, AND SUPPORT SERVICES AROUND CORE HOME-CARE SERVICES IF NEEDED. SURREY'S HOLISTIC APPROACH TO AGING SERVICES AT ALL STAGES ALSO INCLUDES COMMUNITY SERVICES PROVIDED BY A SMALL WELL-TRAINED STAFF SUPPORTED BY HUNDREDS OF DEDICATED VOLUNTEERS THROUGH OUR OPERATIONS LOCATED IN DEVON, MEDIA, HAVERTOWN AND BROOMALL. OUR "NEIGHBOR HELPING NEIGHBOR" PHILOSOPHY THAT BEGAN FOUR DECADES AGO WITH OUR FOUNDER, REMAINS STRONG TODAY. OUR COMMUNITY SERVICES NORMALLY INCLUDE FREE OR LOW-COST PROGRAMS AND SERVICES, DIRECTLY OR IN COLLABORATION WITH OTHER ORGANIZATIONS, YET

4c (Code:) (Expenses \$ 220,701. including grants of \$) (Revenue \$ 26,141.) SURREY OFFERS EXTENSIVE TRANSPORTATION SERVICES TO MEET THE NEEDS OF SENIORS WHO NO LONGER DRIVE OR HAVE DIFFICULTIES DRIVING. SOMETIMES A RIDE TO THE GROCERY STORE, PHARMACY, OR DOCTOR'S APPOINTMENT IS ALL A SENIOR NEEDS TO REMAIN INDEPENDENT, HEALTHY AND ACTIVE. SURREY HAS 6 PAID DRIVERS, 2 SEDANS, A MINIVAN, A HANDICAP ACCESSIBLE VAN, AND AN EXPANSIVE GROUP OF VOLUNTEER DRIVERS WHO PROVIDE RIDES AND COMPANIONSHIP TO SENIORS IN OUR COMMUNITY. BETWEEN JULY 2020 AND MAY 2021, SURREY SUSPENDED ALL NON-ESSENTIAL TRANSPORTATION DUE TO THE PANDEMIC. IN AN ABUNDANCE OF CAUTION, WE SUSPENDED VOLUNTEER DRIVERS FOR A PERIOD OF TIME AND ESTABLISHED STRICT SAFETY PROTOCOLS AND SCREENING PROCEDURES FOR ALL OUR DRIVERS AND RIDERS. WHILE RIDES TO SURREY CENTERS AND SOCIAL GATHERINGS WERE DISCONTINUED DURING THAT TIME

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,865,806.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
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 in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 24 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 23		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **PA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **JILL WHITCOMB - 610-647-9854**
60 SURREY WAY, DEVON, PA 19333

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRISTI SEIDEL FORMER PRESIDENT & CEO	40.00	X		X			134,069.	0.	14,556.	
(2) JILL WHITCOMB PRESIDENT & CEO	40.00	X		X			42,924.	0.	1,094.	
(3) ANDREW ADDIS DIRECTOR	1.00	X					0.	0.	0.	
(4) KEVIN O'NELL DIRECTOR	1.00	X					0.	0.	0.	
(5) JOHN BEILENSON DIRECTOR	1.00	X					0.	0.	0.	
(6) MAUREEN BRENNAN-MILLER DIRECTOR	1.00	X					0.	0.	0.	
(7) ANN LANAHAN GILL DIRECTOR	1.00	X					0.	0.	0.	
(8) BRUCE HOPPER, MD DIRECTOR	1.00	X					0.	0.	0.	
(9) DAVID LEVINE DIRECTOR	1.00	X					0.	0.	0.	
(10) KRISTINE MESSNER DIRECTOR	1.00	X					0.	0.	0.	
(11) KEVIN OBRIEN DIRECTOR	1.00	X					0.	0.	0.	
(12) SAM MONASTRA DIRECTOR	1.00	X					0.	0.	0.	
(13) J. BRADFORD PARKES DIRECTOR	1.00	X					0.	0.	0.	
(14) KAREN COLEY DIRECTOR & SECRETARY	1.00	X		X			0.	0.	0.	
(15) RICK DAVIS DIRECTOR & IMM. PAST CHAIR	1.00	X		X			0.	0.	0.	
(16) JEAN KOZICKI DIRECTOR & CHAIRMAN	1.00	X		X			0.	0.	0.	
(17) DANIEL O'CONNELL DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANALISA SONDERGAARD DIRECTOR	1.00	X						0.	0.	0.
(19) ANDREW BILOTTA, JR. DIRECTOR	1.00	X						0.	0.	0.
(20) DAWN MANN DIRECTOR & TREASURER	1.00	X		X				0.	0.	0.
(21) CHRISTOPHER VOJTA, MD DIRECTOR & 1ST VICE CHAIR	1.00	X		X				0.	0.	0.
(22) ANDY SIGNORE DIRECTOR & 2ND VICE CHAIR	1.00	X		X				0.	0.	0.
(23) MICHAEL C. HEMSLEY DIRECTOR	1.00	X						0.	0.	0.
(24) JAMES R. HOLT JR. DIRECTOR	1.00	X						0.	0.	0.
(25) JEANNE C. BEACHLER DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								176,993.	0.	15,650.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								176,993.	0.	15,650.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
STANEK ASSOCIATES LLC 8309 BOWDEN WAY, WINDERMERE, FL 34786	OPERATIONS AND FUNDRAISING COUNSULT	120,000.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	72,035.				
	c Fundraising events	1c	4,638.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	595,997.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	3,387,360.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			4,060,030.			
Program Service Revenue	2 a <u>HEMOCARE</u>	Business Code	621610	1,539,783.	1,539,783.		
	b <u>COMMUNITY SERVICES</u>		624110	158,698.	158,698.		
	c <u>TRANSPORTATION</u>		623990	26,141.	26,141.		
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f			1,724,622.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			40,769.		40,769.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	1,608,824.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	1,495,961.				
c Gain or (loss)	7c	112,863.					
d Net gain or (loss)			112,863.		112,863.		
8 a Gross income from fundraising events (not including \$ 4,638. of contributions reported on line 1c). See Part IV, line 18	8a		66,161.				
			66,161.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			0.				
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		20,974.				
			0.				
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory			20,974.	20,974.			
Miscellaneous Revenue	11 a <u>OTHER INCOME</u>	Business Code	623990	142.	142.		
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			142.			
12 Total revenue. See instructions			5,959,400.	1,745,738.	0.	153,632.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	256,153.	256,153.		
5 Compensation of current officers, directors, trustees, and key employees	176,993.	121,989.	42,833.	12,171.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,918,030.	1,321,962.	464,171.	131,897.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	68,431.	37,347.	29,034.	2,050.
9 Other employee benefits	290,249.	158,406.	123,149.	8,694.
10 Payroll taxes	148,591.	101,030.	36,434.	11,127.
11 Fees for services (nonemployees):				
a Management	61,820.	61,820.		
b Legal	12,245.		12,245.	
c Accounting	106,757.	74,835.	31,922.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	39,364.			39,364.
f Investment management fees	18,499.		18,499.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	69,562.	57,065.	9,977.	2,520.
12 Advertising and promotion				
13 Office expenses	126,016.	68,633.	38,817.	18,566.
14 Information technology	170,453.	140,400.	10,013.	20,040.
15 Royalties				
16 Occupancy	197,912.	206,432.	-14,502.	5,982.
17 Travel	66.	-29.	95.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	10,324.		10,324.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	195,780.	157,487.	29,432.	8,861.
23 Insurance	63,005.	46,035.	13,400.	3,570.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	34,534.	15,822.	17,223.	1,489.
b BAD DEBT	26,200.	5,000.		21,200.
c VEHICLE	19,566.	19,566.		
d ACTIVITIES	16,353.	15,853.		500.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	4,026,903.	2,865,806.	873,066.	288,031.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here 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
Assets	1 Cash - non-interest-bearing	539,574.	1	290,238.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	262,795.	3	529,503.
	4 Accounts receivable, net	194,668.	4	212,547.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	20,110.	9	38,451.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,399,964.		
	b Less: accumulated depreciation	10b 1,319,940.	3,982,722.	10c 4,080,024.
	11 Investments - publicly traded securities	2,057,535.	11	3,330,500.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	7,057,404.	16	8,481,263.	
Liabilities	17 Accounts payable and accrued expenses	263,132.	17	302,495.
	18 Grants payable		18	
	19 Deferred revenue	96,461.	19	18,080.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	521,900.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	275,294.	25	0.
	26 Total liabilities. Add lines 17 through 25	1,156,787.	26	320,575.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	5,750,217.	27	7,098,570.
	28 Net assets with donor restrictions	150,400.	28	1,062,118.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	5,900,617.	32	8,160,688.
33 Total liabilities and net assets/fund balances	7,057,404.	33	8,481,263.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,959,400.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,026,903.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,932,497.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,900,617.
5	Net unrealized gains (losses) on investments	5	327,574.
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, column (B))	10	8,160,688.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		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:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	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:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,556,929.	1,971,804.	1,912,779.	2,050,644.	4,063,515.	11,555,671.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,556,929.	1,971,804.	1,912,779.	2,050,644.	4,063,515.	11,555,671.
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)						3,563,008.
6 Public support. Subtract line 5 from line 4.						7,992,663.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	1,556,929.	1,971,804.	1,912,779.	2,050,644.	4,063,515.	11,555,671.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	36,225.	36,614.	42,291.	52,446.	40,769.	208,345.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,924.	8,748.	23,921.	50.	142.	35,785.
11 Total support. Add lines 7 through 10						11,799,801.
12 Gross receipts from related activities, etc. (see instructions)					12	13,163,810.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	14	67.74 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	71.36 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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

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

Part IV Supporting Organizations (continued)

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

Section 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, supervised, or controlled the supporting organization.		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in 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.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in 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.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
2a			
2b			
3a			
3b			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

SURREY SERVICES FOR SENIORS, INC

Employer identification number

23-2610145

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization SURREY SERVICES FOR SENIORS, INC	Employer identification number 23-2610145
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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
<u>1</u>			Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)	
<u>3</u>		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)	
<u>4</u>		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)	
<u>5</u>		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)	
<u>6</u>		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)	

Name of organization SURREY SERVICES FOR SENIORS, INC	Employer identification number 23-2610145
---	---

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
7			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SURREY SERVICES FOR SENIORS, INC	Employer identification number 23-2610145
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7			
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

Name of organization SURREY SERVICES FOR SENIORS, INC	Employer identification number 23-2610145
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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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **SURREY SERVICES FOR SENIORS, INC** Employer identification number **23-2610145**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2020

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions	935,000.				
c Net investment earnings, gains, and losses	57,644.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	2,550.				
g End of year balance	990,094.				

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 94.4350 %
 - c Term endowment 5.5650 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,222,164.		1,222,164.
b Buildings		2,031,520.	330,120.	1,701,400.
c Leasehold improvements		1,254,309.	306,050.	948,259.
d Equipment		818,492.	657,066.	161,426.
e Other		73,479.	26,704.	46,775.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,080,024.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	6,337,836.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	327,574.	
b	Donated services and use of facilities	2b	11,323.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	66,161.	
e	Add lines 2a through 2d	2e		405,058.
3	Subtract line 2e from line 1		3	5,932,778.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	26,622.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		26,622.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	5,959,400.

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

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

1	Total expenses and losses per audited financial statements		1	4,077,765.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	11,323.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	66,161.	
e	Add lines 2a through 2d	2e		77,484.
3	Subtract line 2e from line 1		3	4,000,281.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	26,622.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		26,622.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	4,026,903.

Part XIII Supplemental Information.

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE REPORTED NET IN REVENUE ON 990 66,161.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE REPORTED NET IN REVENUE ON 990 66,161.

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

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		SPRING GALA (event type)	(event type)	(total number)	
Revenue	1	Gross receipts	70,799.		70,799.
	2	Less: Contributions	4,638.		4,638.
	3	Gross income (line 1 minus line 2)	66,161.		66,161.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	66,161.		66,161.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			66,161.
11	Net income summary. Subtract line 10 from line 3, column (d)			0.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____
 Address ▶ _____

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

Name ▶ _____
 Address ▶ _____

16 Gaming manager information:

Name ▶ _____
 Gaming manager compensation ▶ \$ _____
 Description of services provided ▶ _____

 Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: STANEK ASSOCIATES LLC
 (I) ADDRESS OF FUNDRAISER: 8309 BOWDEN WAY, WINDERMERE, FL 34786

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization: **SURREY SERVICES FOR SENIORS, INC** Employer identification number: **23-2610145**

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	12	359,639.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2020

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

SURREY SERVICES FOR SENIORS, INC

Employer identification number

23-2610145

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ENGAGED MEMBERS OF THE COMMUNITY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CHESTER AND DELAWARE COUNTIES NAVIGATE AND THRIVE IN EACH OF THE
TRANSITIONAL PHASES OF OLDER LIFE. SURREY WAS FOUNDED IN 1981 BY JEANNE
LAROCHE ON A NEIGHBOR-HELPING-NEIGHBOR PHILOSOPHY THAT IS STILL
EVIDENT VIA ITS ORGANIZATIONAL CULTURE, IN WHICH STAFF AND VOLUNTEERS
TAKE THE TIME TO GET TO KNOW EACH INDIVIDUAL IN OUR SURREY COMMUNITY
AND STRIVE TO PROVIDE QUALITY SERVICES REFLECTIVE OF THE UNIQUE
OPPORTUNITIES AND CHALLENGES AGING PRESENTS.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

WHILE NO SIGNIFICANT CHANGES WERE MADE TO OUR PROGRAMS, HOW WE
DELIVERED THEM FOR THE MAJORITY OF THE YEAR ENDING JUNE 30, 2021 DID
CHANGE. THE PANDEMIC CREATED MANY CHALLENGES FOR SURREY, INCLUDING THE
DECISION TO CLOSE OUR CENTERS ON MARCH 12, 2020, TO PROTECT OUR
HIGH-RISK POPULATION OF OLDER ADULTS FROM COVID-19 WHICH EXTENDED WELL
INTO 2021. WITHIN DAYS, THE STAFF, VOLUNTEERS AND MEMBERS PULLED
TOGETHER TO FIND NEW AND INNOVATIVE WAYS TO PROVIDE ESSENTIAL SERVICES
TO ADDRESS CRITICAL NUTRITIONAL, SOCIAL, AND HEALTH AND WELLNESS NEEDS,
AND, AS IMPORTANT, TO REDUCE THE FEELINGS OF SOCIAL ISOLATION,
DEPRESSION, AND ANXIETY. SURREY CONTINUES TO INNOVATE TO PROVIDE FOR
OUR SENIORS, ESPECIALLY THE MOST VULNERABLE.

GIVEN THE OPERATIONAL CHANGES THAT THE PANDEMIC REQUIRED US FOLLOW

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization

SURREY SERVICES FOR SENIORS, INC

Employer identification number

23-2610145

THROUGH MOST OF FY 2020-2021, WE MET OUR GOALS BY CREATING AND ADAPTING PROCESSES AND PROCEDURES TO DELIVER KEY PERFORMANCE INDICATORS (KPIs) THAT REFLECT CONSISTENT DELIVERY OF PROGRAMMING IN THE FACE OF THE PANDEMIC. OUR PHYSICAL CENTERS REMAINED CLOSED UNTIL JUNE 2021, BUT OUR COMMITMENT TO OUR MISSION AND THOSE WE SERVE HAS NEVER BEEN STRONGER. (SEE OUTCOMES IN 4A, 4B, AND 4C)

IN ORDER TO CONTINUE TO PROTECT THE POPULATION WE SERVE, WE BEGAN A PHASED IN REOPENING OF OUR CENTERS IN JUNE 2021. SURREY NOW PROVIDES A HYBRID OF CENTER-BASED, VIRTUAL AND HOME-BASED SERVICES TO "MEET THE NEEDS OF OLDER ADULTS WHERE THEY ARE" AND THIS WILL REMAIN THE STANDARD MOVING FORWARD. WE CONTINUE TO FOLLOW STRICT SAFETY PROTOCOLS, MASKING, AND SOCIAL DISTANCING, AS WELL AS THE VARIANTS AND POSITIVITY RATES IN OUR REGION, AND WILL ADAPT OUR SERVICES AS NECESSARY.

LAST FALL WE COMPLETED A BOARD-APPROVED, EVERGREEN STRATEGIC PLANNING PROCESS THAT INVOLVED A GREAT DEAL OF INPUT FROM THE SURREY COMMUNITY, INCLUDING EXPERTS IN THE FIELD OF AGING, PUBLIC AND PRIVATE FUNDERS, MEMBERS AND VOLUNTEERS. WE ARE EXCITED ABOUT THE STRATEGIC PRIORITIES, PROGRAMS AND SERVICES THAT ARE A PART OF THIS PLAN AND THE NEW AND INNOVATIVE IDEAS WE HAVE BEGUN TO IMPLEMENT.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CARE SERVICES; SOCIAL COMPANIONS; HOUSE CLEANING AND LAUNDRY. DUE TO SAFETY CONCERNS, MANY OF SURREY'S NONESSENTIAL HOME CARE SERVICES LIKE CLEANING AND SOCIAL COMPANIONS REMAINED SUSPENDED FOR MOST OF THE YEAR (JULY 2020- MAY 2021). FOR OTHER ESSENTIAL SERVICES LIKE PERSONAL CARE AND RN CARE MANAGEMENT, PERSONAL FINANCIAL MANAGEMENT , WE IMPLEMENTED

Name of the organization SURREY SERVICES FOR SENIORS, INC	Employer identification number 23-2610145
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STRICT SCREENING PROTOCOLS AND COMMUNICATION WITH OUR HOME CARE CLIENTS AND CAREGIVERS TO ENSURE THE SAFETY OF BOTH. WE BEGAN TO REINSTITUTE THOSE SERVICES IN MAY 2021 BUT SINCE WE LOST SO MANY DIRECT CARE WORKERS DUE TO THE LACK OF WORK DURING THE HEIGHT OF THE PANDEMIC, LIKE MANY BUSINESSES, WE ARE HAVING A TOUGH TIME RECRUITING CAREGIVERS AND CLEANERS NOW. WE HAVE A WAITING LIST FOR SERVICES, BUT REVENUE REMAINS DOWN UNTIL WE CAN HIRE MORE CAREGIVERS AND CLEANERS. IN THE FISCAL YEAR ENDING JUNE 30, 2021, SURREY PROVIDED APPROXIMATELY 49,582 HOURS OF HOME CARE SERVICES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

FROM JUNE 30, 2020 THRU MAY 15, 2021, ALL OUR COMMUNITY SERVICES, INCLUDING MEALS, WERE PROVIDED FREE TO ANY SENIOR 55 OR OVER.

ADDITIONAL FUNDING WAS SOUGHT TO COVER THESES SERVICES FOR OLDER ADULTS DURING THE PANDEMIC. COMMUNITY SERVICES INCLUDE:

- A WIDE ARRAY OF PROGRAMS AND ACTIVITIES OFFERED BOTH IN PERSON AND ONLINE, INCLUDING EVIDENCE-BASED PROGRAMS, SUPPORT GROUPS, BOOK CLUBS, EDUCATIONAL CLASSES, AND PROGRAMS SURROUNDING CULTURE AND ARTS TO INSPIRE, ENGAGE AND CONNECT OLDER ADULTS LIVING AT HOME.

- A TECHNOLOGY LENDING LIBRARY THAT PROVIDES TABLETS, TRAINING, AND ONGOING SUPPORT TO THOSE WHO CANNOT AFFORD OR DO NOT HAVE ACCESS TO TECHNOLOGY.

TRANSPORTATION FOR SENIORS TO MEDICAL APPOINTMENTS AND PROCEDURES, GROCERY SHOPPING AND OTHER ESSENTIAL NEEDS, INCLUDING RIDES TO COVID-19 VACCINATION APPOINTMENTS. IN MAY 2021, WE REINSTITUTED RIDES TO SURREY CENTERS AND SOCIAL GATHERINGS AND OTHER NON-ESSENTIAL NEEDS.

Name of the organization SURREY SERVICES FOR SENIORS, INC	Employer identification number 23-2610145
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- NUTRITION PROGRAMS, HEALTHY LUNCHES, HOME-DELIVERED MEALS, AND VOLUNTEER GROCERY SHOPPING.

- CHORE SERVICES - SURREY'S VOLUNTEER NETWORK (YARDWORK AND SMALL HOME REPAIRS).

- FRIENDLY PHONE CALLS AND VISITS.

- INFORMATION AND REFERRAL SERVICES.

AGAIN, DUE TO THE PANDEMIC, OUR PHYSICAL FACILITIES REMAIN CLOSED FOR MOST OF THE YEAR. SURREY BEGAN A SLOW, PHASED IN REOPENING IN JUNE 2021. YET, DESPITE OUR CENTERS BEING CLOSED, OUR SERVICES CONTINUE IN NEW AND DIFFERENT WAYS TO ADDRESS THE PHYSICAL, EMOTIONAL, AND SOCIAL NEEDS OF OLDER ADULTS DURING THIS CRISIS AND PERIOD OF SOCIAL ISOLATION. IN THE FISCAL YEAR ENDING JUNE 30, 2021, SURREY SERVED 3,194 UNIQUE INDIVIDUALS, AND PROVIDED 78,498 TOTAL TOUCHES (SERVICES/SUPPORT) TO OUR SENIORS IN THE MIDST OF A GLOBAL PANDEMIC.

IN THE FISCAL YEAR ENDING JUNE 30, 2021, SURREY PROVIDED APPROXIMATELY THE FOLLOWING SERVICES AND PROGRAMS FOR SENIORS IN DELAWARE AND CHESTER COUNTIES:

- 29,763 GRAB AND GO MEALS (NO CONGREGATE MEALS DUE TO PANDEMIC)

- 4,329 SHELF STABLE MEALS

- 69,446 FREE HOME DELIVERED MEALS

- 12,071 INDIVIDUALS PARTICIPATED IN 980 VIRTUAL PROGRAMS, 129

EVIDENCE-BASED PROGRAMS, AND 171 CENTER-BASED PROGRAMS (JUNE 2021 ONLY)

- 216 UNIQUE INDIVIDUALS RECEIVED 3,201 RIDES

Name of the organization SURREY SERVICES FOR SENIORS, INC	Employer identification number 23-2610145
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- 925 VOLUNTEERS PROVIDED 40,500 HOURS OF SERVICE FOR SURREY

- 853 SENIORS WERE PROVIDED ASSISTANCE IN THE FORM OF GROCERY SHOPPING, HOME REPAIR AND UPKEEP, REFERRALS TO OTHER SENIOR SERVICES, KEY INFORMATION AND MORE.

- 4,298 OUTBOUND CHECK-IN CALLS WERE MADE BY STAFF AND TRAINED VOLUNTEERS (INCLUDING ASSISTANCE WITH SCHEDULING VACCINATION APPOINTMENTS AND TRANSPORTATION TO THOSE APPOINTMENTS, AS WELL AS OTHER INFORMATION AND REFERRALS).

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

PERIOD, WE CONTINUED TO PROVIDE RIDES FOR SENIORS TO MEDICAL APPOINTMENTS AND PROCEDURES, AND GROCERY SHOPPING AND OTHER ESSENTIAL NEEDS, INCLUDING RIDES TO COVID-19 VACCINATION APPOINTMENTS. IN MAY, WE BEGAN TO BRING BACK OUR VOLUNTEER DRIVERS AND FOLLOW THE SAME SAFETY PROTOCOLS THAT WERE IN PLACE THROUGHOUT THE HEIGHT OF THE PANDEMIC. WE REINSTITUTED OUR FULL-SERVICE TRANSPORTATION SERVICE FOR SENIORS. THE TRANSPORTATION PROGRAM IS SLOWLY RETURNING TO THE LEVEL WE SAW PRE-PANDEMIC. IN THE FISCAL YEAR ENDING JUNE 30, 2021, SURREY PROVIDED APPROXIMATELY 3,201 RIDES TO 216 UNIQUE INDIVIDUALS.

FORM 990, PART VI, SECTION B, LINE 11B:

MEMBERS OF THE FINANCE COMMITTEE REVIEW THE FORM 990 WHICH CAN INCLUDE A MEETING WITH THE RETURN PREPARER AND MANAGEMENT. PRIOR TO FILING THE 990 WITH THE IRS, THE ORGANIZATION PROVIDES A COMPLETE ELECTRONIC COPY OF THE FORM 990 TO EACH VOTING BOARD MEMBER. THE FINANCE COMMITTEE REPORTS THIS TO THE BOARD TO ACKNOWLEDGE RECEIPT OF THE FORM 990.

Name of the organization

SURREY SERVICES FOR SENIORS, INC

Employer identification number

23-2610145

FORM 990, PART VI, SECTION B, LINE 12C:

IN COMPLIANCE WITH SURREY'S POLICY AND FOLLOWING PANO'S GUIDELINES, THE BOARD AND STAFF ANNUALLY RE-READ THE CONFLICT OF INTEREST POLICY AND SIGN AFFIRMATIONS OF COMPLIANCE.

FORM 990, PART VI, SECTION B, LINE 15:

SURREY'S HUMAN RESOURCES COMMITTEE MEETS ANNUALLY TO DETERMINE A RECOMMENDATION ON THE COMPENSATION OF THE PRESIDENT. THE PROCESS IS AS FOLLOWS: AN EVALUATION OF THE PERFORMANCE OF THE PRESIDENT IS CONDUCTED BASED ON TARGETED GOALS AND THE BUSINESS PLAN. THEN DATA ON COMPENSATION FROM LOCAL AND STATE SURVEYS AND RELEVANT ORGANIZATIONS ARE REVIEWED FOR COMPARISON. THE COMMITTEE'S RECOMMENDATION IS THEN COMMUNICATED TO THE BOARD FOR APPROVAL. STAFF WAGES ARE BASED UPON PERFORMANCE REVIEWS BY MANAGEMENT WITH APPROPRIATE OVERSIGHT ACTIONS BY THE HUMAN RESOURCES COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND THE FORM 990 TAX RETURN IS AVAILABLE UPON REQUEST. THE FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON SURREY SERVICES FOR SENIORS WEBSITE, AS WELL AS, THE FORM 990 ON CHARITYNAVIGATOR.ORG AND GUIDESTAR.ORG. CONDENSED FINANCIAL INFORMATION IS SENT TO ALL OF OUR DONORS IN THE ANNUAL REPORT.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM PRIOR YEARS.

Mail to:

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
207 North Office Building
Harrisburg, PA 17120

See www.dos.pa.gov/charities for more information

Charitable Organization Registration Statement

BCO-10 (rev. 8/2017)

Fee: See instructions

Read all instructions prior to completing form.

Certificate number: 8136
(N/A if initial registration)

Fiscal year ended: 06/30/2021
MM DD YYYY

FEIN: 23-2610145

If this is a voluntary registration, check and complete the applicable box(es). For a registration to be voluntary, at least one of the following must apply:

Organization is exempt from registration because

Organization does not solicit contributions in Pennsylvania

1. Legal name of organization: SURREY SERVICES FOR SENIORS, INC

Check if name change and give previous name _____

2. All other names used to solicit contributions: _____

3. Contact person: JILL WHITCOMB Contact's E-mail: JWHITCOMB@SURREYSERVICES.ORG

4. Physical address of organization: _____ Mailing address: (If different than physical) _____

60 SURREY WAY

DEVON

PA 19333

County: CHESTER COUNTY

Phone number: 610-647-6404

800 number: _____

Fax number: _____

Email (if different than Contact's email): _____

Website: SURREYSERVICES.ORG

5. Type of organization (e.g. non-profit corporation, unincorporated association, etc.):
CORPORATION

Where established: PA

Date established*: 05/09/1990

*Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution or other organizational instrument and by-laws.

SURREY SERVICES FOR SENIORS, INC

- 6. Name and addresses of all offices, chapters, branches, auxiliaries, affiliates or other subordinate units located in Pennsylvania, which share in the contributions or other revenue raised in the Commonwealth: (Attach a separate sheet if necessary)

SEE STATEMENT 1

- 7. Short form registration applicability - Specified types of charitable organizations described in 162.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check "Not Applicable":

§162.7(a)(1) - Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust

§162.7(a)(2) - Organizations which only solicit within the membership of the organization by other members of the organization. The term "membership" shall not include those persons who are granted a membership solely upon making a contribution as the result of solicitation. "Member" means a person having membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation, bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.

§162.7(a)(3) - Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities

§162.7(a)(4) - Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor.

Not Applicable

Charitable organizations which check boxes §162.7(a)(1) - §162.7(a)(4) are not required to file a financial report with this registration. If "Not Applicable" is checked, the charitable organization must submit financial reports which are audited, reviewed, compiled or internally prepared. See Instructions.

Items 8 and 9 are required to be completed by initial registrants only

8. Date organization first solicited contributions from Pennsylvania residents: _____
 MM DD YYYY
 Other _____

9. If organization solicited Pennsylvania residents and received gross* contributions totaling more than \$25,000 in any given fiscal year, provide the date the organization first received contributions totaling more than \$25,000.

 MM DD YYYY
 Other _____

*Includes contributions received both within and outside Pennsylvania before any deductions or expenses.

SURREY SERVICES FOR SENIORS, INC

10. Has the organization been granted IRS tax-exempt status? Yes No

A. If "Yes," under which IRS code section: 501(C)(3) and attach a copy of the IRS exemption letter if not previously submitted.

B. Has the organization's tax-exempt status ever been denied, revoked or modified? Yes No (If "Yes," attach a copy of the denial, revocation or modification and subsequent reinstatement, if any, and if not previously submitted.)

11. Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable schedules, for its most recently completed fiscal year? Yes No

(If "Yes," attach a copy of the most recently filed 990, 990EZ, 990PF or 990N and include all schedules. If "No," attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return or an organization that files a 990N, 990EZ or 990PF, must file a Pennsylvania public disclosure form (BCO-23).)

12. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):

DIRECT MAIL, TELEPHONE, SOCIAL EVENTS, DIRECT COVERSATION AND REQUEST, GRANTS AND FOUNDATIONS, AND PLANNED GIVINGS

13. A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.

HEMOCARE SERVICES, TRANSPORTATION AND HEALTHY LIVING CENTER ACTIVITIES.

14. Is the organization registered to solicit contributions in any other state or municipality?

Yes No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.)

15. Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organization only uses or intends to only use a professional fundraising counsel.) Yes No

If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents: _____
Month Day Year

16. Names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited: (Attach a separate sheet if necessary)

SEE STATEMENT 2

SURREY SERVICES FOR SENIORS, INC

- 17. Names, addresses, and telephone numbers of all professional fundraising counsel the organization uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach a separate sheet if necessary)

SEE STATEMENT 3

- 18. Names, addresses, and telephone numbers of any commercial coventurers under contract with the organization: (Attach a separate sheet if necessary)

NONE

- 19. If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates?

(See note "Affiliate and Parent Organization") Yes No Not Applicable

If "Yes," give all names and certificate numbers of the affiliate organizations: (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

- 20. Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity's behalf? (See note "Affiliate and Parent Organization")

Yes No Not Applicable

If "Yes," provide the name and, if available, certificate number of the parent organization. (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

Legal name of parent organization

Pennsylvania certificate number

- 21. Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)

SEE STATEMENT 4

SURREY SERVICES FOR SENIORS, INC

22. Names of the individuals or officers of the organization who: (Attach a separate sheet if necessary)

A. Are in charge of solicitation activities:

JILL WHITCOMB

60 SURREY WAY DEVON, PA 19333

B. Have final responsibility for the custody of contributions:

JILL WHITCOMB

60 SURREY WAY DEVON, PA 19333

C. Have final responsibility for final distribution of contributions:

JILL WHITCOMB

60 SURREY WAY DEVON, PA 19333

D. Are responsible for custody of financial records:

JILL WHITCOMB

60 SURREY WAY DEVON, PA 19333

23. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

A. Any other officer, director, trustee, or employee? Yes No

B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? ** Yes No

C. Any officers, agents or employees of any supplier or vendor providing goods or services? ** Yes No

** (this includes any officer, director, trustee, or employee of the charitable organization who is also an officer, director, trustee, employee or owner of a professional fundraising counsel, professional solicitor, supplier or vendor)

If "Yes" is checked to any of the above, attach a list of related individuals including names, business, and residence addresses of related parties.

24. Has the organization or any of its present officers, directors, executive personnel or trustees ever:

A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other jurisdiction? Yes No

B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency? Yes No

C. Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency? Yes No

(If "Yes" is checked in response to any of the above, attach a written explanation, including the reasons for actions, and copies of all relevant documents.)

SURREY SERVICES FOR SENIORS, INC

Certification - This registration statement must be signed by two different officers of the organization, one of whom shall be the chief fiscal officer or the equivalent.

I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) and 10 P.S. §162.17 (relating to administrative enforcement and penalties).

Signature of Chief Fiscal Officer

Date

JILL WHITCOMB, PRESIDENT & CEO

Type or print name and title of Chief Fiscal Officer

Signature of Other Authorized Officer

Date

DAWN MANN, TREASURER

Type or print name and title of Other Authorized Officer

Checklist for registration:

- Completed registration statement properly signed and dated.
- A copy of the IRS 990/990EZ/990PF/990N Return and required schedules, signed and dated by an authorized officer
- Public Disclosure Form BCO-23 (if required)
- Applicable Financial Statements (audited, reviewed, compiled or internally prepared)
- Registration fee and any late filing fees
- Initial Registrants Only: IRS determination letter, articles of incorporation or charter and by-laws.

See Instructions for more information on completing this form and attachments.

FORM BCO-10 ALL OFFICES, CHAPTERS, BRANCHES LOCATED IN PA STATEMENT 1

NAME AND ADDRESS

PHONE NUMBER

DEVON
60 SURREY WAY, DEVON, PA 19333

610-647-6404

NAME AND ADDRESS

PHONE NUMBER

BROOMALL
144 LAWRENCE ROAD, BROOMALL, PA 19008

215-307-7158

NAME AND ADDRESS

PHONE NUMBER

HAVERTOWN
401 BROOKLINE BLVD, HAVERTOWN, PA 19083

610-446-2070

NAME AND ADDRESS

PHONE NUMBER

MEDIA
302 S JACKSON STREET, MEDIA, PA 19063

610-566-0505

NAME AND ADDRESS

PHONE NUMBER

CONSIGNMENT SHOP
810 LANCASTER AVE, BERWYN, PA 19312

60-647-8632

FORM BCO-10

ALL PROFESSIONAL SOLICITORS

STATEMENT 2

NAME AND ADDRESS

PHONE NUMBER

NONE

CONTRACT BEGIN DATE

CONTRACT END DATE

SOLICIT DATE

FORM BCO-10 PROFESSIONAL FUNDRAISING COUNSELS STATEMENT 3

NAME AND ADDRESSPHONE NUMBER

STANEK ASSOCIATES LLC
8309 BOWDEN WAY
WINDERMERE, FL 34786

CONTRACT BEGIN DATECONTRACT END DATESERVICE DATE

07/01/2020

06/30/2021

FORM BCO-10 OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES STATEMENT 4

NAME AND ADDRESSTITLE

CHRISTI SEIDEL
60 SURREY WAY
DEVON, PA 19333

FORMER PRESIDENT & CEO

NAME AND ADDRESSTITLE

JILL WHITCOMB
60 SURREY WAY
DEVON, PA 19333

PRESIDENT & CEO

NAME AND ADDRESSTITLE

ANDREW ADDIS
60 SURREY WAY
DEVON, PA 19333

DIRECTOR

NAME AND ADDRESSTITLE

KEVIN O'NELL
60 SURREY WAY
DEVON, PA 19333

DIRECTOR

NAME AND ADDRESSTITLE

JOHN BEILENSON
60 SURREY WAY
DEVON, PA 19333

DIRECTOR

NAME AND ADDRESSTITLE

MAUREEN BRENNAN-MILLER
60 SURREY WAY
DEVON, PA 19333

DIRECTOR

NAME AND ADDRESS

ANN LANAHAN GILL
60 SURREY WAY
DEVON, PA 19333

TITLE

DIRECTOR

NAME AND ADDRESS

BRUCE HOPPER, MD
60 SURREY WAY
DEVON, PA 19333

TITLE

DIRECTOR

NAME AND ADDRESS

DAVID LEVINE
60 SURREY WAY
DEVON, PA 19333

TITLE

DIRECTOR

NAME AND ADDRESS

KRISTINE MESSNER
60 SURREY WAY
DEVON, PA 19333

TITLE

DIRECTOR

NAME AND ADDRESS

KEVIN OBRIEN
60 SURREY WAY
DEVON, PA 19333

TITLE

DIRECTOR

NAME AND ADDRESS

SAM MONASTRA
60 SURREY WAY
DEVON, PA 19333

TITLE

DIRECTOR

NAME AND ADDRESS

J. BRADFORD PARKES
60 SURREY WAY
DEVON, PA 19333

TITLE

DIRECTOR

NAME AND ADDRESS

KAREN COLEY
60 SURREY WAY
DEVON, PA 19333

TITLE

DIRECTOR & SECRETARY

NAME AND ADDRESS

RICK DAVIS
60 SURREY WAY
DEVON, PA 19333

TITLE

DIRECTOR & IMM. PAST CHAIR

NAME AND ADDRESS

JEAN KOZICKI
60 SURREY WAY
DEVON, PA 19333

TITLE

DIRECTOR & CHAIRMAN

NAME AND ADDRESS

DANIEL O'CONNELL
60 SURREY WAY
DEVON, PA 19333

TITLE

DIRECTOR

NAME AND ADDRESS

ANALISA SONDERGAARD
60 SURREY WAY
DEVON, PA 19333

TITLE

DIRECTOR

NAME AND ADDRESS

ANDREW BILOTTA, JR.
60 SURREY WAY
DEVON, PA 19333

TITLE

DIRECTOR

NAME AND ADDRESS

DAWN MANN
60 SURREY WAY
DEVON, PA 19333

TITLE

DIRECTOR & TREASURER

NAME AND ADDRESS

CHRISTOPHER VOJTA, MD
60 SURREY WAY
DEVON, PA 19333

TITLE

DIRECTOR & 1ST VICE CHAIR

NAME AND ADDRESS

ANDY SIGNORE
60 SURREY WAY
DEVON, PA 19333

TITLE

DIRECTOR & 2ND VICE CHAIR

NAME AND ADDRESS

MICHAEL C. HEMSLEY
60 SURREY WAY
DEVON, PA 19333

TITLE

DIRECTOR

NAME AND ADDRESS

JAMES R. HOLT JR.
60 SURREY WAY
DEVON, PA 19333

TITLE

DIRECTOR

NAME AND ADDRESS

TITLE

JEANNE C. BEACHLER
60 SURREY WAY
DEVON, PA 19333

DIRECTOR